MedPerform Medium Formulary
Administered by MedImpact
January 2025

Foreword

This document represents the efforts of the MedImpact Healthcare Systems Pharmacy and Therapeutics (P&T) Committee to provide physicians and pharmacists with a method to evaluate the safety, efficacy, and cost- effectiveness of commercially available drug products. A structured and dynamic approach to the drug selection process is essential to ensure continuing patient access to rational drug therapies.

This is accomplished through the auspices of the MedImpact P&T. These committees meet quarterly and more often as warranted to ensure clinical relevancy of the Formulary. To accommodate changes to this document, updates are made accessible as necessary.

Access to the most current version of the MedPerform Medium Formulary can be obtained by visiting www.MedImpact.com.

The MedImpact P&T use the following criteria in the evaluation of drug selection for the Marketplace Exchange Standard Formulary:

- Drug safety
- Drug efficacy
- Comparison of relevant therapeutic benefits to current formulary agents of similar use, and reduction of therapeutic duplication wherever possible
- Cost-effectiveness relative to comparable therapies

How to Use the Formulary

The Formulary is a list of medications available to MedImpact members under their pharmacy benefit. All drugs are listed by their generic names and the most common proprietary (branded) name. The Formulary may be accessed by using the index, either by generic or proprietary name and by therapeutic drug category. In situations where an FDA-approved generic equivalent is available, brand names are listed for reference purposes only, and do not denote coverage for the brand, unless specifically noted.

All drugs are listed in each category in alphabetical order by generic name. Where an FDA-approved generic is available for the listed generic name, the generic name is *italicized*.

For certain agents within the Formulary, a recommended prescribing guideline may apply. These are denoted throughout the document using the following symbols:

Symbol	Guideline	Description
AGE	Age Edit	Coverage may depend on patient age
PA	Prior Authorization	Requires specific physician request process
QL	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period
ST	Step Therapy	Coverage may depend on previous use of another drug
SP	Specialty Drug	Coverage may require dispensing from specialty pharmacy. Specialty copay/coinsurance may apply depending on benefit.

Benefit Coverage and Limitations

This printed Formulary does not provide information regarding the specific coverage and limitations an individual member may be subject to. Many members have specific benefit inclusions, exclusions, copayments, or a lack of coverage, which are not reflected in the Formulary.

The Formulary applies only to outpatient drugs provided to members and does not apply to medications used in inpatient settings. If a member has any specific questions regarding their coverage, they should contact their Plan Sponsor or MedImpact at (800) 788-2949.

Depending upon a member's specific benefit parameters, the following topics may apply:

1. **Generic Substitution**
   When available, FDA-approved generic drugs are to be used in all situations, regardless of the brand name indicated. The generic names are *italicized* in the formulary listing wherever an FDA-approved generic drug product is available. Greater economy is realized through the use of

generic equivalents. This policy is not meant to preclude or supplant any state statutes that may exist. All drugs that are or become available generically are subject to review by the MedImpact P&T Committee. MedImpact approves such multi-source drugs for addition to the Maximum Allowable Cost (MAC) list based on the following criteria:

- A multi-source drug product manufactured by at least one (1) nationally marketed company.
- At least one (1) of the generic manufacturer's products must have an "A" rating or the generic product has been determined to be unassociated with efficacy, safety or bioequivalency concerns by the MedImpact P&T Committee.
- Drug product will be approved for generic substitution by the MedImpact P&T Committee.

This list is reviewed and updated periodically based on the clinical literature and pharmacokinetic characteristics of currently available versions of these drug products.

If a member or physician requests a brand name product in lieu of an approved generic, the member, based upon their coverage, will typically be required to pay the difference in cost between the brand and the generic. If a physician determines that there is a documented medical need for the brand equivalent, a request for coverage may be made using the medication request process.

2. Tier Benefit Design

The Formulary may be applied to a tier benefit design, where the member shares the cost of prescription drug therapy based on the drug's tier and copayment or coinsurance. In most instances, generically available drugs will be covered in a separate lower tier (low copay), preferred branded drugs listed on the Formulary will be covered under a higher tier, and branded drugs not on the Formulary will be covered under a separate non-preferred branded drug copay tier. Specialty drugs may be covered at a higher copay or coinsurance. Essential health benefit/preventative medications, if available on your plans formulary (applies to new and non-grandfathered plans), will be covered without cost sharing (zero copay).

Tier Definitions

- Tier 1: Generic medications (or certain preferred brands) (formulary agents)
- Tier 2: Preferred brand medications (formulary agents)
- Tier 3: Non-preferred brand medications (non-formulary agents)
- $0: EHB/ACA Zero Copay/Preventive ($0 Copay)
  - ·EHB = Essential Health Benefit
  - ·ACA = Affordable Care Act

3. Medication Request Process

Depending upon plan benefit design, a medication request process may apply as follows:

A. **Coverage Exceptions**

Drugs that are listed in the Formulary with associated Prior Authorization (PA) require evaluation, per MedImpact P&T Committee Prior Authorization guidelines, prior to dispensing at a pharmacy. Each request will be reviewed on an individual patient need basis. If the request does not meet the guidelines established by the P&T Committee, the request will not be approved and alternative therapy may be recommended.

B. **Obtaining Coverage**

Coverage, questions or information regarding the medication request or formulary process may be obtained by:

1. Faxing a completed **Medication Request Form** to MedImpact at (858) 790-7100.
2. Contacting MedImpact at (800) 788-2949 and providing all necessary information requested.

MedImpact will provide an authorization number, specific for the medical need, for all approved requests. Non-approved requests may be appealed. The prescriber must provide information to support the appeal on the basis of medical necessity. Prior Authorization is generally not available for drugs that are specifically excluded by benefit design.

4. General Exclusions

A. Over the Counter (OTC) medications or their equivalents, unless the individual's pharmacy benefit offers coverage of OTC medications.
B. Drugs specifically listed as not covered.
C. Any drug products used for cosmetic purposes.
D. Experimental drug products or any drug product used in an experimental manner.
E. Replacement of lost or stolen medication.
F. Non self-administered injectable drug products unless otherwise specified in the Formulary listing.
G. Foreign sourced drugs or drugs not approved by the United States Food & Drug Administration, except in certain cases of drug shortage, when allowed under the individual's pharmacy benefit.

Excluded Agents

As new drugs become available, they will be considered for coverage under the MedPerform Formulary. The plan administrator has the right to decide what drugs are covered and to what extent, as well as the right to modify coverage including the exclusion of any prescription drugs. Please note that prescribing guidelines such as Prior Authorization, Step Therapy, Quantity Limit, etc., may still apply to Formulary Therapeutic Alternatives.

The P&T recognize that not all medical needs can be met with this document and encourage inquiries about alternative therapies.

5. Pharmacist and Physician Communication

The Formulary is a tool to promote cost-effective prescription drug use. The P&T committee has made every attempt to create a document that meets all therapeutic needs; however, the art of medicine makes this a formidable task. MedImpact welcomes the participation of physicians, pharmacists, and ancillary medical providers, in this dynamic process. Physicians and pharmacists are highly encouraged to direct any suggestions, comments or formulary additions to MedImpact at the following address:

Chairperson, Pharmacy & Therapeutics Committee
MedImpact Healthcare Systems, Inc.
10181 Scripps Gateway Court
San Diego, CA 92131

MedPerform Formulary Drug Exclusion

January 1, 2025

DRUG CATEGORY	PREFERRED ALTERNATIVE(S)	EXCLUDED
ALLERGY		
NASAL CORTICOSTEROIDS	azelastine/fluticasone OTC budesonide flunisolide fluticasone mometasone OTC triamcinolone Qnasl Xhance	Beconase AQ Dymista Omnaris Ticanase Zetonna
OPHTHALMIC ANTIHISTAMINES	azelastine epinastine olopatadine Alomide	Bepreve Emadine Lastacaft Pazeo
BEHAVIORAL HEALTH		
ADHD AGENTS	amphetamine sulfate dexmethylphenidate dextroamphetamine/ amphetamine dextroamphetamine/ amphetamine ER dextroamphetamine ER dextroamphetamine methylphenidate methylphenidate ER lisdexamfetamine dimesylate Azstarys Jornay PM	Adhansia XR Adzenys ER Adzenys XR-ODT amphetamine ER Aptensio XR Cotempla XR-ODT methylphenidate ER (72mg) Relexii Xelstrym
ANTIPSYCHOTICS	aripiprazolearipiprazole ODT/ oral solution asenapine clozapine clozapine ODT lurasidone olanzapine paliperidone quetiapine IR/XR risperidone risperdone ER ziprasidone Abilify Asimtufii Abilify Maintena Aristada Invega Hafyera/Sustenna/Trinza Perseris Rexulti Rykindo Uzedy Vraylar	Abilify Mycite Lybalvi quetiapine (150mg)

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DRUG CATEGORY	PREFERRED ALTERNATIVE(S)	EXCLUDED
CARDIOVASCULAR		
LIPID-LOWERING AGENTS	atorvastatin ezetimibe fluvastatin IR/ER lovastatin IR/ER Livalo pravastatin rosuvastatin simvastatin tablet simvastatin/ezetimibe	pitavastatin calcium Roszet
ANTICOAGULANTS	dabigatran Eliquis Xarelto	Savaysa
DERMATOLOGY		
ACTINIC KERATOSIS AGENTS	diclofenac 3% fluorouracil 0.5% fluorouracil 5% Tolak Klisyri	Carac 0.5% Picato Zyclara
DIABETES		
DPP-4 INHIBITORS	Januvia Janumet Janumet XR	alogliptin alogliptin/metformin alogliptin/pioglitazone Jentadueto Jentadueto XR Kazano Kombiglyze XR Nesina (brand and authorized generic) Onglyza Oseni Tradjenta Zituvio (brand and authorized generic)
SGLT-2 INHIBITORS	Farxiga Jardiance Synjardy Synjardy XR Xigduo XR	Brenzavvy dapagliflozin propanediol dapagliflozin propaned/metformin Inpefa Invokana Invokamet Invokamet XR Segluromet Steglatro
DPP-4 INHIBITOR AND SGLT-2 INHIBITOR COMBINATIONS	Glyxambi Trijardy XR	Qtern Steglujan
GLP-1 AGONISTS	Bydureon Bydureon BCise Byetta Mounjaro Ozempic Rybelsus Trulicity	Adlyxin
INSULINS, RAPID-ACTING	insulin lispro Humalog (U-200) Lyumjev	Admelog Apidra Fiasp

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DRUG CATEGORY	PREFERRED ALTERNATIVE(S)	EXCLUDED
		insulin aspart (authorized generic) Novolog
INSULINS, SHORT-ACTING	Humulin	Novolin
INSULINS, LONG-ACTING	Semglee (yfgn) Tresiba Toujeo	Basaglar Insulin degludec Insulin glargine (yfgn) insulin glargine, hum.rec.anlog (authorized generic) Lantus Levemir Rezvoglar
ENDOCRINE		
ANDROGENS	me-testosterone testosterone cypionate testosterone enanthate testosterone gel testosterone solution	Natesto Jatenzo
ESTROGENS/ESTROGEN MODIFIERS	estradiol gel estradiol patch estradiol/norethindrone estropipate medroxyprogesterone norethindrone ac-eth progesterone, micronized Bijuva Combipatch Crinone Duavee Premarin Premphase Prempro	Climara Pro Estring Estrogel Femring Intrarosa Menest Osphena
OSTEOPOROSIS AGENTS	alendronate calcitonin ibandronate raloxifene risedronate risedronate DR teriparatide Tymlos	Binosto
WEIGHT REDUCTION (IF COVERED)	diethylpropion orlistat phentermine phendimetrazine topiramate Saxenda Wegovy Zepbound	Belviq Belviq XR Contrave Plenity Qsymia
GASTROINTESTINAL		
IRRITABLE BOWEL & CONSTIPATION	Lubiprostone Linzess Movantik Trulance Symproic	Ibsrela Motegrity Zelnorm

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DRUG CATEGORY	PREFERRED ALTERNATIVE(S)	EXCLUDED
INFLAMMATORY BOWEL DISEASE AGENTS	balsalazide disodium mesalamine 1.2G mesalamine DR 800mg mesalamine ER sulfasalazine Pentasa 250mg	mesalamine DR 400mg Dipentum
GENITOURINARY		
DRUGS TO TREAT IMPOTENCY	sildenafil tadalafil	Stendra vardenafil
INFLAMMATORY DISEASE		
AUTOIMMUNE AGENTS	Methotrexate Otrexup	Rasuvo
PAIN MANAGEMENT		
HEADACHE/ MIGRAINE TREATMENT	almotriptan eletriptan frovatriptan naratriptan rizatriptan sumatriptan zolmitriptan Aimovig Ajovy Emgality Nurtec ODT Qulipta Reyvow Ubrelvy	Onzetra Xsail Tosymra Treximet Zembrace Symtouch Zomig Nasal
RESPIRATORY		
BETA-AGONISTS, SHORT-ACTING (SABA)	albuterol HFA levalbuterol HFA	ProAir Digihaler ProAir RespiClick
INHALED CORTICOSTEROIDS (ICS)	Fluticasone Propionate Arnuity Ellipta	Aerospan Alvesco Armonair RespiClick Armonair DigiClick Asmanex Pulmicort Flexhaler Qvar Redihaler
INHALED CORTICOSTEROID/LONG-ACTING BETA AGONIST (ICS/LABA) COMBINATIONS	Fluticasone/Salmeterol (Advair Diskus) Budesonide/Formoterol (Symbicort) Advair HFA Breo Ellipta	Airduo (brand and authorized generic) Airduo RespiClick Airduo Digihaler Dulera Fluticasone furoate-vilanterol (authorized generic) Fluticasone-Salmeterol (HFA)
INHALED LONG-ACTING MUSCARINIC ANTAGONISTS (LAMA)	Spiriva Handihaler Spiriva Respimat	Incruse Ellipta Seebri Neohaler tiotropium bromide Tudorza Pressair Yupelri
INHALED LONG-ACTING MUSCARINIC ANTAGONISTS AND LONG-ACTING BETA AGONIST (LAMA/LABA) COMBINATIONS	Anoro Ellipta Stiolto Respimat	Duaklir Pressair Utibron Neohaler Bevespi Aerosphere

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DRUG CATEGORY	PREFERRED ALTERNATIVE(S)	EXCLUDED
INHALED CORTICOSTEROID, LONG-ACTING MUSCARINIC ANTAGONIST, AND LONG-ACTING BETA AGONIST (ICS/LAMA/LABA) COMBINATIONS	Trelegy Ellipta Breztri Aerosphere	
ANTI-LEUKOTRIENES	montelukast zafirlukast	Zyflo Zyflo CR
SPECIALTY		
ANEMIA AGENTS	Retacrit	Aranesp Epogen Procrit
AUTOIMMUNE AGENTS	infliximab Adalimumab-ADAZ Enbrel Humira Otezla Rinvoq Simlandi Skyrizi Sotyktu Stelara Taltz Tremfya Xeljanz Xeljanz XR	Abrilada Actemra Adalimumab-ryvk Amjevita Cosentyx Cyltezo Hadlima Hulio Hyrimoz Idacio Ilumya Omvoh Siliq Tofidence Velsipity Yuflyma Yusimry Zymfentra
GROWTH HORMONES	Norditropin Genotropin Skytrofa Sogroya	Humatrope Ngenla Nutropin AQ NuSpin Saizen Zomacton
HEMATOLOGICAL DISORDERS-LEUKOCYTE (WBC) STIMULANTS	Nivestym Ziextenzo	Fulphila Flynetra Granix Neulasta Neulasta Onpro Neupogen Nyvepria Relueko Rolvedon Stimufend Udenyca Zarxio
HEPATITIS C AGENTS	Epclusa Harvoni Vosevi	Zepatier Ledipasvir-sofosbuvir Sofosbuvir-velpatasvir
MULTIPLE SCLEROSIS AGENTS	Glatopa Glatiramer dalfampridine dimethyl fumarate fingolimod 0.5mg	Bafiertam Extavia Ponvory Tascenso ODT Tecfidera

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January 1, 2025

DRUG CATEGORY	PREFERRED ALTERNATIVE(S)	EXCLUDED
	teriflunomide Avonex Betaseron Copaxone 40mg/mL Kesimpta Pen Mavenclad Mayzent Plegridy Rebif Rebif Rebidose Vumerity	

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Medication Request Form

Attn: Prior Authorization Department
10181 Scripps Gateway Court San Diego, CA 92131
Toll Free Phone: 1-800-788-2949
Toll-Free Fax: 855-236-4067

DO NOT WRITE IN BLOCKED AREAS FOR INTERNAL USE ONLY
Contacted:
Physician:
Pharmacy:
Patient:

Medication Request Information: Please complete each section of this form prior to transmittal to the toll-free fax number listed above.
***Denotes Required Fields**

PATIENT INFORMATION			**PHYSICIAN INFORMATION**	
*Name:			*Name:	
*ID#:			*Specialty:	
*Date of Birth:	*Height:	*Weight:	ID# / DEA#:	
*Health Plan:			*Phone: ( ) -	*Fax: ( ) -
*Diagnosis (ICD-10 Code, and Description required):				
REQUESTED DRUG INFORMATION			**PHARMACY INFORMATION**	
*Requested Drug:			Name:	
Dose:	Strength:		Phone: ( ) -	Fax: ( ) -
Quantity: (per month)	Dosage Form: (Oral, Injection, etc)		Length of Treatment: (Please be specific.)	
Reason for Medication Request (Please be specific, give detail and attach clinical notes):				
Other Medications Tried and/or Failed (Please be specific, give detail.):				
Other Pertinent History (Relative or pertaining to this request and attach pertinent medical reports):				

***Please Note: Receipt of this form does not guarantee approval for the above-mentioned medication. Any information left blank or ineligible may delay the review process.**

☐ **REQUEST FOR EXPEDITED (URGENT) REVIEW:** BY CHECKING THIS BOX, I CERTIFY THAT APPLYING THE STANDARD REVIEW TIME FRAME MAY SERIOUSLY JEOPARDIZE THE LIFE OR HEALTH OF THE MEMBER OR THE MEMBER'S ABILITY TO REGAIN MAXIMUM FUNCTION

DO NOT WRITE IN THIS AREA. FOR INTERNAL USE ONLY

PA# _____
Approved ☐ **Denied** ☐ **Duration:**_____
Returned on _____
Comments:

_____

_____

Date: ____/____/_____

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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: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (2 EA per 1 day)
Allergenic Extracts, Therapeutics		
GRASTEK SUBLINGUAL TABLET 2,800 BAU	Tier 2	PA
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 INDX REACTIVITY, 300 INDX REACTIVITY	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 IR (3) /300 IR (6)	Tier 3	PA
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	Tier 2	PA; SP
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	Tier 2	PA; SP
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	Tier 2	PA; SP
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	Tier 2	PA; SP
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	Tier 2	PA; SP
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	Tier 2	PA; SP
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	Tier 2	PA; SP

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Drug	Status	Notes
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	Tier 2	PA; SP
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	Tier 2	PA; SP
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	Tier 2	PA; SP
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG	Tier 2	PA; SP
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	Tier 2	PA; SP
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	Tier 2	PA; SP
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	Tier 2	PA
Antihistamines - 1St Generation		
carbinoxamine maleate oral liquid 4 mg/5 ml	Tier 1	Age (Min 2 Years)
carbinoxamine maleate oral suspension,extended rel 12 hr 4 mg/5 ml (Karbinal ER)	Tier 1	ST: Requires prior prescription for Carbinoxamine Maleate within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
carbinoxamine maleate oral tablet 4 mg	Tier 1	Age (Min 2 Years)
clemastine oral tablet 2.68 mg	Tier 1	
cyproheptadine oral syrup 2 mg/5 ml	Tier 1	
cyproheptadine oral tablet 4 mg	Tier 1	
DIPHEN ORAL ELIXIR 12.5 MG/5 ML (diphenhydramine hcl)	Tier 1	
hydroxyzine hcl oral solution 10 mg/5 ml	Tier 1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1	

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Drug		Status	Notes
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg		Tier 1	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML	(carbinoxamine maleate)	Tier 3	ST: Requires prior prescription for Carbinoxamine Maleate within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
promethazine injection solution 25 mg/ml, 50 mg/ml	(Phenergan)	Tier 1	
promethazine oral syrup 6.25 mg/5 ml		Tier 1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg		Tier 1	
Antihistamines - 2Nd Generation			
cetirizine oral solution 1 mg/ml	(Allergy Relief (cetirizine))	Tier 1	
desloratadine oral tablet 5 mg	(Clarinex)	Tier 1	QL (1 EA per 1 day)
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg		Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (1 EA per 1 day)
levocetirizine oral solution 2.5 mg/5 ml	(Xyzal)	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (10 ML per 1 day)
levocetirizine oral tablet 5 mg	(24HR Allergy Relief)	Tier 1	
Nasal Antihistamine			
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)		Tier 1	QL (60 ML per 30 days)
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	(Astepro Allergy)	Tier 1	QL (60 ML per 30 days)
olopatadine nasal spray,non-aerosol 0.6 %		Tier 1	QL (30.5 GM per 30 days)

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Drug		Status	Notes
Nasal Antihistamine & Anti-Inflam. Steroid Comb.			
azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray	(Dymista)	Tier 1	ST: Requires prior prescription for nasal formulation of Flunisolide or Fluticasone Propionate within the past 120 days; QL (23 GM per 30 days)
Nasal Anti-Inflammatory Steroids			
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)		Tier 1	QL (25 ML per 30 days)
fluticasone propionate nasal spray,suspension 50 mcg/actuation	(24 Hour Allergy Relief)	Tier 1	QL (16 GM per 30 days)
mometasone nasal spray,non-aerosol 50 mcg/actuation	(Allergy Nasal (mometasone))	Tier 1	QL (17 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION		Tier 2	QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION		Tier 2	QL (10.6 GM per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION		Tier 2	ST: Requires prior prescription for nasal formulation of Flunisolide, Fluticasone Propionate, or Mometasone Furoate within the past 120 days; QL (32 ML per 30 days)
Antiemesis/Antivertigo			
Antiemetic, Cannibinoid-Type			
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	(Marinol)	Tier 1	ST: Requires prior prescription for a 5HT3 antagoist, corticosteroid, Emend, or Megestrol suspension within the past 120 days; QL (2 EA per 1 day)

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

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Drug		Status	Notes
prochlorperazine rectal suppository 25 mg	(Compro)	Tier 1	
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg	(Promethegan)	Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	(promethazine)	Tier 1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR		Tier 3	ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (1 EA per 7 days)
scopolamine base transdermal patch 3 day 1 mg over 3 days	(Transderm-Scop)	Tier 1	
trimethobenzamide oral capsule 300 mg		Tier 1	
VARUBI ORAL TABLET 90 MG		Tier 3	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)
ipratropium bromide inhalation solution 0.02 %		Tier 1	
Anticholinergics, Orally Inhaled Long Acting			
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION		Tier 2	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	(tiotropium bromide)	Tier 1	QL (30 EA per 30 days)
Beta-Adrenergic Agents			
albuterol sulfate oral syrup 2 mg/5 ml		Tier 1	
albuterol sulfate oral tablet 2 mg, 4 mg		Tier 1	

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Drug		Status	Notes
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg		Tier 1	
terbutaline oral tablet 2.5 mg, 5 mg		Tier 1	
Beta-Adrenergic Agents, Inhaled, Short Acting			
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	(Ventolin HFA)	Tier 1	
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		Tier 1	
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		Tier 1	
levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation	(Xopenex HFA)	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			
arformoterol inhalation solution for nebulization 15 mcg/2 ml	(Brovana)	Tier 1	QL (120 ML per 30 days)
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	(Perforomist)	Tier 1	QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE		Tier 2	QL (60 EA per 30 days)
Beta-Adrenergic And Anticholinergic Combinations			
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	

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Drug		Status	Notes
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml		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	(fluticasone propion-salmeterol)	Tier 2	QL (12 GM per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION		Tier 2	QL (32.1 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate-vilanterol)	Tier 2	QL (60 EA per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE		Tier 2	QL (60 EA per 30 days)
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	(budesonide-formoterol)	Tier 1	QL (30.9 GM per 30 days)
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	(Breyna)	Tier 1	QL (30.9 GM per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	(Wixela Inhub)	Tier 1	QL (60 EA per 30 days)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	(fluticasone propion-salmeterol)	Tier 1	QL (60 EA per 30 days)
Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled			
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION		Tier 2	QL (10.7 GM per 30 days)

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Drug	Status	Notes
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)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml (Pulmicort)	Tier 1	QL (120 ML per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml (Pulmicort)	Tier 1	QL (60 ML per 30 days)
fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation	Tier 1	QL (60 EA per 30 days)
fluticasone propionate inhalation blister with device 250 mcg/actuation	Tier 1	QL (120 EA per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation	Tier 1	QL (12 GM per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation	Tier 1	QL (24 GM per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation	Tier 1	QL (21.2 GM per 30 days)
Interleukin-4(Il-4) Receptor Alpha Antagonist, Mab		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	Tier 2	PA; SP
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	Tier 2	PA; SP
Interleukin-5(Il-5) Receptor Alpha Antagonist, Mab		

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Drug		Status	Notes
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML		Tier 2	PA; SP
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML		Tier 2	PA; SP
Leukotriene Receptor Antagonists			
montelukast oral granules in packet 4 mg	(Singulair)	Tier 1	
montelukast oral tablet 10 mg	(Singulair)	Tier 1	
montelukast oral tablet,chewable 4 mg, 5 mg	(Singulair)	Tier 1	
zafirlukast oral tablet 10 mg, 20 mg	(Accolate)	Tier 1	
Mast Cell Stabilizers			
cromolyn oral concentrate 100 mg/5 ml	(Gastrocrom)	Tier 1	
Mast Cell Stabilizers, Orally Inhaled			
cromolyn inhalation solution for nebulization 20 mg/2 ml		Tier 1	
Monoclonal Antibodies To Immunoglobulin E(Ige)			
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		Tier 2	PA; SP
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG		Tier 2	PA; SP
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		Tier 2	PA; SP
Monoclonal Antibody - Interleukin-5 Antagonists			
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML		Tier 2	PA; SP
NUCALA SUBCUTANEOUS RECON SOLN 100 MG		Tier 2	PA; SP
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML		Tier 2	PA; SP
Phosphodiesterase-4 (Pde4) Inhibitors			

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Drug		Status	Notes
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML		Tier 3	PA
roflumilast oral tablet 250 mcg, 500 mcg	(Daliresp)	Tier 1	QL (1 EA per 1 day)
Respiratory Aids,Devices,Equipment			
ACE AEROSOL CLOUD ENHANCER SPACER	(inhalational spacing device)	Tier 3	
AEROBIKA OSCILLATING PEP SYSTM DEVICE		Tier 3	
AEROCHAMBER MECHANICAL VENT SPACER	(inhalational spacing device)	Tier 3	
AEROCHAMBER MINI SPACER	(inhalational spacing device)	Tier 3	
AEROCHAMBER MV SPACER	(inhalational spacing device)	Tier 3	
AEROCHAMBER PLUS FLOW-VU SPACER	(inhalational spacing device)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER		Tier 3	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER		Tier 3	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER		Tier 3	
AEROCHAMBER PLUS Z STAT LG MSK SPACER		Tier 3	
AEROCHAMBER PLUS Z STAT MD MSK SPACER		Tier 3	
AEROCHAMBER PLUS Z STAT SM MSK SPACER		Tier 3	
AEROCHAMBER PLUS Z STAT SPACER	(inhalational spacing device)	Tier 3	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER	(inhalational spacing device)	Tier 3	
AEROECLIPSE II NEBULIZER	(nebulizers)	Tier 3	
AEROECLIPSE XL NEBULIZER	(nebulizers)	Tier 3	
AEROGEAR ACTION ASTHMA KIT KIT		Tier 3	

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Drug		Status	Notes
AERONEB GO NEBULIZER	(nebulizers)	Tier 3	
AEROTRACH PLUS SPACER	(inhalational spacing device)	Tier 3	
AEROVENT PLUS SPACER	(inhalational spacing device)	Tier 3	
AIRS DISPOSABLE NEBULIZER	(nebulizers)	Tier 3	
ALTERA NEBULIZER HANDSET	(nebulizers)	Tier 3	
ALTERA NEBULIZER SYSTEM	(nebulizers)	Tier 3	
ASTHMAPACK CHILDREN'S KIT		Tier 3	
AURA PORTANEB	(nebulizers)	Tier 3	
BREATHERITE MDI SPACER SPACER	(inhalational spacing device)	Tier 3	
BREATHERITE SPACER-MASK, NEO. SPACER		Tier 3	
BREATHERITE SPACER-MASK,ADULT SPACER		Tier 3	
BREATHERITE SPACER-MASK,CHILD SPACER		Tier 3	
BREATHERITE SPACER-MASK,INFANT SPACER		Tier 3	
BREATHERITE SPACER-MASK,S.CHLD SPACER		Tier 3	
BREATHERITE VALVED MDI CHAMBER SPACER	(inhalational spacing device)	Tier 3	
BREATHERITE VALVED MDI SPACER SPACER	(inhalational spacing device)	Tier 3	
CLEVER CHOICE CHAMBER-LRG MASK SPACER		Tier 3	
CLEVER CHOICE CHAMBER-MED MASK SPACER		Tier 3	
CLEVER CHOICE CHAMBER-SM MASK SPACER		Tier 3	
CLEVER CHOICE NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	

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Drug		Status	Notes
CLEVER CHOICE WHISPER AIRE PED DEVICE	(nebulizer and compressor)	Tier 3	
COMFORTSEAL LARGE MASK DEVICE		Tier 3	
COMFORTSEAL MEDIUM MASK DEVICE		Tier 3	
COMFORTSEAL SMALL MASK DEVICE		Tier 3	
COMPACT SPACE CHAMBER SPACER	(inhalational spacing device)	Tier 3	
COMPACT SPACE CHAMBER-LRG MASK SPACER		Tier 3	
COMPACT SPACE CHAMBER-MED MASK SPACER		Tier 3	
COMPACT SPACE CHAMBER-SM MASK SPACER		Tier 3	
COMP-AIR NEBULIZER COMPRESSOR DEVICE	(nebulizer and compressor)	Tier 3	
DEVILBISS DISPOSABLE NEBULIZER	(nebulizers)	Tier 3	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE		Tier 3	
DEVILBISS PULMOMATE COMPRESSOR DEVICE		Tier 3	
DEVILBISS PULMONEB LT COMP-NEB DEVICE	(nebulizer and compressor)	Tier 3	
DEVILBISS TRAVELER COMPRESSOR DEVICE	(nebulizer and compressor)	Tier 3	
EASIVENT HOLDING CHAMBER SPACER	(inhalational spacing device)	Tier 3	
EASIVENT MASK LARGE DEVICE		Tier 3	
EASIVENT MASK MEDIUM DEVICE		Tier 3	
EASIVENT MASK SMALL DEVICE		Tier 3	
EASY NEB COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
EBASE CONTROLLER DEVICE		Tier 3	

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Drug		Status	Notes
FLEXICHAMBER SPACER	(inhalational spacing device)	Tier 3	
FLEXICHAMBER-LG CHILD MASK DEVICE		Tier 3	
FLEXICHAMBER-SM ADULT MASK DEVICE		Tier 3	
FLEXICHAMBER-SM CHILD MASK DEVICE		Tier 3	
HOME NEBULIZER PLUS SIDESTREAM DEVICE	(nebulizer and compressor)	Tier 3	
INNOSPIRE DELUXE DEVICE	(nebulizer and compressor)	Tier 3	
INNOSPIRE ELEGANCE DEVICE	(nebulizer and compressor)	Tier 3	
INNOSPIRE ESSENCE DEVICE	(nebulizer and compressor)	Tier 3	
INNOSPIRE GO NEBULIZER	(nebulizers)	Tier 3	
INNOSPIRE MINI DEVICE	(nebulizer and compressor)	Tier 3	
INSPIRACHAMBER SPACER	(inhalational spacing device)	Tier 3	
INSPIRACHAMBER WITH MASK-LARGE SPACER		Tier 3	
INSPIRACHAMBER WITH MASK-MED SPACER		Tier 3	
INSPIRACHAMBER WITH MASK-SMALL SPACER		Tier 3	
LC PLUS	(nebulizers)	Tier 3	
LC PLUS NEBULIZER-PED MASK	(nebulizers)	Tier 3	
LITE TOUCH-MEDIUM MASK DEVICE		Tier 3	
LITEAIRE MDI CHAMBER SPACER	(inhalational spacing device)	Tier 3	
LITETOUCH-LARGE MASK DEVICE		Tier 3	
LITETOUCH-SMALL MASK DEVICE		Tier 3	
MC 300 NEBULIZER W-MOUTHPIECE	(nebulizers)	Tier 3	

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Drug		Status	Notes
MC 300 NEBULIZER-UNVRSL TUBING	(nebulizers)	Tier 3	
MICROAIR MESH NEBULIZER	(nebulizers)	Tier 3	
MICROCHAMBER SPACER	(inhalational spacing device)	Tier 3	
MICROSPACER SPACER	(inhalational spacing device)	Tier 3	
MINI PLUS NEBULIZER	(nebulizers)	Tier 3	
MINI WRIGHT PEAK FLOW METER DEVICE	(peak flow meter)	Tier 3	
nebulizer and compressor device	(Clever Choice Nebulizer)	Tier 3	
OMBRA COMPRESSOR SYSTEM DEVICE	(nebulizer and compressor)	Tier 3	
OPTICHAMBER ADULT MASK-LARGE DEVICE		Tier 3	
OPTICHAMBER DIAMOND LG MASK SPACER		Tier 3	
OPTICHAMBER DIAMOND VHC SPACER	(inhalational spacing device)	Tier 3	
OPTICHAMBER DIAMOND-MED MSK SPACER		Tier 3	
OPTICHAMBER DIAMOND-SML MASK SPACER		Tier 3	
PARI LC SPRINT NEBULIZER SET	(nebulizers)	Tier 3	
PARI LC SPRINT SINUS	(nebulizers)	Tier 3	
PARI SINUS AEROSOL SYSTEM DEVICE	(nebulizer and compressor)	Tier 3	
PARI TREK S COMBO PACK DEVICE	(nebulizer and compressor)	Tier 3	
PARI TREK S COMPACT COMPRESSOR DEVICE	(nebulizer and compressor)	Tier 3	
PEDIATRIC BEAR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
PEDIATRIC COMP-AIR COMPRES NEB DEVICE	(nebulizer and compressor)	Tier 3	

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Drug		Status	Notes
PEDIATRIC DINOSAUR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
PEDIATRIC DOG NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
PEDIATRIC FROG NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
PFLEX INSPIRATORY TRAINER DEVICE		Tier 3	
POCKET CHAMBER SPACER	(inhalational spacing device)	Tier 3	
PORTABLE NEBULIZER SYSTEM DEVICE	(nebulizer and compressor)	Tier 3	
PRIMEAIRE SPACER	(inhalational spacing device)	Tier 3	
PROCARE COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
PROCARE PEDIATRIC NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
PROCARE SPACER WITH ADULT MASK SPACER		Tier 3	
PROCARE SPACER WITH CHILD MASK SPACER		Tier 3	
PROCHAMBER SPACER	(inhalational spacing device)	Tier 3	
PRODIGY MINI-MIST NEBULIZER	(nebulizers)	Tier 3	
PRONEB MAX COMPRESSOR-LC PLUS DEVICE	(nebulizer and compressor)	Tier 3	
PRONEB MAX COMPRESSR-LC SPRINT DEVICE	(nebulizer and compressor)	Tier 3	
PROVENT NASAL DEVICE		Tier 3	
PROVENT STARTER NASAL DEVICE		Tier 3	
PULMO-AIDE COMPRESSOR DEVICE		Tier 3	
PULMONEB LT COMPRESSOR NEBUL DEVICE	(nebulizer and compressor)	Tier 3	

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Drug		Status	Notes
PUREAIR MINI NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
QUAKE VIBRATORY PEP DEVICE		Tier 3	
RITEFLO AEROCHAMBER SPACER	(inhalational spacing device)	Tier 3	
SAMI THE SEAL DEVICE	(nebulizer and compressor)	Tier 3	
SIDESTREAM	(nebulizers)	Tier 3	
SIDESTREAM NEBULIZER	(nebulizers)	Tier 3	
SIDESTREAM PLUS	(nebulizers)	Tier 3	
SILICONE MASK - INFANT DEVICE		Tier 3	
SINUSTAR NEBULIZER	(nebulizers)	Tier 3	
SMARTNEB COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
SOOTHENEB COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
SOOTHENEB MESH NEBULIZER	(nebulizers)	Tier 3	
SPACE CHAMBER SPACER	(inhalational spacing device)	Tier 3	
SPACE CHAMBER WITH LARGE MASK SPACER		Tier 3	
SPACE CHAMBER WITH MEDIUM MASK SPACER		Tier 3	
SPACE CHAMBER WITH SMALL MASK SPACER		Tier 3	
STRIVE PEAK FLOW METER DEVICE	(peak flow meter)	Tier 3	
SUNRISE COMPRESSOR-NEBULIZER DEVICE		Tier 3	
THRESHOLD IMT TRAINER DEVICE		Tier 3	
THRESHOLD PEP DEVICE DEVICE		Tier 3	
TRUNEB NEBULIZER	(nebulizers)	Tier 3	
TRUZONE PEAK FLOW METER DEVICE	(peak flow meter)	Tier 3	

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Drug		Status	Notes
VIOS AEROSOL DELIVERY SYSTEM DEVICE	(nebulizer and compressor)	Tier 3	
VIXONE NEBULIZER	(nebulizers)	Tier 3	
VIXONE NEBULIZER-ADULT MASK	(nebulizers)	Tier 3	
VIXONE NEBULIZER-PEDIATRIC MSK	(nebulizers)	Tier 3	
VORTEX HOLDING CHAMBER SPACER	(inhalational spacing device)	Tier 3	
VORTEX VHC FROG MASK-CHILD SPACER		Tier 3	
VORTEX VHC LADYBUG MASK-TODDLR SPACER		Tier 3	
WILLIS THE WHALE COMPRESSR NEB DEVICE	(nebulizer and compressor)	Tier 3	
Thymic Stromal Lymphopoietin (Tslp) Inhibitors			
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)		Tier 2	PA; SP
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)		Tier 2	PA; SP
Xanthines			
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)		Tier 1	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	(theophylline)	Tier 1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG		Tier 2	
theophylline oral elixir 80 mg/15 ml	(Elixophyllin)	Tier 1	
theophylline oral solution 80 mg/15 ml		Tier 1	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg		Tier 1	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg		Tier 1	

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Drug	Status	Notes
Autonomic Nervous System Disorders		
Alzheimer's Therapy, Nmda Receptor Antagonists		
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg	Tier 1	ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (30 EA per 30 days)
memantine oral capsule,sprinkle,er 24hr 7 mg (Namenda XR)	Tier 1	ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (30 EA per 30 days)
memantine oral solution 2 mg/ml	Tier 1	QL (300 ML per 30 days)
memantine oral tablet 10 mg, 5 mg	Tier 1	QL (60 EA per 30 days)
memantine oral tablets,dose pack 5-10 mg (Namenda Titration Pak)	Tier 1	QL (49 EA per 28 days)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	Tier 2	ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (28 EA per 28 days)
Alzheimer's Thx,Nmda Recept Antag & Cholines Inhib		
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	Tier 2	ST: At least 2 prior prescriptions for Donepezil HCL or Memantine IR/XR within the past 365 days; QL (28 EA per 28 days)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	Tier 2	ST: At least 2 prior prescriptions for Donepezil HCL or Memantine IR/XR within the past 365 days; QL (1 EA per 1 day)
Cholinesterase Inhibitors		
donepezil oral tablet 10 mg, 23 mg, 5 mg (Aricept)	Tier 1	

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Drug		Status	Notes
donepezil oral tablet,disintegrating 10 mg, 5 mg		Tier 1	
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg		Tier 1	QL (30 EA per 30 days)
galantamine oral solution 4 mg/ml		Tier 1	QL (200 ML per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg		Tier 1	QL (60 EA per 30 days)
pyridostigmine bromide oral syrup 60 mg/5 ml	(Mestinon)	Tier 1	
pyridostigmine bromide oral tablet 30 mg		Tier 1	
pyridostigmine bromide oral tablet 60 mg	(Mestinon)	Tier 1	
pyridostigmine bromide oral tablet extended release 180 mg	(Mestinon Timespan)	Tier 1	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg		Tier 1	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	(Exelon Patch)	Tier 1	QL (30 EA per 30 days)
Behavioral Health - Antidepressants			
Alpha-2 Receptor Antagonist Antidepressants			
mirtazapine oral tablet 15 mg, 30 mg	(Remeron)	Tier 1	
mirtazapine oral tablet 45 mg, 7.5 mg		Tier 1	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	(Remeron SolTab)	Tier 1	
Antidepressant - Nmda Receptor Antagonist			
SPRAVATO NASAL SPRAY,NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)		Tier 3	PA; SP
Antidepressant - Postpartum Depression (Ppd)			
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG		Tier 2	PA; SP
Maois - Non-Selective & Irreversible			

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Drug		Status	Notes
MARPLAN ORAL TABLET 10 MG		Tier 3	
phenelzine oral tablet 15 mg	(Nardil)	Tier 1	
tranylcypromine oral tablet 10 mg	(Parnate)	Tier 1	
Monoamine Oxidase(Mao) Inhibitors			
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR		Tier 3	QL (1 EA per 1 day)
Ndma Receptor Antagonist And Ndri Comb			
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG		Tier 3	
Norepinephrine And Dopamine Reuptake Inhib (Ndris)			
bupropion hcl oral tablet 100 mg, 75 mg		Tier 1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	(Wellbutrin XL)	Tier 1	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	(Wellbutrin SR)	Tier 1	
Selective Serotonin Reuptake Inhibitor (Ssris)			
citalopram oral solution 10 mg/5 ml		Tier 1	
citalopram oral tablet 10 mg, 20 mg, 40 mg	(Celexa)	Tier 1	
escitalopram oxalate oral solution 5 mg/5 ml		Tier 1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	(Lexapro)	Tier 1	
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	(Prozac)	Tier 1	
fluoxetine oral capsule,delayed release(dr/ec) 90 mg		Tier 1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)		Tier 1	
fluoxetine oral tablet 10 mg, 20 mg, 60 mg		Tier 1	

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

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Drug		Status	Notes
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG		Tier 2	QL (1 EA per 1 day)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	(Effexor XR)	Tier 1	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		Tier 1	
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg		Tier 1	
Ssri & 5Ht1a Partial Agonist Antidepressant			
vilazodone oral tablet 10 mg, 20 mg, 40 mg	(Viibryd)	Tier 1	
Ssri & Serotonin Receptor Modulator Antidepressant			
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		Tier 2	QL (1 EA per 1 day)
Tricyclic Antidepressant/Benzodiazepine Combinatns			
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg		Tier 1	
Tricyclic Antidepressant/Phenothiazine Combinatns			
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg		Tier 1	
Tricyclic Antidepressants & Rel. Non-Sel. Ru-Inhib			
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		Tier 1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg		Tier 1	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	(Anafranil)	Tier 1	
desipramine oral tablet 10 mg, 25 mg	(Norpramin)	Tier 1	

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Drug		Status	Notes
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg		Tier 1	
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		Tier 1	
doxepin oral concentrate 10 mg/ml		Tier 1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg		Tier 1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg		Tier 1	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	(Pamelor)	Tier 1	
nortriptyline oral solution 10 mg/5 ml		Tier 1	
protriptyline oral tablet 10 mg, 5 mg		Tier 1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg		Tier 1	
Behavioral Health - Other			
Adrenergics, Aromatic, Non-Catecholamine			
amphetamine sulfate oral tablet 10 mg, 5 mg	(Evekeo)	Tier 1	PA
dextroamphetamine sulfate oral capsule, extended release 10 mg	(Dexedrine Spansule)	Tier 1	QL (60 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 15 mg		Tier 1	QL (120 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 5 mg		Tier 1	QL (60 EA per 30 days)
dextroamphetamine sulfate oral solution 5 mg/5 ml	(ProCentra)	Tier 1	QL (1800 ML per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	(Zenzedi)	Tier 1	QL (180 EA per 30 days)

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

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Drug		Status	Notes
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML		Tier 3	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (240 ML per 30 days)
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG		Tier 3	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day)
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	(Vyvanse)	Tier 1	QL (1 EA per 1 day)
lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	(Vyvanse)	Tier 1	QL (1 EA per 1 day)
methamphetamine oral tablet 5 mg	(Desoxyn)	Tier 1	QL (150 EA per 30 days)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	(dextroamphetamine sulfate)	Tier 3	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)
Anti-Alcoholic Preparations			
acamprosate oral tablet,delayed release (dr/ec) 333 mg		Tier 1	
disulfiram oral tablet 250 mg, 500 mg		Tier 1	
Anti-Anxiety - Benzodiazepines			
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML		Tier 2	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	(Xanax)	Tier 1	
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	(Xanax XR)	Tier 1	

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Drug		Status	Notes
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg		Tier 1	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg		Tier 1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg		Tier 1	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	(diazepam)	Tier 1	
diazepam oral concentrate 5 mg/ml	(Diazepam Intensol)	Tier 1	
diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)		Tier 1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	(Valium)	Tier 1	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	(lorazepam)	Tier 1	
lorazepam oral concentrate 2 mg/ml	(Lorazepam Intensol)	Tier 1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	(Ativan)	Tier 1	
oxazepam oral capsule 10 mg, 15 mg, 30 mg		Tier 1	
Anti-Anxiety Drugs			
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg		Tier 1	
meprobamate oral tablet 200 mg, 400 mg		Tier 1	
Anti-Mania Drugs			
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG		Tier 3	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg		Tier 1	
lithium carbonate oral tablet 300 mg		Tier 1	
lithium carbonate oral tablet extended release 300 mg	(Lithobid)	Tier 1	
lithium carbonate oral tablet extended release 450 mg		Tier 1	

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Drug	Status	Notes
lithium citrate oral solution 8 meq/5 ml	Tier 1	
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; SP
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM	Tier 3	PA; SP
sodium oxybate oral solution 500 mg/ml (Xyrem)	Tier 2	PA; SP
XYWAV ORAL SOLUTION 0.5 GRAM/ML	Tier 2	PA; SP
Antipsych,Dopamine Antag.,Diphenylbutylpiperidines		
pimozide oral tablet 1 mg, 2 mg	Tier 1	
Antipsychotic-Atypical,D3/D2 Partial Ag-5Ht Mixed		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 2	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	SP; QL (2.4 ML per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	Tier 2	SP; QL (3.2 ML per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	Tier 2	SP; QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	Tier 2	SP; QL (1 EA per 26 days)
aripiprazole oral solution 1 mg/ml	Tier 1	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg (Abilify)	Tier 1	

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Drug	Status	Notes
aripiprazole oral tablet,disintegrating 10 mg	Tier 1	QL (3 EA per 1 day)
aripiprazole oral tablet,disintegrating 15 mg	Tier 1	QL (2 EA per 1 day)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	Tier 3	SP
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	Tier 2	SP; QL (3.9 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	Tier 2	SP; QL (1.6 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	Tier 2	SP; QL (2.4 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	Tier 2	SP; QL (3.2 ML per 14 days)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	Tier 3	ST: Requires prior prescription for generic Aripiprazole tablets within the past 120 days
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	QL (1 EA per 1 day)
REXULTI ORAL TABLETS,DOSE PACK 0.5 MG (7)- 1 MG (7), 1 MG (4)- 2 MG (3)	Tier 2	QL (1 EA per 1 day)
Antipsychotics, Dopamine & Serotonin Antagonists		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Tier 2	SP
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	
Antipsychotics,Atypical,Dopamine,& Serotonin Antag		
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg (Saphris)	Tier 1	QL (2 EA per 1 day)

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Drug	Status	Notes
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 3	ST: Requires prior prescription for Rexulti or Vraylar within the past 120 days; QL (1 EA per 1 day)
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg (Clozaril)	Tier 1	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	Tier 1	QL (3 EA per 1 day)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	QL (2 EA per 1 day)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	Tier 3	QL (8 EA per 28 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	Tier 2	SP; QL (3.5 ML per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	Tier 2	SP; QL (5 ML per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	Tier 2	SP; QL (0.75 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	Tier 2	SP; QL (1 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	Tier 2	SP; QL (1.5 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	Tier 2	SP; QL (0.25 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	Tier 2	SP; QL (0.5 ML per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	Tier 2	SP; QL (88 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	Tier 2	SP; QL (1.32 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	Tier 2	SP; QL (1.75 ML per 70 days)

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Drug		Status	Notes
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML		Tier 2	SP; QL (2.63 ML per 70 days)
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	(Latuda)	Tier 1	QL (30 EA per 30 days)
lurasidone oral tablet 80 mg	(Latuda)	Tier 1	QL (60 EA per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	(Zyprexa)	Tier 1	
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	(Zyprexa Zydis)	Tier 1	
paliperidone oral tablet extended release 24hr 1.5 mg		Tier 1	QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 3 mg, 9 mg	(Invega)	Tier 1	QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 6 mg	(Invega)	Tier 1	QL (2 EA per 1 day)
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG		Tier 2	SP; QL (1 EA per 28 days)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	(Seroquel)	Tier 1	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	(Seroquel XR)	Tier 1	
risperidone oral solution 1 mg/ml	(Risperdal)	Tier 1	
risperidone oral tablet 0.25 mg		Tier 1	
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	(Risperdal)	Tier 1	
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg		Tier 1	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR		Tier 3	QL (1 EA per 1 day)
SEROQUEL XR ORAL TABLET, EXT REL 24HR DOSE PACK 50 MG(3)-200 MG (1)-300 MG(11)		Tier 3	

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Drug	Status	Notes
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	Tier 2	SP; QL (0.28 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	Tier 2	SP; QL (0.35 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	Tier 2	SP; QL (0.42 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	Tier 2	SP; QL (0.56 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	Tier 2	SP; QL (0.7 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	Tier 2	SP; QL (0.14 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	Tier 2	SP; QL (0.21 ML per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 3	QL (18 ML per 1 day)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	Tier 1	
Antipsychotics,Dopamine Antagonists, Thioxanthenes		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Antipsychotics,Dopamine Antagonists,Butyrophenones		
haloperidol lactate oral concentrate 2 mg/ml	Tier 1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Tier 1	
Antipsychotics,Dopamine Antagonst,Dihydroindolones		

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Drug	Status	Notes
molindone oral tablet 10 mg	Tier 1	QL (8 EA per 1 day)
molindone oral tablet 25 mg	Tier 1	QL (9 EA per 1 day)
molindone oral tablet 5 mg	Tier 1	
Anti-Psychotics,Phenothiazines		
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	Tier 1	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
fluphenazine hcl oral concentrate 5 mg/ml	Tier 1	
fluphenazine hcl oral elixir 2.5 mg/5 ml	Tier 1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Tier 1	
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Barbiturates		
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	Tier 1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	Tier 1	
Cholinergic And Anticholinergic Combinations		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	Tier 3	ST: Requires prior prescription for a generic atypical antipsychotic, Rexulti, or Vraylar within the past 120 days; QL (2 EA per 1 day)

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Drug		Status	Notes
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG		Tier 3	ST: Requires prior prescription for a generic atypical antipsychotic, Rexulti, or Vraylar within the past 120 days
Hsdd Agents-Mixed Serotonin Agonist/Antagonists			
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; SP
tasimelteon oral capsule 20 mg	(Hetlioz)	Tier 1	PA; SP
Narcolepsy And Sleep Disorder Therapy Agents			
armodafinil oral tablet 150 mg, 200 mg, 250 mg	(Nuvigil)	Tier 1	QL (1 EA per 1 day)
armodafinil oral tablet 50 mg	(Nuvigil)	Tier 1	QL (3 EA per 1 day)
modafinil oral tablet 100 mg, 200 mg	(Provigil)	Tier 1	QL (2 EA per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG		Tier 3	PA
Narcolepsy Tx-H3-Recept.Antagonist/Inverse Agonist			
WAKIX ORAL TABLET 17.8 MG, 4.45 MG		Tier 3	PA; SP
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	
naloxone injection auto-injector 10 mg/0.4 ml		Tier 1	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml		Tier 1	

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Drug		Status	Notes
naloxone nasal spray,non-aerosol 4 mg/actuation	(Narcan)	Tier 1	QL (4 EA per 30 days)
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG		Tier 3	
naltrexone oral tablet 50 mg		Tier 1	
OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION		Tier 3	QL (4 EA per 30 days)
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML		Tier 3	QL (2 ML per 30 days)
Sedative-Hypnotics - Benzodiazepines			
estazolam oral tablet 1 mg, 2 mg		Tier 1	
flurazepam oral capsule 15 mg, 30 mg		Tier 1	
midazolam oral syrup 2 mg/ml		Tier 1	
quazepam oral tablet 15 mg	(Doral)	Tier 1	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	(Restoril)	Tier 1	
triazolam oral tablet 0.125 mg		Tier 1	
triazolam oral tablet 0.25 mg	(Halcion)	Tier 1	
Sedative-Hypnotics,Non-Barbiturate			
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		Tier 2	QL (1 EA per 1 day)
doxepin oral tablet 3 mg, 6 mg	(Silenor)	Tier 1	QL (1 EA per 1 day)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	(Lunesta)	Tier 1	QL (1 EA per 1 day)
zaleplon oral capsule 10 mg, 5 mg		Tier 1	QL (1 EA per 1 day)
zolpidem oral tablet 10 mg, 5 mg	(Ambien)	Tier 1	QL (1 EA per 1 day)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	(Ambien CR)	Tier 1	QL (1 EA per 1 day)
zolpidem sublingual tablet 1.75 mg, 3.5 mg		Tier 1	QL (1 EA per 1 day)
Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)			
NUPLAZID ORAL CAPSULE 34 MG		Tier 3	PA; SP
NUPLAZID ORAL TABLET 10 MG		Tier 3	PA; SP

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Drug		Status	Notes
Ssri &Antipsych,Atyp,Dopamine&Serotonin Antag Comb			
olanzapine-fluoxetine oral capsule 12-25 mg, 6-50 mg		Tier 1	QL (1 EA per 1 day)
olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg	(Symbyax)	Tier 1	QL (1 EA per 1 day)
Tx For Adhd - Selective Alpha-2A Receptor Agonist			
clonidine hcl oral tablet extended release 12 hr 0.1 mg		Tier 1	
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	(Intuniv ER)	Tier 1	
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML		Tier 3	ST: Requires prior prescription for Clonidine 0.1mg ER tablets within the past 120 days; QL (4 ML per 1 day); Age (Min 6 Years)
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	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/amphetamine SR/ER within the past 120 days; QL (1 EA per 1 day)
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	(Focalin XR)	Tier 1	QL (1 EA per 1 day)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	(Focalin)	Tier 1	QL (2 EA per 1 day)

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Drug		Status	Notes
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG		Tier 2	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/amphetamine SR/ER within the past 120 days; QL (1 EA per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg	(Metadate CD)	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70 30 mg	(Metadate CD)	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg	(Ritalin LA)	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 30 mg	(Ritalin LA)	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 60 mg		Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	(Methylin)	Tier 1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	(Ritalin)	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 10 mg		Tier 1	QL (3 EA per 1 day)
methylphenidate hcl oral tablet extended release 20 mg	(Metadate ER)	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	(Concerta)	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral tablet extended release 24hr 36 mg	(Concerta)	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg		Tier 1	QL (90 EA per 30 days)

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Drug	Status	Notes
methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr (Daytrana)	Tier 1	ST: Requires prior prescription for oral Methylphenidate CD/ER/LA formulation or Methylphenidate suspension/solution within the past 120 days; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	Tier 3	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/amphetamine SR/ER within the past 120 days; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	Tier 3	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/amphetamine SR/ER within the past 120 days; QL (2 EA per 1 day)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	120mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/amphetamine SR/ER within the past 120 days; QL (240 ML per 30 days)

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Drug	Status	Notes
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	150mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/amphetamine SR/ER within 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: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/amphetamine SR/ER within 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: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/amphetamine SR/ER within the past 120 days; QL (60 ML per 30 days)
Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type		
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg (Strattera)	Tier 1	

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Drug	Status	Notes
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	Tier 3	ST: Requires prior prescription for Amphetamine-Dextroamphetamine, Atomoxetine, Clonidine ER, Dexmethylphenidate, Guanfacine ER, or Methylphenidate IR within the past 120 days; QL (1 EA per 1 day); Age (Min 6 Years)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	Tier 3	ST: Requires prior prescription for Amphetamine-Dextroamphetamine, Atomoxetine, Clonidine ER, Dexmethylphenidate, Guanfacine ER, or Methylphenidate IR within the past 120 days; QL (2 EA per 1 day); Age (Min 6 Years)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	Tier 3	ST: Requires prior prescription for Amphetamine-Dextroamphetamine, Atomoxetine, Clonidine ER, Dexmethylphenidate, Guanfacine ER, or Methylphenidate IR within the past 120 days; QL (3 EA per 1 day); Age (Min 6 Years)
Cardiovascular Disease - Arrhythmia		
Antiarrhythmics		
amiodarone oral tablet 100 mg, 200 mg, 400 mg (Pacerone)	Tier 1	
disopyramide phosphate oral capsule 100 mg, 150 mg (Norpace)	Tier 1	

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Drug		Status	Notes
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	(Tikosyn)	Tier 1	
flecainide oral tablet 100 mg, 150 mg, 50 mg		Tier 1	
mexiletine oral capsule 150 mg, 200 mg, 250 mg		Tier 1	
MULTAQ ORAL TABLET 400 MG		Tier 2	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG		Tier 2	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 150 MG	(disopyramide phosphate)	Tier 2	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	(amiodarone)	Tier 1	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg		Tier 1	
propafenone oral tablet 150 mg, 225 mg, 300 mg		Tier 1	
quinidine gluconate oral tablet extended release 324 mg		Tier 1	
quinidine sulfate oral tablet 200 mg, 300 mg		Tier 1	
Cardiovascular Disease - Cardiac Stimulant			
Adrenergic Agents,Catecholamines			
epinephrine injection syringe 0.1 mg/ml		Tier 1	
Digitalis Glycosides			
DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	(digoxin)	Tier 1	
digoxin oral solution 50 mcg/ml (0.05 mg/ml)		Tier 2	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(Digitek)	Tier 1	
digoxin oral tablet 62.5 mcg (0.0625 mg)	(Lanoxin)	Tier 1	PA
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	(digoxin)	Tier 3	

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Drug		Status	Notes
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	(digoxin)	Tier 3	PA
Cardiovascular Disease - Hypertension			
Ace Inhibitor/Calcium Channel Blocker Combination			
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg	(Lotrel)	Tier 1	
amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg		Tier 1	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg		Tier 1	
Ace Inhibitor/Thiazide & Thiazide-Like Diuretic			
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	Tier 1	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		Tier 1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg		Tier 1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	(Vaseretic)	Tier 1	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		Tier 1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg		Tier 1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Zestoretic)	Tier 1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Accuretic)	Tier 1	
Alpha/Beta-Adrenergic Blocking Agents			
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	(Coreg)	Tier 1	

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Drug		Status	Notes
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg	(Coreg CR)	Tier 1	QL (1 EA per 1 day)
labetalol oral tablet 100 mg, 200 mg, 300 mg		Tier 1	
Alpha-Adrenergic Blocking Agents			
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG		Tier 3	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	(Cardura)	Tier 1	
phenoxybenzamine oral capsule 10 mg	(Dibenzyline)	Tier 1	PA; SP
prazosin oral capsule 1 mg, 2 mg, 5 mg		Tier 1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg		Tier 1	
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	(Exforge HCT)	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	(Tribenzor)	Tier 1	
Angiotensin Receptor Antag./Thiazide Diuretic Comb			
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	(Atacand HCT)	Tier 1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	Tier 1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	(Hyzaar)	Tier 1	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	(Benicar HCT)	Tier 1	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	(Micardis HCT)	Tier 1	

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Drug		Status	Notes
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	(Diovan HCT)	Tier 1	
Angiotensin Receptor Antgnst & Calc.Channel Blockr			
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	(Azor)	Tier 1	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	(Exforge)	Tier 1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg		Tier 1	
Antihypertensives, Ace Inhibitors			
benazepril oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	Tier 1	
benazepril oral tablet 5 mg		Tier 1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		Tier 1	
enalapril maleate oral solution 1 mg/ml	(Epaned)	Tier 1	ST: Requires prior prescription for Enalapril tablets if 12 years of age or older within the past 120 days; QL (1200 ML per 30 days)
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	Tier 1	
fosinopril oral tablet 10 mg, 20 mg, 40 mg		Tier 1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	(Zestril)	Tier 1	
moexipril oral tablet 15 mg, 7.5 mg		Tier 1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		Tier 1	

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Drug		Status	Notes
QBRELIS ORAL SOLUTION 1 MG/ML		Tier 3	ST: Requires prior prescription for Lisinopril tablets within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days)
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Accupril)	Tier 1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	(Altace)	Tier 1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg		Tier 1	
Antihypertensives, Angiotensin Receptor Antagonist			
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Atacand)	Tier 1	
eprosartan oral tablet 600 mg		Tier 1	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	(Avapro)	Tier 1	
losartan oral tablet 100 mg, 25 mg, 50 mg	(Cozaar)	Tier 1	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	(Benicar)	Tier 1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	(Micardis)	Tier 1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	Tier 1	
Antihypertensives, Miscellaneous			
metyrosine oral capsule 250 mg	(Demser)	Tier 1	
Antihypertensives, Sympatholytic			
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg		Tier 1	
clonidine transdermal patch weekly 0.1 mg/24 hr	(Catapres-TTS-1)	Tier 1	
clonidine transdermal patch weekly 0.2 mg/24 hr	(Catapres-TTS-2)	Tier 1	

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Drug	Status	Notes
clonidine transdermal patch weekly 0.3 mg/24 hr (Catapres-TTS-3)	Tier 1	
guanfacine oral tablet 1 mg, 2 mg	Tier 1	
methyldopa oral tablet 250 mg, 500 mg	Tier 1	
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	Tier 1	
Antihypertensives, Vasodilators		
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	
minoxidil oral tablet 10 mg, 2.5 mg	Tier 1	
Antihypertensives,Endothelin Receptor Antagonists		
TRYVIO ORAL TABLET 12.5 MG	Tier 3	PA; SP
Beta-Adrenergic Blocking Agents		
acebutolol oral capsule 200 mg, 400 mg	Tier 1	
atenolol oral tablet 100 mg, 25 mg, 50 mg (Tenormin)	Tier 1	
betaxolol oral tablet 10 mg, 20 mg	Tier 1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	Tier 1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Tier 3	ST: Requires prior prescription for generic Propranolol oral solution within the past 120 days if 1 year of age and older; QL (360 ML per 30 days)
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 200 MG, 25 MG, 50 MG	Tier 3	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg (Toprol XL)	Tier 1	
metoprolol tartrate oral tablet 100 mg, 50 mg (Lopressor)	Tier 1	

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

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Drug		Status	Notes
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg		Tier 1	
Calcium Channel Blocking Agents			
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	(Norvasc)	Tier 1	
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	(diltiazem hcl)	Tier 1	
CONJUPRI ORAL TABLET 2.5 MG	(levamlodipine)	Tier 3	PA
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	(DILT-XR)	Tier 1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg		Tier 1	
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(Tiadylt ER)	Tier 1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	Tier 1	
diltiazem hcl oral capsule,extended release 24hr 360 mg	(Cardizem CD)	Tier 1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	(Cardizem)	Tier 1	
diltiazem hcl oral tablet 90 mg		Tier 1	
diltiazem hcl oral tablet extended release 24 hr 120 mg	(Cardizem LA)	Tier 1	
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(Matzim LA)	Tier 1	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	(diltiazem hcl)	Tier 1	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg		Tier 1	
isradipine oral capsule 2.5 mg, 5 mg		Tier 1	
levamlodipine oral tablet 2.5 mg, 5 mg	(Conjupri)	Tier 1	PA

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Drug		Status	Notes
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	(diltiazem hcl)	Tier 1	
nicardipine oral capsule 20 mg, 30 mg		Tier 1	
nifedipine oral capsule 10 mg, 20 mg		Tier 1	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	(Procardia XL)	Tier 1	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg		Tier 1	
nimodipine oral capsule 30 mg		Tier 1	
nimodipine oral solution 60 mg/20 ml		Tier 1	PA; SP
nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg	(Sular)	Tier 1	
nisoldipine oral tablet extended release 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg		Tier 1	
NYMALIZE ORAL SOLUTION 60 MG/10 ML		Tier 3	PA; SP
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML		Tier 3	PA; SP
TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	(diltiazem hcl)	Tier 1	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	(Verelan PM)	Tier 1	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg		Tier 1	
verapamil oral tablet 120 mg, 40 mg, 80 mg		Tier 1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg		Tier 1	
Loop Diuretics			
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg		Tier 1	
ethacrynic acid oral tablet 25 mg	(Edecrin)	Tier 1	PA

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Drug		Status	Notes
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML		Tier 3	SP
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)		Tier 1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	(Lasix)	Tier 1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg		Tier 1	
Potassium Sparing Diuretics			
amiloride oral tablet 5 mg		Tier 1	
eplerenone oral tablet 25 mg, 50 mg	(Inspra)	Tier 1	
KERENDIA ORAL TABLET 10 MG, 20 MG		Tier 3	PA
spironolactone oral tablet 100 mg, 25 mg, 50 mg	(Aldactone)	Tier 1	
triamterene oral capsule 100 mg, 50 mg	(Dyrenium)	Tier 1	
Potassium Sparing Diuretics In Combination			
amiloride-hydrochlorothiazide oral tablet 5-50 mg		Tier 1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg		Tier 1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg		Tier 1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg		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; SP
Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib			
ALYQ ORAL TABLET 20 MG	(tadalafil (pulm. hypertension))	Tier 1	PA; SP
LIQREV ORAL SUSPENSION 10 MG/ML		Tier 3	PA; SP

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Drug		Status	Notes
sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml		Tier 1	PA
sildenafil (pulm.hypertension) oral tablet 20 mg	(Revatio)	Tier 1	PA
tadalafil (pulm. hypertension) oral tablet 20 mg	(Alyq)	Tier 1	PA; SP
Pulmonary Anti-Htn, Endothelin Receptor Antagonist			
ambrisentan oral tablet 10 mg, 5 mg	(Letairis)	Tier 1	PA; SP
bosentan oral tablet 125 mg, 62.5 mg	(Tracleer)	Tier 1	PA; SP
OPSUMIT ORAL TABLET 10 MG		Tier 2	PA; SP
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG		Tier 2	PA; SP
Pulmonary Antihyper Agent, Actriia-Fc			
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG		Tier 2	PA; SP
Pulmonary Antihypertensives, Prostacyclin-Type			
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)		Tier 2	PA; SP
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)		Tier 2	PA; SP
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)- 1MG		Tier 2	PA; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG		Tier 2	PA; SP
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	(treprostinil sodium)	Tier 3	PA; SP
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	(Remodulin)	Tier 1	PA; SP

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Drug	Status	Notes
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG	Tier 3	PA; SP
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 3	PA; SP
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 3	PA; SP
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 3	PA; SP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 3	PA; SP
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; SP
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	Tier 2	PA; SP
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	Tier 3	PA; SP
Renin Inhibitor, Direct		
aliskiren oral tablet 150 mg, 300 mg (Tekturna)	Tier 1	
Thiazide And Related Diuretics		
chlorthalidone oral tablet 25 mg, 50 mg	Tier 1	
DIURIL ORAL SUSPENSION 250 MG/5 ML	Tier 3	
hydrochlorothiazide oral capsule 12.5 mg	Tier 1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	
indapamide oral tablet 1.25 mg, 2.5 mg	Tier 1	

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Drug		Status	Notes
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		Tier 1	
Vasodilators, Combination			
isosorbide-hydralazine oral tablet 20-37.5 mg	(BiDil)	Tier 1	
Cardiovascular Disease - Lipid Irregularity			
Antihyperlip.Hmg Coa Reduct Inhib&Cholest.Ab.Inhib			
ezetimibe-simvastatin oral tablet 10-10 mg	(Vytorin 10-10)	Tier 1	QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-20 mg	(Vytorin 10-20)	Tier 1	QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-40 mg	(Vytorin 10-40)	Tier 1	QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-80 mg	(Vytorin 10-80)	Tier 1	PA; QL (1 EA per 1 day)
Antihyperlipidemic - Atp Citrate Lyase Inhibitor			
NEXLETOL ORAL TABLET 180 MG		Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days
Antihyperlipidemic - Hmg Coa Reductase Inhibitors			
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG		Tier 3	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; QL (1 EA per 1 day)
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)		Tier 3	PA

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

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Drug	Status	Notes
fluvastatin oral capsule 40 mg	$0	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; $0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
fluvastatin oral tablet extended release 24 hr 80 mg (Lescol XL)	$0	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (pitavastatin calcium)	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)

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Drug		Status	Notes
lovastatin oral tablet 10 mg, 20 mg, 40 mg		$0	$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg		$0	$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
rosuvastatin oral tablet 10 mg, 5 mg	(Crestor)	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
rosuvastatin oral tablet 20 mg, 40 mg	(Crestor)	Tier 1	QL (1 EA per 1 day)
simvastatin oral tablet 10 mg, 20 mg, 40 mg	(Zocor)	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)

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Drug	Status	Notes
simvastatin oral tablet 5 mg	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin oral tablet 80 mg	Tier 1	PA; QL (1 EA per 1 day)
Antihyperlipidemic - Mtp Inhibitor		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	Tier 2	PA; SP
Antihyperlipidemic - Pcsk9 Inhibitors		
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days
Antihyperlipidemic-Acly And Choles Absorp Inhib		
NEXLIZET ORAL TABLET 180-10 MG	Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days
Bile Salt Sequestrants		
cholestyramine (with sugar) oral powder 4 gram (Questran)	Tier 1	
cholestyramine (with sugar) oral powder in packet 4 gram (Questran)	Tier 1	

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Drug		Status	Notes
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	(cholestyramine-aspartame)	Tier 1	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	(cholestyramine-aspartame)	Tier 1	
cholestyramine-aspartame oral powder in packet 4 gram	(Cholestyramine Light)	Tier 1	
colesevelam oral powder in packet 3.75 gram	(WelChol)	Tier 1	
colesevelam oral tablet 625 mg	(WelChol)	Tier 1	
colestipol oral granules 5 gram	(Colestid)	Tier 1	
colestipol oral packet 5 gram		Tier 1	
colestipol oral tablet 1 gram	(Colestid)	Tier 1	
PREVALITE ORAL POWDER 4 GRAM	(cholestyramine-aspartame)	Tier 1	
PREVALITE ORAL POWDER IN PACKET 4 GRAM	(cholestyramine-aspartame)	Tier 1	
Lipotropics			
ezetimibe oral tablet 10 mg	(Zetia)	Tier 1	QL (1 EA per 1 day)
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg		Tier 1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	(Tricor)	Tier 1	
fenofibrate oral capsule 150 mg, 50 mg	(Lipofen)	Tier 1	
fenofibrate oral tablet 120 mg, 40 mg	(Fenoglide)	Tier 1	
fenofibrate oral tablet 160 mg, 54 mg		Tier 1	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	(Trilipix)	Tier 1	
fenofibric acid oral tablet 105 mg, 35 mg	(Fibricor)	Tier 1	
gemfibrozil oral tablet 600 mg	(Lopid)	Tier 1	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg		Tier 1	
NIACOR ORAL TABLET 500 MG	(niacin)	Tier 1	

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Drug		Status	Notes
omega-3 acid ethyl esters oral capsule 1 gram	(Lovaza)	Tier 1	ST: Requires prior prescription for generic Fenofibrate within the past 120 days; QL (4 EA per 1 day)
VASCEPA ORAL CAPSULE 0.5 GRAM	(icosapent ethyl)	Tier 1	QL (8 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM	(icosapent ethyl)	Tier 1	QL (4 EA per 1 day)
Niacin Preparations			
niacin oral tablet 500 mg	(Niacor)	Tier 1	
Cardiovascular Disease - Miscellaneous Agents			
Adrenergic Vasopressor Agents			
droxidopa oral capsule 100 mg, 200 mg, 300 mg	(Northera)	Tier 1	PA; SP
midodrine oral tablet 10 mg, 2.5 mg, 5 mg		Tier 1	
Angiotensin Recept-Neprilysin Inhibitor Comb(Arni)			
ENTRESTO ORAL TABLET 24-26 MG	(sacubitril-valsartan)	Tier 2	QL (6 EA per 1 day)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	(sacubitril-valsartan)	Tier 2	QL (2 EA per 1 day)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG		Tier 2	QL (8 EA per 1 day)
Antianginal & Anti-Ischemic Agents,Non-Hemodynamic			
ranolazine oral tablet extended release 12 hr 1,000 mg		Tier 1	QL (60 EA per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg		Tier 1	QL (120 EA per 30 days)
Antianginal, Heart Rate Reducing, I(F) Inhibitor			
CORLANOR ORAL SOLUTION 5 MG/5 ML		Tier 2	QL (20 ML per 1 day)
ivabradine oral tablet 5 mg, 7.5 mg	(Corlanor)	Tier 1	QL (2 EA per 1 day)
Antihyperlip - Hmg-Coa&Calcium Channel Blocker Cb			

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Drug		Status	Notes
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	(Caduet)	Tier 1	QL (1 EA per 1 day)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		Tier 1	QL (1 EA per 1 day)
Cardiac Myosin Inhibitor			
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG		Tier 3	PA; SP
Protein Stabilizers			
VYNDAMAX ORAL CAPSULE 61 MG		Tier 3	PA; SP
VYNDAQEL ORAL CAPSULE 20 MG		Tier 3	PA; SP
Soluble Guanylate Cyclase (Sgc) Stimulator			
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG		Tier 3	PA
Cardiovascular Disease - Vasodilation			
Vasodilators,Coronary			
amyl nitrite inhalation solution 0.3 ml		Tier 1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		Tier 1	
isosorbide dinitrate oral tablet 40 mg	(Isordil)	Tier 1	
isosorbide dinitrate oral tablet 5 mg	(Isordil Titradose)	Tier 1	
isosorbide mononitrate oral tablet 10 mg, 20 mg		Tier 1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg		Tier 1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	(nitroglycerin)	Tier 2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR		Tier 2	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	(Nitrostat)	Tier 1	

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Drug		Status	Notes
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(Nitro-Dur)	Tier 1	
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	(Nitrolingual)	Tier 1	
NITROMIST TRANSLINGUAL AEROSOL,SPRAY 400 MCG/SPRAY	(nitroglycerin)	Tier 3	
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG	(nitroglycerin)	Tier 1	
Vasodilators,Peripheral			
ergoloid oral tablet 1 mg		Tier 1	
papaverine injection solution 30 mg/ml		Tier 1	
Contraception/Oxytocics			
Contraceptives, Intravaginal, Systemic			
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR		$0	
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	(etonogestrel-ethinyl estradiol)	$0	
ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR	(etonogestrel-ethinyl estradiol)	$0	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	(EluRyng)	$0	
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR	(etonogestrel-ethinyl estradiol)	$0	
Contraceptives,Implantable			
NEXPLANON SUBDERMAL IMPLANT 68 MG		$0	$0 COPAY IF QUANTITY IS LIMITED TO 1 IN 365 DAYS
Contraceptives,Injectable			
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML		$0	$0 COPAY IF DAY SUPPLY IS LIMITED TO 90; QL (0.65 ML per 84 days)

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Drug		Status	Notes
medroxyprogesterone intramuscular suspension 150 mg/ml	(Depo-Provera)	$0	$0 COPAY IF DAY SUPPLY IS LIMITED TO 90; QL (1 ML per 84 days)
medroxyprogesterone intramuscular syringe 150 mg/ml	(Depo-Provera)	$0	$0 COPAY IF DAY SUPPLY IS LIMITED TO 90; QL (1 ML per 84 days)
Contraceptives,Intravaginal			
PHEXXI VAGINAL GEL 1.8-1-0.4 %		$0	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %		$0	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %		$0	
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %		$0	
Contraceptives,Oral			
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AFTER PILL ORAL TABLET 1.5 MG	(levonorgestrel)	$0	
AFTERA ORAL TABLET 1.5 MG	(levonorgestrel)	$0	
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
APRI ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG		$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY

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Drug		Status	Notes
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AUBRA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AVIANE ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AYUNA ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG		$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
BRIELLYN ORAL TABLET 0.4-35 MG-MCG		$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CAMILA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY

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Drug		Status	Notes
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
CAZIANT (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CHATEAL (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CRYSELLE (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CYRED EQ ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CYRED ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
DEBLITANE ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Azurette (28))	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
DOLISHALE ORAL TABLET 90-20 MCG (28)	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)	(Beyaz)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY

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Drug		Status	Notes
drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)	(Tydemy)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	(Jasmiel (28))	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	(Ocella)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ECONTRA EZ ORAL TABLET 1.5 MG	(levonorgestrel)	$0	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	(levonorgestrel)	$0	
ELINEST ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ELLA ORAL TABLET 30 MG		$0	
EMZAHH ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ENSKYCE ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ERRIN ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	(Kelnor 1/35 (28))	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Kelnor 1/50 (28))	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
FEMLYV ORAL TABLET,DISINTEGRATING 1 MG- 20 MCG		$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
FINZALA ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
GEMMILY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY

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Drug		Status	Notes
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HAILEY ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HEATHER ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HER STYLE ORAL TABLET 1.5 MG	(levonorgestrel)	$0	
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
INCASSIA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ISIBLOOM ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
JASMIEL (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JENCYCLA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
JOYEAUX ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	(levonorgest-eth.estradiol-iron)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (28 EA per 28 days)
JULEBER ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JULIE ORAL TABLET 1.5 MG	(levonorgestrel)	$0	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY

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Drug		Status	Notes
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KALLIGA ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KELNOR 1/50 (28) ORAL TABLET 1-50 MG-MCG	(ethynodiol diac-eth estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KURVELO (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	(Camrese Lo)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	(Rivelsa)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(Amethia)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY

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Drug		Status	Notes
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG		$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LESSINA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	(Joyeaux)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (28 EA per 28 days)
levonorgestrel oral tablet 1.5 mg	(After Pill)	$0	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	(Afirmelle)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	(Altavera (28))	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)	(Amethyst (28))	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(Iclevia)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Enpresse)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LEVORA-28 ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)		$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
LORYNA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY

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Drug		Status	Notes
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LYLEQ ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LYZA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MERZEE ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MILI ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MY CHOICE ORAL TABLET 1.5 MG	(levonorgestrel)	$0	
MY WAY ORAL TABLET 1.5 MG	(levonorgestrel)	$0	

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Drug		Status	Notes
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG		$0	ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days; $0 COPAY IF QUANTITY 1.34 IN 1 DAY
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NEW DAY ORAL TABLET 1.5 MG	(levonorgestrel)	$0	
NEXTSTELLIS ORAL TABLET 3 MG-14.2 MG (28)		$0	ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days; $0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (1 EA per 1 day)
NIKKI (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORA-BE ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	(Wymzya Fe)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	(Kaitlib Fe)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
norethindrone (contraceptive) oral tablet 0.35 mg	(Camila)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	(Aurovela 1.5/30 (21))	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	(Aurovela 1/20 (21))	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	(Gemmily)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Aurovela Fe 1-20 (28))	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Aurovela Fe 1.5/30 (28))	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY

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Drug		Status	Notes
norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(Tilia Fe)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	(Charlotte 24 Fe)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(Tri-Estarylla)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg	(Estarylla)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)		$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
OCELLA ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
OPCICON ONE-STEP ORAL TABLET 1.5 MG	(levonorgestrel)	$0	
OPILL ORAL TABLET 0.075 MG		$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
OPTION-2 ORAL TABLET 1.5 MG	(levonorgestrel)	$0	
PHILITH ORAL TABLET 0.4-35 MG-MCG		$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
PORTIA 28 ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY

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Drug		Status	Notes
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	(l norgest/e.estradiol-e.estrad)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
SHAROBEL ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
SLYND ORAL TABLET 4 MG (28)		$0	ST: Requires prior prescription for a generic Norethindrone 0.35mg tablets within the past 120 days; $0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (28 EA per 28 days)
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
SRONYX ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
SYEDA ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TAKE ACTION ORAL TABLET 1.5 MG	(levonorgestrel)	$0	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TILIA FE ORAL TABLET 1-20(5)/1-30(7)/1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY

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Drug		Status	Notes
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TULANA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG		$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	(drospirenone-e.estradiol-lm.fa)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VESTURA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY

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Drug		Status	Notes
VIENVA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG		$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
WERA (28) ORAL TABLET 0.5-35 MG-MCG		$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	(noreth-ethinyl estradiol-iron)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ZARAH ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 1.34 IN 1 DAY
Contraceptives,Transdermal			
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	(Xulane)	$0	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR		$0	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradiol)	$0	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradiol)	$0	
Diaphragms/Cervical Cap			
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM		$0	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM		$0	

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Drug	Status	Notes
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM	$0	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	$0	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM	$0	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	$0	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM	$0	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM	$0	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM	$0	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM	$0	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM	$0	
Oxytocics		
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	Tier 3	
methylergonovine oral tablet 0.2 mg	Tier 1	QL (28 EA per 30 days)
PREPIDIL VAGINAL GEL 0.5 MG/3 G	Tier 3	
Cough And Cold		
1St Gen Antihistamine & Decongestant Combinations		
promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml (Promethazine VC)	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		
benzonatate oral capsule 100 mg, 150 mg, 200 mg	Tier 1	

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Drug		Status	Notes
Narcotic Antituss-1St Gen. Antihistamine-Decongest			
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML		Tier 3	Age (Min 12 Years)
MAR-COF BP ORAL LIQUID 2-30-7.5 MG/5 ML		Tier 1	Age (Min 12 Years)
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML		Tier 3	Age (Min 12 Years)
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML		Tier 3	Age (Min 12 Years)
RYDEX ORAL LIQUID 1.3-10-6.3 MG/5 ML		Tier 1	Age (Min 12 Years)
Narcotic Antituss-Decongestant-Expectorant Comb			
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML		Tier 3	Age (Min 12 Years)
GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML		Tier 1	Age (Min 12 Years)
Narcotic Antitussive-1St Generation Antihistamine			
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml		Tier 1	QL (10 ML per 1 day); Age (Min 18 Years)
promethazine-codeine oral syrup 6.25-10 mg/5 ml		Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG		Tier 3	ST: Requires prior prescription for Promethazine HCL/codeine within the past 120 days; QL (2 EA per 1 day); Age (Min 18 Years)
Narcotic Antitussive-Anticholinergic Comb.			
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	(Hydromet)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
hydrocodone-homatropine oral tablet 5-1.5 mg	(Hycodan (with homatropine))	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)

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Drug		Status	Notes
HYDROMET ORAL SYRUP 5-1.5 MG/5 ML	(hydrocodone-homatropine)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
Narcotic Antitussive-Expectorant Combination			
codeine-guaifenesin oral liquid 10-100 mg/5 ml	(G Tussin AC)	Tier 1	Age (Min 12 Years)
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML	(codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML	(codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML	(codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML		Tier 1	Age (Min 12 Years)
MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML	(codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML		Tier 1	Age (Min 12 Years)
Non-Narc Antituss-1St Gen. Antihistamine-Decongest			
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	(brompheniramine-pseudoeph-dm)	Tier 1	
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	(Bromfed DM)	Tier 1	
Non-Narc Antitussive-1St Gen Antihistamine Comb.			
promethazine-dm oral syrup 6.25-15 mg/5 ml		Tier 1	
Nose Preparations, Vasoconstrictors (Rx)			
epinephrine hcl nasal solution 1 mg/ml	(Adrenalin)	Tier 1	
Dermatology - Acne			
Acne Agents,Systemic			
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	(isotretinoin)	Tier 1	

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Drug		Status	Notes
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	(isotretinoin)	Tier 1	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	(isotretinoin)	Tier 1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(Accutane)	Tier 1	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	(isotretinoin)	Tier 1	
Acne Agents,Topical			
ACIOXIAY TOPICAL CREAM 15-4 %	(azelaic acid-niacinamide)	Tier 3	
ADAINZOXIA TOPICAL GEL 0.3-2.5-4 %	(adapalene-benzoyl perox-niacin)	Tier 3	
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %	(Epiduo)	Tier 1	
adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %	(Epiduo Forte)	Tier 1	
ADEINZDE TOPICAL GEL 0.1-2.5-1 %		Tier 3	
ALURIS TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Tier 3	
CABTREO TOPICAL GEL 0.15-3.1-1.2 %		Tier 3	PA
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %	(Neuac)	Tier 1	
clindamycin-benzoyl peroxide topical gel 1-5 %		Tier 1	
clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 %	(Onexton)	Tier 1	
clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %	(Acanya)	Tier 1	
clindamycin-benzoyl peroxide topical gel with pump 1-5 %		Tier 1	
dapsone topical gel 5 %	(Aczone)	Tier 1	
dapsone topical gel with pump 7.5 %	(Aczone)	Tier 1	
DEOXIA TOPICAL GEL 1-4 %	(clindamycin-niacinamide)	Tier 3	
DEOXIA TOPICAL LOTION 1-4 %	(clindamycin-niacinamide)	Tier 3	

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Drug		Status	Notes
DEOXIADEMTAR TOPICAL GEL 0.025-1-2-4 %	(tretinoin-clinda-spiron-niacin)	Tier 3	
DEOXIATAR TOPICAL SOLUTION 0.025-1-4 %		Tier 3	
DEOXIAVAR TOPICAL CREAM 0.05-1-4 %		Tier 3	
DIADIMAXIA TOPICAL CREAM 6-5-2 %		Tier 3	
DIADIMAXIA TOPICAL GEL 6-5-2 %	(dapsone-spironolactone-niacin)	Tier 3	
DIAOXIA TOPICAL CREAM 6-4 %		Tier 3	
DIAOXIA TOPICAL GEL 6-4 %	(dapsone-niacinamide)	Tier 3	
DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 %		Tier 3	
DIASAXIATAR TOPICAL GEL 0.025-8.5-2 %		Tier 3	
DIASDIMAXIA TOPICAL CREAM 8.5-5-2 %		Tier 3	
DIASDIMAXIA TOPICAL GEL 8.5-5-2 %	(dapsone-spironolactone-niacin)	Tier 3	
DIASOXIA TOPICAL CREAM 8.5-4 %		Tier 3	
DIASOXIA TOPICAL GEL 8.5-4 %	(dapsone-niacinamide)	Tier 3	
DIMOXIA TOPICAL GEL 5-4 %	(spironolactone-niacinamide)	Tier 3	
DRAXACE TOPICAL SUSPENSION 2-8 %	(salicylic acid-sulfacetamide)	Tier 3	
DRAXACEY TOPICAL SUSPENSION 2-8 %	(salicylic acid-sulfacetamide)	Tier 3	
DRIXECE TOPICAL SUSPENSION 5-10 %	(salicylic acid-sulfacetamide)	Tier 3	
IDYYXIATAR TOPICAL GEL 0.025-5 %		Tier 3	
INZDEAXIATAR TOPICAL GEL 0.025-2.5-1-2 %	(tretinoin-benzoyl-clinda-niac)	Tier 3	
INZDEAXIAVAR TOPICAL GEL 0.05-2.5-1-2 %		Tier 3	

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Drug		Status	Notes
INZDEOXIA TOPICAL GEL 2.5-1-4 %	(benzoyl per-clindamycin-niacin)	Tier 3	
LOUNZDOMDIOXIATAR TOPICAL GEL 0.05-10-2-4-4 %		Tier 3	
NEUAC TOPICAL GEL 1.2 %(1 % BASE) -5 %	(clindamycin-benzoyl peroxide)	Tier 1	
ONEXTON TOPICAL GEL 1.2 %(1 % BASE) -3.75 %		Tier 3	
ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 %		Tier 3	
ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 %		Tier 3	
ONZDEAXIATAR TOPICAL GEL 0.025-5-1-2 %	(tretinoin-benzoyl-clinda-niac)	Tier 3	
ONZDEAXIAVAR TOPICAL GEL 0.05-5-1-2 %	(tretinoin-benzoyl-clinda-niac)	Tier 3	
ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 %		Tier 3	
ONZDEOXIA TOPICAL GEL 5-1-4 %	(benzoyl per-clindamycin-niacin)	Tier 3	
OXIATAR TOPICAL CREAM 0.025-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 3	
OXIAVARRY TOPICAL CREAM 0.05-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 3	
OXIAVARY TOPICAL CREAM 0.1-4 %		Tier 3	
OXIAZAR TOPICAL CREAM 0.1-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 3	
SAROXIA TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Tier 3	
sulfacetamide sodium (acne) topical suspension 10 %	(Klaron)	Tier 1	
TARDEOXIA TOPICAL CREAM 0.025-1-4 %	(tretinoin-clindamycin-niacin)	Tier 3	
TARDIMAXIA TOPICAL GEL 0.025-5-2 %	(tretinoin-spironolact-niacin)	Tier 3	
TAROXIA TOPICAL CREAM 0.025-4 %	(tretinoin-niacinamide)	Tier 3	

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Drug		Status	Notes
TAROXIA TOPICAL GEL 0.025-4 %	(tretinoin-niacinamide)	Tier 3	
UNZDOMDIOXIAZAR TOPICAL GEL 0.1-10-2-4-4 %		Tier 3	
VARDIMAXIA TOPICAL GEL 0.05-5-2 %	(tretinoin-spironolact-niacin)	Tier 3	
VAROXIA TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Tier 3	
VAROXIA TOPICAL GEL 0.05-4 %	(tretinoin-niacinamide)	Tier 3	
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 %	(ivermectin-metronidazol-niacin)	Tier 3	
azelaic acid topical gel 15 %		Tier 1	
brimonidine topical gel with pump 0.33 %	(Mirvaso)	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	
ivermectin topical cream 1 %	(Soolantra)	Tier 1	ST: Requires prior prescription for Finacea gel or foam within the past 120 days
metronidazole topical cream 0.75 %	(Rosadan)	Tier 1	
metronidazole topical gel 0.75 %	(Rosadan)	Tier 1	
metronidazole topical gel 1 %	(Metrogel)	Tier 1	
metronidazole topical gel with pump 1 %		Tier 1	
metronidazole topical lotion 0.75 %	(MetroLotion)	Tier 1	
ROSADAN TOPICAL CREAM 0.75 %	(metronidazole)	Tier 1	

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Drug		Status	Notes
Topical Antiandrogenic Agents			
WINLEVI TOPICAL CREAM 1 %		Tier 3	PA
Topical Preparations,Antibacterials			
BASADROX TOPICAL GEL IN PACKET		Tier 3	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 %		Tier 3	
hydrocortisone-iodoquinol topical cream 1-1 %	(Corti-Sav)	Tier 1	
hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %	(Vytone)	Tier 1	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %		Tier 3	
IODOSORB TOPICAL GEL 0.9 %		Tier 3	
LUGOLS TOPICAL SOLUTION 5-10 %	(iodine-potassium iodide)	Tier 1	
NORMLGEL AG TOPICAL GEL 0.11 %		Tier 3	
SILVASORB TOPICAL GEL,EXTENDED RELEASE		Tier 1	
silver nitrate topical solution 0.5 %, 25 %, 50 %		Tier 1	
STRONG IODINE TOPICAL SOLUTION 5-10 %	(iodine-potassium iodide)	Tier 1	
Vitamin A Derivatives			
adapalene topical cream 0.1 %	(Differin)	Tier 1	
adapalene topical gel 0.3 %		Tier 1	
adapalene topical gel with pump 0.3 %	(Differin)	Tier 1	
adapalene topical lotion 0.1 %	(Differin)	Tier 1	Age (Max 39 Years)
ALTRENO TOPICAL LOTION 0.05 %		Tier 3	
AVITA TOPICAL CREAM 0.025 %	(tretinoin)	Tier 1	
AVITA TOPICAL GEL 0.025 %	(tretinoin)	Tier 1	
tretinoin microspheres topical gel 0.04 %, 0.1 %	(Retin-A Micro)	Tier 1	Age (Max 39 Years)
tretinoin microspheres topical gel with pump 0.04 %, 0.08 %, 0.1 %	(Retin-A Micro Pump)	Tier 1	Age (Max 39 Years)

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

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Drug		Status	Notes
mupirocin topical ointment 2 %	(Centany)	Tier 1	QL (90 GM per 1 FILL)
NANRAN TOPICAL OINTMENT 2-2 %	(mupirocin-lidocaine)	Tier 3	
XEPI TOPICAL CREAM 1 %		Tier 3	ST: Requires prior prescription for Mupirocin ointment within the past 120 days
Topical Antifungal/Antiinflammatory,Steriod Agent			
clotrimazole-betamethasone topical cream 1-0.05 %		Tier 1	
clotrimazole-betamethasone topical lotion 1-0.05 %		Tier 1	
HAXCHLO TOPICAL SHAMPOO 0.77-0.05 %	(ciclopirox-clobetasol)	Tier 3	
HAXCHLODREX TOPICAL SHAMPOO 0.77-0.05-3 %	(ciclopirox-clobetasol-salicyl)	Tier 3	
PHEYO TOPICAL CREAM 2-2.5 %	(ketoconazole-hydrocortisone)	Tier 3	
Topical Antifungal-Antibiotic-Anti-Inflamm Steroid			
PHEODOYO TOPICAL CREAM 2-1-2.5 %	(ketoconazole-iodoquinol-hc)	Tier 3	
Topical Antifungals			
CICLODAN KIT TOPICAL COMBO PACK 0.77 %		Tier 3	
ciclopirox topical cream 0.77 %	(Ciclodan)	Tier 1	QL (180 GM per 1 FILL)
ciclopirox topical gel 0.77 %		Tier 1	
ciclopirox topical shampoo 1 %		Tier 1	
ciclopirox topical solution 8 %	(Ciclodan)	Tier 1	QL (19.8 ML per 1 FILL)
ciclopirox topical suspension 0.77 %	(Loprox (as olamine))	Tier 1	QL (180 ML per 1 FILL)
ciclopirox-ure-camph-menth-euc topical solution 8 %	(Ciclodan Kit)	Tier 1	QL (19.8 ML per 1 FILL)
clotrimazole topical cream 1 %	(Antifungal (clotrimazole))	Tier 1	
clotrimazole topical solution 1 %		Tier 1	

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Drug		Status	Notes
DIFMETIOXRIME TOPICAL SOLUTION 4-2-1-4 %	(flucona-ibuprof-itracon-terbin)	Tier 3	
econazole topical cream 1 %		Tier 1	QL (170 GM per 1 FILL)
ECOZA TOPICAL FOAM 1 %		Tier 3	
EXELDERM TOPICAL CREAM 1 %	(sulconazole)	Tier 2	
EXELDERM TOPICAL SOLUTION 1 %	(sulconazole)	Tier 2	
EXODERM TOPICAL LOTION 25-1 %		Tier 1	
HAXDRAX TOPICAL SHAMPOO 0.77-2 %	(ciclopirox-salicylic acid)	Tier 3	
HEXIOUNYL TOPICAL LOTION 3-5-20 %		Tier 3	
HIXDEFRIMA TOPICAL SOLUTION 8-1-1 %		Tier 3	
IMIOXIA TOPICAL CREAM 1-4 %	(econazole-niacinamide)	Tier 3	
ketoconazole topical cream 2 %		Tier 1	QL (180 GM per 1 FILL)
ketoconazole topical shampoo 2 %		Tier 1	QL (360 ML per 1 FILL)
KETODAN KIT TOPICAL COMBO PACK 2 %		Tier 3	
KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM	(nystatin)	Tier 1	
luliconazole topical cream 1 %	(Luzu)	Tier 1	ST: Requires prior prescriptions for Clotrimazole and Ketoconazole within the past 365 days; QL (60 GM per 28 days)
MENTAX TOPICAL CREAM 1 %	(butenafine)	Tier 3	
miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %	(Vusion)	Tier 1	
naftifine topical cream 1 %		Tier 1	
naftifine topical cream 2 %		Tier 1	QL (180 GM per 1 FILL)
naftifine topical gel 2 %	(Naftin)	Tier 1	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	(nystatin)	Tier 1	

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Drug		Status	Notes
nystatin topical cream 100,000 unit/gram		Tier 1	
nystatin topical ointment 100,000 unit/gram		Tier 1	QL (90 GM per 1 FILL)
nystatin topical powder 100,000 unit/gram	(Klayesta)	Tier 1	
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%		Tier 1	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%		Tier 1	QL (180 GM per 1 FILL)
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	(nystatin)	Tier 1	
oxiconazole topical cream 1 %		Tier 1	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 %		Tier 3	
PHEDRAX TOPICAL SHAMPOO 2-2 %		Tier 3	
PHEOXIA TOPICAL CREAM 2-4 %	(ketoconazole-niacinamide)	Tier 3	
sulconazole topical cream 1 %	(Exelderm)	Tier 1	
sulconazole topical solution 1 %	(Exelderm)	Tier 1	
tavaborole topical solution with applicator 5 %		Tier 1	PA
Topical Antiparasitics			
malathion topical lotion 0.5 %	(Ovide)	Tier 1	
permethrin topical cream 5 %	(Elimite)	Tier 1	
spinosad topical suspension 0.9 %	(Natroba)	Tier 1	
ULESFIA TOPICAL LOTION 5 %		Tier 3	
Topical Antivirals			
acyclovir topical ointment 5 %	(Zovirax)	Tier 1	
Topical Pleuromutilin Derivatives			
ALTABAX TOPICAL OINTMENT 1 %		Tier 3	ST: Requires prior prescription for Mupirocin ointment within the past 120 days
Topical Sulfonamides			

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Drug		Status	Notes
CLEANSING WASH TOPICAL CLEANSER 10-4-10 %	(sulfacetamide sod-sulfur-urea)	Tier 1	
ECEOXIA TOPICAL CREAM 10-4 %	(sulfacetamide-niacinamide)	Tier 3	
mafenide acetate topical packet 50 gram	(Sulfamylon)	Tier 1	
OXIAICE TOPICAL LOTION 15-4 %		Tier 3	
ROSULA TOPICAL CLEANSER 10-4.5 %		Tier 3	
silver sulfadiazine topical cream 1 %	(SSD)	Tier 1	
SSD TOPICAL CREAM 1 %	(silver sulfadiazine)	Tier 1	
sulfacetamide sodium-sulfur topical cleanser 10-2 %	(Avar LS)	Tier 1	
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)	(Avar)	Tier 1	QL (1419 GM per 1 FILL)
sulfacetamide sodium-sulfur topical cleanser 8-4 %		Tier 1	
sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %	(Plexion)	Tier 1	
sulfacetamide sodium-sulfur topical cleanser 9-4 %	(Sumaxin)	Tier 1	
sulfacetamide sodium-sulfur topical cleanser 9-4.5 %	(Sumadan)	Tier 1	
sulfacetamide sodium-sulfur topical pads, medicated 9.8-4.8 %	(Plexion Cleansing Cloths)	Tier 1	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %		Tier 1	QL (1419 ML per 1 FILL)
SULFAMYLON TOPICAL CREAM 85 MG/G		Tier 3	
SULFAMYLON TOPICAL PACKET 50 GRAM	(mafenide acetate)	Tier 3	
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25	(sulfact na-sul-avobnz-otn-ocsa)	Tier 3	
Dermatology - Antiinflammatory			
Interleukin-13 (Il-13) Inhibitors, Mab			

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Drug	Status	Notes
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	Tier 2	PA; SP
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 2	PA; SP
Top. Anti-Inflam.,Phosphodiesterase-4 (Pde4) Inhib		
EUCRISA TOPICAL OINTMENT 2 %	Tier 2	
Topical Antibiotics/Antiinflammatory,Steroidal		
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 3	ST: Requires prior prescription for generic Fluocinolone Acetonide cream, oil, ointment or solution within the past 120 days
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 3	ST: Requires prior prescription for generic Fluocinolone Acetonide cream, oil, ointment or solution within the past 120 days
Topical Anti-Inflammatory Steroidal		
ACIOXIA TOPICAL GEL 0.1-0.5 %	Tier 3	
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 %	Tier 1	
ALA-CORT TOPICAL CREAM 1 % (hydrocortisone)	Tier 1	
ALA-SCALP TOPICAL LOTION 2 % (hydrocortisone)	Tier 1	ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
alclometasone topical cream 0.05 %	Tier 1	
alclometasone topical ointment 0.05 %	Tier 1	

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

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Drug		Status	Notes
CHLOOXIA TOPICAL SOLUTION 0.05-4 %	(clobetasol-niacinamide)	Tier 3	
clobetasol scalp solution 0.05 %		Tier 1	
clobetasol topical cream 0.05 %		Tier 1	
clobetasol topical foam 0.05 %	(Olux)	Tier 1	
clobetasol topical gel 0.05 %		Tier 1	
clobetasol topical lotion 0.05 %	(Clobex)	Tier 1	
clobetasol topical ointment 0.05 %		Tier 1	
clobetasol topical shampoo 0.05 %	(Clobex)	Tier 1	
clobetasol topical spray,non-aerosol 0.05 %	(Clobex)	Tier 1	
clobetasol-emollient topical cream 0.05 %		Tier 1	
clobetasol-emollient topical foam 0.05 %	(Olux-E)	Tier 1	
clocortolone pivalate topical cream 0.1 %		Tier 1	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 %		Tier 3	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2		Tier 3	ST: Requires prior prescription for Betamethasone (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, or Halobetasol 0.05% (cream, ointment) within the past 120 days; QL (2 EA per 30 days)

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Drug		Status	Notes
CORDRAN TOPICAL CREAM 0.025 %		Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
desonide topical cream 0.05 %	(DesOwen)	Tier 1	
desonide topical gel 0.05 %		Tier 1	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
desonide topical lotion 0.05 %		Tier 1	
desonide topical ointment 0.05 %		Tier 1	
desoximetasone topical cream 0.05 %, 0.25 %	(Topicort)	Tier 1	
desoximetasone topical gel 0.05 %	(Topicort)	Tier 1	
desoximetasone topical ointment 0.05 %, 0.25 %	(Topicort)	Tier 1	
desoximetasone topical spray,non-aerosol 0.25 %	(Topicort)	Tier 1	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days
fluocinolone and shower cap scalp oil 0.01 %	(Derma-Smoothe/FS Scalp Oil)	Tier 1	
fluocinolone topical cream 0.01 %		Tier 1	

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Drug		Status	Notes
fluocinolone topical cream 0.025 %	(Synalar)	Tier 1	
fluocinolone topical oil 0.01 %	(Derma-Smoothe/FS Body Oil)	Tier 1	
fluocinolone topical ointment 0.025 %	(Synalar)	Tier 1	
fluocinolone topical solution 0.01 %	(Synalar)	Tier 1	
fluocinonide topical cream 0.05 %		Tier 1	
fluocinonide topical cream 0.1 %	(Vanos)	Tier 1	
fluocinonide topical gel 0.05 %		Tier 1	
fluocinonide topical ointment 0.05 %		Tier 1	
fluocinonide topical solution 0.05 %		Tier 1	
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	(fluocinonide-emollient)	Tier 1	
fluocinonide-emollient topical cream 0.05 %	(Fluocinonide-E)	Tier 1	
FLUOXIA TOPICAL CREAM 0.05-4 %		Tier 3	
flurandrenolide topical cream 0.05 %	(Cordran)	Tier 1	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
flurandrenolide topical lotion 0.05 %	(Cordran)	Tier 1	
flurandrenolide topical ointment 0.05 %	(Cordran)	Tier 1	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days; QL (180 GM per 30 days)

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Drug	Status	Notes
fluticasone propionate topical cream 0.05 %	Tier 1	
fluticasone propionate topical lotion 0.05 % (Beser)	Tier 1	
fluticasone propionate topical ointment 0.005 %	Tier 1	
halcinonide topical cream 0.1 % (Halog)	Tier 1	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
halcinonide topical solution 0.1 % (Halog)	Tier 1	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
halobetasol propionate topical cream 0.05 %	Tier 1	
halobetasol propionate topical ointment 0.05 %	Tier 1	
HALOG TOPICAL OINTMENT 0.1 %	Tier 3	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days

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Drug	Status	Notes
HALOG TOPICAL SOLUTION 0.1 % (halcinonide)	Tier 3	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
hydrocortisone butyrate topical cream 0.1 %	Tier 1	
hydrocortisone butyrate topical lotion 0.1 % (Locoid)	Tier 1	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (236 ML per 30 days)
hydrocortisone butyrate topical ointment 0.1 %	Tier 1	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
hydrocortisone butyrate topical solution 0.1 %	Tier 1	
hydrocortisone topical cream 1 % (Ala-Cort)	Tier 1	
hydrocortisone topical cream 2.5 %	Tier 1	

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Drug		Status	Notes
hydrocortisone topical cream with perineal applicator 1 %		Tier 1	
hydrocortisone topical cream with perineal applicator 2.5 %	(Procto-Med HC)	Tier 1	
hydrocortisone topical lotion 2 %	(Ala-Scalp)	Tier 1	ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
hydrocortisone topical lotion 2.5 %		Tier 1	
hydrocortisone topical ointment 1 %	(Anti-Itch (HC))	Tier 1	
hydrocortisone topical ointment 2.5 %		Tier 1	
hydrocortisone valerate topical cream 0.2 %		Tier 1	
hydrocortisone valerate topical ointment 0.2 %		Tier 1	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
mometasone topical cream 0.1 %		Tier 1	
mometasone topical ointment 0.1 %		Tier 1	
mometasone topical solution 0.1 %		Tier 1	
NUCORT TOPICAL LOTION 2 %	(hydrocortisone acet-aloe vera)	Tier 3	
PANDEL TOPICAL CREAM 0.1 %		Tier 3	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (160 GM per 30 days)

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Drug		Status	Notes
prednicarbate topical cream 0.1 %		Tier 1	
prednicarbate topical ointment 0.1 %		Tier 1	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	(hydrocortisone)	Tier 1	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	(hydrocortisone)	Tier 1	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	(hydrocortisone)	Tier 1	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %		Tier 2	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %		Tier 3	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %		Tier 3	QL (375 GM per 30 days)
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 %		Tier 3	QL (375 GM per 30 days)
SYNALAR TS TOPICAL KIT 0.01 %		Tier 3	
TETOXIA TOPICAL CREAM 0.01-4 %	(fluocinolone-niacinamide)	Tier 3	
TEXACORT TOPICAL SOLUTION 2.5 %		Tier 2	ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
triamcinolone acetonide topical aerosol 0.147 mg/gram	(Kenalog)	Tier 1	
triamcinolone acetonide topical cream 0.025 %		Tier 1	
triamcinolone acetonide topical cream 0.1 %	(Triderm)	Tier 1	
triamcinolone acetonide topical cream 0.5 %	(Triderm)	Tier 1	QL (454 GM per 30 days)

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Drug		Status	Notes
triamcinolone acetonide topical lotion 0.025 %, 0.1 %		Tier 1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %		Tier 1	
TRIDERM TOPICAL CREAM 0.1 %	(triamcinolone acetonide)	Tier 1	
TRIDERM TOPICAL CREAM 0.5 %	(triamcinolone acetonide)	Tier 1	QL (454 GM per 30 days)
Topical Anti-Inflammatory, Nsaids			
diclofenac epolamine transdermal patch 12 hour 1.3 %	(Flector)	Tier 1	
diclofenac sodium topical drops 1.5 %		Tier 1	
diclofenac sodium topical gel 1 %	(Aleve (diclofenac))	Tier 1	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %		Tier 3	ST: Requires prior prescription for Diclofenac Epolamine within the past 120 days; QL (1 EA per 1 day)
ROAOXIA TOPICAL GEL 3-2-4 %	(diclofenac-hyaluronate-niacin)	Tier 3	
Topical Janus Kinase (Jak) Inhibitors			
OPZELURA TOPICAL CREAM 1.5 %		Tier 2	PA
Dermatology - Miscellaneous			
Antiperspirants			
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	(aluminum chloride)	Tier 2	
DRYSOL TOPICAL SOLUTION 20 %	(aluminum chloride)	Tier 2	
Antiseborrheic Agents			
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 %	(sulfacetamide sodium)	Tier 2	
OVACE PLUS TOPICAL CREAM 10 %		Tier 3	
OVACE PLUS TOPICAL LOTION 9.8 %		Tier 3	ST: Requires prior prescription for Ciclopirox or Ketoconazole within the past 120 days

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Drug		Status	Notes
PLEXION NS TOPICAL SHAMPOO 9.8 %	(sulfacetamide sodium)	Tier 3	
selenium sulfide topical lotion 2.5 %		Tier 1	
selenium sulfide topical shampoo 2.25 %, 2.3 %		Tier 1	
sulfacetamide sodium topical cleanser 10 %	(Ovace)	Tier 1	
sulfacetamide sodium topical cleanser, gel 10 %	(Ovace Plus Wash)	Tier 1	
sulfacetamide sodium topical shampoo 10 %	(Ovace Plus Shampoo)	Tier 1	
sulfacetamide sodium topical shampoo 9.8 %	(Plexion NS)	Tier 1	
TERSI FOAM TOPICAL FOAM 2.25 %		Tier 3	
Antiseptics,Miscellaneous			
guaiacol liquid		Tier 3	
Emollients			
ammonium lactate topical cream 12 %		Tier 1	
ammonium lactate topical lotion 12 %	(AmLactin)	Tier 1	
ATRAPRO CP TOPICAL COMBO PACK,CREAM AND GEL		Tier 3	
KERASTAT TOPICAL CREAM		Tier 3	
KERASTAT TOPICAL GEL 5 %		Tier 3	
MB HYDROGEL TOPICAL KIT,CREAM AND GEL 96.53-3-0.4 -0.066 %		Tier 1	
PRESERA TOPICAL FOAM		Tier 3	
XCLAIR TOPICAL CREAM		Tier 3	
Hypertrichotic Agents, Systemic/Incl. Combinations			
LITFULO ORAL CAPSULE 50 MG		Tier 3	PA; SP
Iodine Antiseptics			
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %	(povidone-iodine)	Tier 3	

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Drug		Status	Notes
povidone-iodine ophthalmic (eye) solution 5 %	(Betadine Ophthalmic Prep)	Tier 1	
Irrigants			
acetic acid irrigation solution 0.25 %		Tier 1	
lactated ringers irrigation solution		Tier 3	
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml		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	
ringer's irrigation solution		Tier 1	
sodium chloride irrigation solution 0.9 %	(Sterile Saline)	Tier 1	
sorbitol irrigation solution 3 %		Tier 1	
sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml		Tier 1	
TIS-U-SOL PENTALYTE IRRIGATION IRRIGATION SOLUTION 800-40-20-8.75- 6.25 MG/100 ML		Tier 3	
VASHE IRRIGATION IRRIGATION SOLUTION 0.033 %		Tier 3	
water for irrigation, sterile irrigation solution	(Curity Sterile Water)	Tier 1	
Irritants/Counter-Irritants			
cantharidin in acetone topical solution 0.7 %		Tier 1	
methyl salicylate oil	(Wintergreen Oil)	Tier 1	
methyl salicylate topical liquid		Tier 1	
QUTENZA TOPICAL KIT 8 %		Tier 3	PA
WINTERGREEN OIL OIL	(methyl salicylate)	Tier 1	
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 %		Tier 3	PA
Keratolytics			

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Drug		Status	Notes
benzoyl peroxide topical foam 9.8 %	(BenzePrO)	Tier 1	
BPO TOPICAL GEL 8 %	(benzoyl peroxide)	Tier 1	
CEM-UREA TOPICAL GEL 45 %	(urea)	Tier 1	
HYDRO 35 TOPICAL FOAM 35 %	(urea)	Tier 3	
METDRAY TOPICAL GEL 17-2 %		Tier 3	
NENDRUX TOPICAL GEL 40-5 %		Tier 3	
PACNEX HP TOPICAL PADS, MEDICATED 7 %		Tier 3	
PACNEX LP TOPICAL PADS, MEDICATED 4.25 %		Tier 3	
PODOCON TOPICAL LIQUID 25 %		Tier 1	
podofilox topical gel 0.5 %	(Condylox)	Tier 1	ST: Requires prior prescription for Podofilox 0.5% solution within the past 120 days; QL (0.5 GM per 1 day)
podofilox topical solution 0.5 %		Tier 1	QL (0.5 ML per 1 day)
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %		Tier 1	
PRONAL TOPICAL GEL 10-40 %		Tier 3	
salicylic acid topical cream 6 %	(Salimez)	Tier 1	
salicylic acid topical cream,extended release 6 %		Tier 1	
salicylic acid topical film forming liquid w/appl 27.5 %	(Virasal)	Tier 1	
salicylic acid topical film-forming soln er w/ appl 28.5 %	(UltraSal-ER)	Tier 1	
salicylic acid topical foam 6 %	(Salvax)	Tier 1	
salicylic acid topical liquid 26 %		Tier 1	
salicylic acid topical lotion 6 %		Tier 1	
salicylic acid topical lotion,extended release 6 %		Tier 1	
salicylic acid topical ointment 3 %		Tier 1	

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Drug		Status	Notes
salicylic acid topical shampoo 6 %	(Keralyt)	Tier 1	
SALIMEZ FORTE TOPICAL CREAM 10 %		Tier 3	
SALVAX DUO PLUS TOPICAL FOAM 6-35 %		Tier 3	
SALVAX TOPICAL FOAM 6 %	(salicylic acid)	Tier 1	
silver nitrate applicators topical stick 75-25 %		Tier 1	
silver nitrate topical solution 10 %		Tier 1	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 %	(salicylic acid)	Tier 3	
URAMAXIN GT TOPICAL KIT,CREAM AND GEL 45 %		Tier 3	
URAMAXIN TOPICAL FOAM 20 %		Tier 3	
URAMAXIN TOPICAL LOTION 45 %	(urea)	Tier 3	
UREA NAIL STICK TOPICAL SOLUTION 50 %	(urea)	Tier 1	
urea topical cream 39 %	(Uredeb)	Tier 1	
urea topical cream 40 %, 47 %		Tier 1	
urea topical cream 45 %	(Uramaxin)	Tier 1	
urea topical cream 50 %	(Ure-K)	Tier 1	
urea topical foam 35 %	(Hydro 35)	Tier 1	
urea topical gel 45 %	(CEM-Urea)	Tier 1	
urea topical lotion 40 %		Tier 1	
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 %		Tier 3	
Oxidizing Agents			
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 %		Tier 3	
Protectives			
GENADUR (WITH LEXINAL) KIT 2,500 MCG		Tier 3	

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Drug		Status	Notes
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	(white petrolatum)	Tier 1	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 %		Tier 3	
zinc oxide topical ointment 20 %	(Endit (zinc oxide))	Tier 1	
zinc oxide topical paste 25 %		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: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
hydrocortisone-pramoxine topical cream 2.5-1 %		Tier 1	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	(Lidocort)	Tier 1	
PRAMOSONE TOPICAL CREAM 1-1 %	(hydrocortisone-pramoxine)	Tier 2	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %		Tier 2	
PRAMOSONE TOPICAL OINTMENT 1-1 %		Tier 2	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days

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Drug		Status	Notes
PRAMOSONE TOPICAL OINTMENT 2.5-1 %	(hydrocortisone-pramoxine)	Tier 2	
Topical Antineoplastic & Premalignant Lesion Agnts			
bexarotene topical gel 1 %	(Targretin)	Tier 1	PA; SP
diclofenac sodium topical gel 3 %		Tier 1	QL (100 GM per 1 FILL)
FLUOROPLEX TOPICAL CREAM 1 %		Tier 3	PA
fluorouracil topical cream 0.5 %	(Carac)	Tier 1	PA
fluorouracil topical cream 5 %	(Efudex)	Tier 1	
fluorouracil topical solution 2 %, 5 %		Tier 1	
KLISYRI TOPICAL OINTMENT IN PACKET 1 %		Tier 2	QL (5 EA per 1 FILL)
PANRETIN TOPICAL GEL 0.1 %		Tier 3	SP; QL (60 GM per 28 days)
TOLAK TOPICAL CREAM 4 %		Tier 2	
VALCHLOR TOPICAL GEL 0.016 %		Tier 2	PA; SP
Topical Local Anesthetics			
ANACAINE TOPICAL OINTMENT 10 %		Tier 3	
ANASTIA TOPICAL LOTION 2.75 %		Tier 3	
CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 %		Tier 3	
CETACAINE TOPICAL AEROSOL,SPRAY 2 %-2 %-14 % (200 MG/SEC)		Tier 3	
CRYODOSE TA MEDIUM STREAM SPR TOPICAL AEROSOL,SPRAY		Tier 3	
CRYODOSE TA MIST SPRAY TOPICAL AEROSOL,SPRAY		Tier 3	
DERMACINRX LIDOCAN TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 1	QL (90 EA per 30 days)
DERMACINRX LIDOGEL TOPICAL GEL 2.8 %		Tier 3	
DERMACINRX LIDOREX TOPICAL GEL 2.8 %		Tier 3	

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Drug		Status	Notes
ENZNONUTY TOPICAL OINTMENT 10-10-20 %		Tier 3	
ethyl chloride topical aerosol,spray 100 %		Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 %		Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 %	(lidocaine-racepinep-tetracaine)	Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 %		Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 %		Tier 3	
lidocaine hcl laryngotracheal solution 4 %		Tier 1	
lidocaine hcl topical cream 3 %	(Lidopin)	Tier 1	
lidocaine topical adhesive patch,medicated 5 %	(DermacinRx Lidocan)	Tier 1	QL (90 EA per 30 days)
lidocaine topical ointment 5 %		Tier 1	QL (240 GM per 30 days)
lidocaine-prilocaine topical cream 2.5-2.5 %		Tier 1	
lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %	(L.E.T. (lido-epineph-tetra))	Tier 1	
LIDOCAN III TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOCAN IV TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOCAN V TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOPIN TOPICAL CREAM 3.25 %		Tier 3	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %		Tier 3	
LIDTOPIC TOPICAL CREAM, METERED-DOSE APPLICATOR 7.5 %		Tier 3	
NUMBONEX TOPICAL LOTION 2.75 %		Tier 3	
NYNUTEY TOPICAL CREAM 23-7 %		Tier 3	

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Drug	Status	Notes
PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 %	Tier 3	
REGENECARE TOPICAL GEL 2 %	Tier 3	
SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY	Tier 3	
TRANZAREL TOPICAL GEL 4 %	Tier 3	
Topical Preparations,Miscellaneous		
sodium chloride topical solution 0.9 % (Saljet Saline Rinse)	Tier 1	
Topical/Mucous Membr./Subcut. Enzymes		
HYQVIA HY COMPONENT SUBCUTANEOUS SOLUTION 1,600 UNIT/10 ML, 2,400 UNIT/15 ML, 200 UNIT/1.25 ML, 400 UNIT/2.5 ML, 800 UNIT/5 ML	Tier 3	
NEXOBRID POWDER COMPONENT TOPICAL POWDER	Tier 3	
NEXOBRID TOPICAL GEL 8.8 %	Tier 3	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 3	PA
Dermatology - Psoriasis/Eczema		
Antipsoriatic Agents,Systemic		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	Tier 1	SP
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML	Tier 3	PA; SP
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML	Tier 3	PA; SP
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	Tier 1	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 2	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 2	PA; SP

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Drug	Status	Notes
SOTYKTU ORAL TABLET 6 MG	Tier 2	PA; SP
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 3	PA; SP
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 2	PA; SP
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 2	PA; SP
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 2	PA; SP
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML	Tier 2	PA; SP
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 2	PA; SP
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 2	PA; SP
Antipsoriatics Agents		
calcipotriene scalp solution 0.005 %	Tier 1	
calcipotriene topical cream 0.005 %	Tier 1	
calcipotriene topical ointment 0.005 %	Tier 1	
calcitriol topical ointment 3 mcg/gram (Vectical)	Tier 1	
DIOOXIA TOPICAL CREAM 0.005-4 %	Tier 3	
DRITHOCREME HP TOPICAL CREAM 1 %	Tier 2	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
tazarotene topical cream 0.05 % (Tazorac)	Tier 1	Age (Max 39 Years)
tazarotene topical cream 0.1 % (Tazorac)	Tier 1	
tazarotene topical gel 0.05 %, 0.1 % (Tazorac)	Tier 1	Age (Max 39 Years)

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Drug		Status	Notes
ZITHRANOL TOPICAL SHAMPOO 1 %		Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
Il-23 Receptor Antagonist, Monoclonal Antibody			
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML		Tier 2	PA; SP
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)		Tier 2	PA; SP
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)		Tier 2	PA; SP
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML		Tier 2	PA; SP
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML		Tier 2	PA; SP
Topical Agents,Miscellaneous			
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	
OMEZA TOPICAL OINTMENT IN PACKET		Tier 3	
urea topical cream 20 %	(Gormel)	Tier 1	
Topical Immunosuppressive Agents			
HYFTOR TOPICAL GEL 0.2 %		Tier 3	PA; SP
NUJO TOPICAL SOLUTION 0.1 %		Tier 3	
NUJU TOPICAL CREAM 0.1 %	(tacrolimus-vehicle base no.238)	Tier 3	
OXIANUJO (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 %	(tacrolimus-hyaluronate-niacin)	Tier 3	

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Drug		Status	Notes
OXIANUJO TOPICAL OINTMENT 0.1-4 %	(tacrolimus-niacinamide)	Tier 3	
pimecrolimus topical cream 1 %	(Elidel)	Tier 1	
tacrolimus topical ointment 0.03 %, 0.1 %		Tier 1	
Topical Vit D Analog/Antiinflammatory, Steroidal			
calcipotriene-betamethasone topical ointment 0.005-0.064 %		Tier 1	
calcipotriene-betamethasone topical suspension 0.005-0.064 %	(Taclonex)	Tier 1	
DIOCHLOY TOPICAL SOLUTION 0.05-0.005 %	(clobetasol-calcipotriene)	Tier 3	
ENSTILAR TOPICAL FOAM 0.005-0.064 %		Tier 3	
WYNZORA TOPICAL CREAM 0.005-0.064 %		Tier 3	
Diabetes			
Antihypergly, (Dpp-4) Inhibitor & Biguanide Comb.			
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG		Tier 2	QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG		Tier 2	QL (1 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG		Tier 2	QL (2 EA per 1 day)
Antihypergly,Incretin Mimetic(Glp-1 Recep.Agonist)			
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML		Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (0.85 ML per 7 days)

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Drug		Status	Notes
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	(exenatide)	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	(exenatide)	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (1.2 ML per 30 days)
liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)	(Victoza 2-Pak)	Tier 3	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (9 ML per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)		Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT 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 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 PA REQUEST; QL (2 ML per 28 days)
Antihyperglycemc-Sod/Gluc Cotransport2(Sglt2)Inhib			
FARXIGA ORAL TABLET 10 MG, 5 MG	(dapagliflozin propanediol)	Tier 2	QL (1 EA per 1 day)

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Drug	Status	Notes
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: Requires prior prescription for Glipizide/Metformin, Glyburide/Metformin, Metformin, or Metformin ER 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 PA REQUEST; QL (0.5 ML per 7 days)
Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)		
acarbose oral tablet 100 mg, 25 mg, 50 mg (Precose)	Tier 1	
miglitol oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
Antihyperglycemic, Amylin Analog-Type		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	Tier 2	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	Tier 2	
Antihyperglycemic, Dpp-4 Inhibitors		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 2	QL (1 EA per 1 day)
Antihyperglycemic, Insulin-Release Stimulant Type		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	Tier 1	
glipizide oral tablet 10 mg, 5 mg	Tier 1	

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Drug		Status	Notes
glipizide oral tablet 2.5 mg		Tier 1	QL (2 EA per 1 day)
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	(Glucotrol XL)	Tier 1	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg		Tier 1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg		Tier 1	
nateglinide oral tablet 120 mg, 60 mg		Tier 1	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg		Tier 1	
Antihyperglycemic, Insulin-Response Enhancer (N-S)			
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	(Actos)	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)			
metformin oral solution 500 mg/5 ml	(Riomet)	Tier 1	
metformin oral tablet 1,000 mg, 500 mg, 850 mg		Tier 1	
metformin oral tablet extended release 24 hr 500 mg, 750 mg		Tier 1	
Antihyperglycemic,Insulin & Glp-1 Receptor Agonist			
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML		Tier 2	QL (30 ML per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)		Tier 2	QL (15 ML per 28 days)
Antihyperglycemic,Insulin-Rel Stim.& Biguanide Cmb			
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg		Tier 1	

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Drug		Status	Notes
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg		Tier 1	
Antihyperglycemic,Insulin-Response & Release Comb.			
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	(DUETACT)	Tier 1	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
Antihyperglycemic-Glucocorticoid Receptor Blocker			
KORLYM ORAL TABLET 300 MG	(mifepristone)	Tier 2	PA; SP
mifepristone oral tablet 300 mg	(Korlym)	Tier 1	PA; SP
Antihyperglycemic-Sglt2 Inhibitor & Biguanide Comb			
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG		Tier 2	QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG		Tier 2	QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG		Tier 2	QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	(dapaglifloz propaned-metformin)	Tier 2	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 5-500 MG		Tier 2	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG		Tier 2	QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	(dapaglifloz propaned-metformin)	Tier 2	QL (2 EA per 1 day)
Antihyperglycm,Insul-Resp.Enhancer & Biguanide Cmb			

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Drug		Status	Notes
pioglitazone-metformin oral tablet 15-500 mg		Tier 1	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
pioglitazone-metformin oral tablet 15-850 mg	(Actoplus MET)	Tier 1	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination 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			
FREESTYLE INSULINX STRIP	(blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP	(blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP	(blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE TEST STRIP	(blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
ONETOUCH ULTRA TEST STRIP	(blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
ONETOUCH VERIO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP	(blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
Diabetic Supplies			
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN		Tier 3	

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Drug	Status	Notes
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	Tier 3	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN	Tier 3	
AUTOSOFT 30 INFUSION SET	Tier 3	
AUTOSOFT 90 INFUSION SET	Tier 3	
AUTOSOFT XC INFUSION SET 23" INFUSION SET	Tier 3	
AUTOSOFT XC INFUSION SET 32" INFUSION SET	Tier 3	
AUTOSOFT XC INFUSION SET 43" INFUSION SET	Tier 3	
BIGFOOT UNITY KIT	Tier 3	
BIGFOOT UNITY PEN CAP-ADMELOG DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-APIDRA DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-ASPART DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-BASAGLAR DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-FIASP DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-HUMALOG DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-LANTUS DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-LISPRO DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-LYUMJEV DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-NOVOLOG DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-TOUJEO DEVICE	Tier 3	

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Drug	Status	Notes
BIGFOOT UNITY PEN CAP-TOUJEOMX DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-TRESIBA DEVICE	Tier 3	
CEQUR SIMPLICITY DEVICE 2 UNIT	Tier 3	PA
CEQUR SIMPLICITY INSERTER	Tier 3	PA
EVERSENSE E3 SMART TRANSMITTER DEVICE	Tier 3	PA

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Drug	Status	Notes
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-INSET 23" COMBO PACK	Tier 3	PA
ILET INFUSION KIT-INSET 32" COMBO PACK	Tier 3	PA
ILET INFUSION-CONTACT DTCH 23" COMBO PACK	Tier 3	PA

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Drug	Status	Notes
ILET INSULIN PUMP	Tier 3	PA
ILET STARTER KIT CONTACT KIT	Tier 3	PA
ILET STARTER KIT-INSET KIT	Tier 3	PA
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	
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	
MINIMED 630G INSULIN PUMP	Tier 3	PA
MINIMED 770G INSULIN PUMP	Tier 3	PA
MINIMED 780G INSULIN PUMP	Tier 3	PA
MINIMED MIO ADVANCE INF SET23" INFUSION SET	Tier 3	
MINIMED MIO ADVANCE INF SET43" INFUSION SET	Tier 3	
MINIMED QUICK SET 18" INFUSION SET	Tier 3	
MINIMED QUICK SET 23" INFUSION SET	Tier 3	
MINIMED QUICK SET 32" INFUSION SET	Tier 3	
MINIMED QUICK SET 43" INFUSION SET	Tier 3	

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Drug	Status	Notes
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 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	Tier 2	QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 2	
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	Tier 2	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 2	QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	Tier 2	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 2	
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)

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Drug	Status	Notes
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
T:FLEX SUBCUTANEOUS CARTRIDGE	Tier 3	
T:SLIM X2 BASAL-IQ INSULIN PMP	Tier 3	PA
T:SLIM X2 CONTROL-IQ	Tier 3	PA
T:SLIM X2 SUBCUTANEOUS CARTRIDGE	Tier 3	
TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK	Tier 3	
TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK	Tier 3	
TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK	Tier 3	
TANDEM MOBI CARTRIDGE SUBCUTANEOUS CARTRIDGE	Tier 3	
TANDEM MOBI SYSTEM	Tier 3	PA
TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK	Tier 3	
TEMPO SMART BUTTON DEVICE	Tier 3	
TEMPO WELCOME KIT KIT	Tier 3	
TRUSTEEL INFUSION SET 23" INFUSION SET	Tier 3	
TRUSTEEL INFUSION SET 32" INFUSION SET	Tier 3	
VARISOFT INFUSION SET 23" INFUSION SET	Tier 3	
VARISOFT INFUSION SET 32" INFUSION SET	Tier 3	
VARISOFT INFUSION SET 43" INFUSION SET	Tier 3	
V-GO 20 DEVICE	Tier 2	
V-GO 30 DEVICE	Tier 2	

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Drug		Status	Notes
V-GO 40 DEVICE		Tier 2	
Diabetic Ulcer Preparations,Topical			
REGRANEX TOPICAL GEL 0.01 %		Tier 2	
Hyperglycemics			
diazoxide oral suspension 50 mg/ml	(Proglycem)	Tier 1	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	(glucagon hcl)	Tier 1	QL (4 EA per 1 FILL)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG		Tier 2	QL (4 EA per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML		Tier 2	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML		Tier 2	QL (0.8 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML		Tier 2	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML		Tier 2	QL (0.8 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML		Tier 2	QL (0.8 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML		Tier 2	QL (0.8 ML per 1 FILL)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML		Tier 2	QL (0.8 ML per 1 FILL)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML		Tier 2	QL (2.4 ML per 1 FILL)
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML		Tier 2	QL (2.4 ML per 1 FILL)

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Drug	Status	Notes
Insulins		
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	Tier 3	PA
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	QL (12 ML per 28 days)
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	Tier 2	QL (40 ML per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	Tier 2	QL (30 ML per 28 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	Tier 2	QL (40 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 2	QL (40 ML per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 2	QL (30 ML per 28 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (30 ML per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 2	QL (40 ML per 28 days)

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Drug		Status	Notes
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)		Tier 2	QL (24 ML per 28 days)
insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)	(Humalog Mix 75-25 KwikPen)	Tier 1	QL (30 ML per 28 days)
insulin lispro subcutaneous insulin pen 100 unit/ml	(Admelog SoloStar U-100 Insulin)	Tier 1	QL (30 ML per 28 days)
insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml	(Humalog Junior KwikPen U-100)	Tier 1	QL (30 ML per 28 days)
insulin lispro subcutaneous solution 100 unit/ml	(Admelog U-100 Insulin lispro)	Tier 1	QL (40 ML per 28 days)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML		Tier 2	QL (30 ML per 28 days)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)		Tier 2	QL (12 ML per 28 days)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		Tier 2	QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine-yfgn)	Tier 2	QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine-yfgn)	Tier 2	QL (30 ML per 28 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	(insulin glargine u-300 conc)	Tier 2	QL (18 ML per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc)	Tier 2	QL (13.5 ML per 28 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin degludec)	Tier 2	QL (30 ML per 28 days)

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Drug		Status	Notes
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	(insulin degludec)	Tier 2	QL (18 ML per 28 days)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin degludec)	Tier 2	QL (40 ML per 28 days)
Ear - General Disorders			
Ear Preparations Anti-Inflammatory			
fluocinolone acetonide oil otic (ear) drops 0.01 %	(DermOtic Oil)	Tier 1	
Ear Preparations, Misc. Anti-Infectives			
acetic acid otic (ear) solution 2 %		Tier 1	
CORTANE-B TOPICAL LOTION 1-1-0.1 %		Tier 3	
hydrocortisone-acetic acid otic (ear) drops 1-2 %		Tier 1	
Ear Preparations,Antibiotics			
ciprofloxacin hcl otic (ear) dropperette 0.2 %	(Cetraxal)	Tier 1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML		Tier 3	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%		Tier 1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%		Tier 1	
ofloxacin otic (ear) drops 0.3 %		Tier 1	
Otic Preparations,Anti-Inflammatory-Antibiotics			
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %		Tier 1	
ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)	(Otovel)	Tier 1	
Electrolyte Regulation			

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Drug		Status	Notes
Arginine Vasopressin (Avp) Receptor Antagonists			
tolvaptan oral tablet 15 mg	(Samsca)	Tier 1	SP; QL (30 EA per 365 days)
tolvaptan oral tablet 30 mg	(Samsca)	Tier 1	SP; QL (60 EA per 365 days)
Bicarbonate Producing/Containing Agents			
VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION		Tier 3	
Electrolyte Depleters			
calcium acetate(phosphat bind) oral capsule 667 mg		Tier 1	
calcium acetate(phosphat bind) oral tablet 667 mg		Tier 1	
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG		Tier 3	ST: Requires prior prescription for Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL within the past 365 days; QL (3 EA per 1 day)
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML		Tier 1	
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	(Fosrenol)	Tier 1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM		Tier 2	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	(Renvela)	Tier 1	
sevelamer carbonate oral tablet 800 mg	(Renvela)	Tier 1	
sevelamer hcl oral tablet 400 mg, 800 mg		Tier 1	

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

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Drug		Status	Notes
potassium chloride oral tablet extended release 10 meq	(Klor-Con 10)	Tier 1	
potassium chloride oral tablet extended release 15 meq		Tier 1	
potassium chloride oral tablet extended release 20 meq	(K-Tab)	Tier 1	
potassium chloride oral tablet extended release 8 meq	(Klor-Con 8)	Tier 1	
potassium chloride oral tablet,er particles/crystals 10 meq	(Klor-Con M10)	Tier 1	
potassium chloride oral tablet,er particles/crystals 15 meq	(Klor-Con M15)	Tier 1	
potassium chloride oral tablet,er particles/crystals 20 meq	(Klor-Con M20)	Tier 1	
Sodium/Saline Preparations			
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 1	
CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 1	
NORMAL SALINE FLUSH INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 1	
sodium chlor 0.9% bacteriostat injection solution 0.9 %		Tier 1	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %		Tier 1	
sodium chloride 0.9 % (flush) injection syringe	(BD PosiFlush Normal Saline 0.9)	Tier 1	
sodium chloride 0.9 % injection solution		Tier 1	
sodium chloride 0.9 % intravenous parenteral solution		Tier 1	
sodium chloride 0.9 % intravenous piggyback		Tier 1	
sodium chloride injection syringe 0.9 %		Tier 1	
Endocrine Disorder - Fertility			
Drugs To Treat Impotency			

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Drug		Status	Notes
avanafil oral tablet 100 mg, 200 mg, 50 mg	(Stendra)	Tier 1	ST: Requires prior prescription for Viagra within the past 120 days; QL (1 EA per 5 days)
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG		Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG		Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG		Tier 3	QL (1 EA per 5 days)
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG		Tier 3	QL: 6 INJECTIONS IN 30 DAYS
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30 MG- 1 MG/ML	(papav-phentolamine in water)	Tier 1	
sildenafil oral tablet 100 mg, 25 mg, 50 mg	(Viagra)	Tier 1	QL (1 EA per 5 days)
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG	(avanafil)	Tier 3	ST: Requires prior prescription for Viagra within the past 120 days; QL (1 EA per 5 days)
tadalafil oral tablet 10 mg, 20 mg	(Cialis)	Tier 1	QL (1 EA per 5 days)
tadalafil oral tablet 2.5 mg		Tier 1	PA
tadalafil oral tablet 5 mg	(Cialis)	Tier 1	PA
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG- 50 MCG		Tier 3	
Fertility Stimulating Preparations,Non-Fsh			
CLOMID ORAL TABLET 50 MG	(clomiphene citrate)	Tier 3	
clomiphene citrate oral tablet 50 mg	(Clomid)	Tier 1	
Follicle Stim./Luteinizing Hormones			
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT		Tier 2	SP
Follicle-Stimulating Hormone (Fsh)			

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Drug		Status	Notes
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML		Tier 3	SP; ST: Requires prior prescription for Gonal-F or Gonal-f RFF within the past 120 days
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML		Tier 2	SP
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT		Tier 2	SP
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT		Tier 2	SP
Human Chorionic Gonadotropin (Hcg)			
chorionic gonadotropin, human intramuscular recon soln 10,000 unit	(Pregnyl)	Tier 3	ST: Requires prior prescription for Novarel or Ovidrel within the past 120 days
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT		Tier 2	
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML		Tier 2	
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	(chorionic gonadotropin, human)	Tier 3	ST: Requires prior prescription for Novarel or Ovidrel within the past 120 days
Pregnancy Facilitating/Maintaining Agent,Hormonal			
CRINONE VAGINAL GEL 8 %		Tier 2	
ENDOMETRIN VAGINAL INSERT 100 MG		Tier 2	
Endocrine Disorder - Other			
Adrenal Steroid Inhibitors			
ISTURISA ORAL TABLET 1 MG, 5 MG		Tier 3	PA; SP
RECORLEV ORAL TABLET 150 MG		Tier 3	PA; SP
Adrenocorticotrophic Hormones			
ACTHAR INJECTION GEL 80 UNIT/ML		Tier 3	PA; SP

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Drug	Status	Notes
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	Tier 3	PA; SP
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	Tier 3	PA; SP
Antidiuretic And Vasopressor Hormones		
desmopressin injection solution 4 mcg/ml (DDAVP)	Tier 1	
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)	Tier 1	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml), 150 mcg/spray (0.1 ml)	Tier 1	
desmopressin oral tablet 0.1 mg, 0.2 mg (DDAVP)	Tier 1	
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	Tier 3	QL (1 EA per 1 day)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	Tier 3	QL (1 EA per 1 day)
Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	Tier 2	PA; SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Tier 2	PA; SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Tier 2	PA; SP
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Tier 2	PA; SP
leuprolide subcutaneous kit 1 mg/0.2 ml	Tier 1	PA; SP
Bone Formation Stim. Agents - Parathyroid Hormone		
teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml) (Forteo)	Tier 1	PA; SP
teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)	Tier 1	PA; SP

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Drug		Status	Notes
Bone Formation Stimulating Agts - Pth Rel Peptides			
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)		Tier 2	PA; SP
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			
alendronate oral solution 70 mg/75 ml		Tier 1	QL (75 ML per 7 days)
alendronate oral tablet 10 mg, 35 mg, 5 mg		Tier 1	
alendronate oral tablet 70 mg	(Fosamax)	Tier 1	
calcitonin (salmon) injection solution 200 unit/ml	(Miacalcin)	Tier 1	
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation		Tier 1	
ibandronate oral tablet 150 mg		Tier 1	
raloxifene oral tablet 60 mg	(Evista)	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
risedronate oral tablet 150 mg	(Actonel)	Tier 1	ST: Requires prior prescriptions for Alendronate and Ibandronate within the past 365 days; QL (1 EA per 30 days)
risedronate oral tablet 30 mg, 5 mg		Tier 1	ST: Requires prior prescriptions for Alendronate and Ibandronate within the past 365 days; QL (1 EA per 1 day)

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Drug		Status	Notes
risedronate oral tablet 35 mg	(Actonel)	Tier 1	ST: Requires prior prescriptions for Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)
risedronate oral tablet,delayed release (dr/ec) 35 mg	(Atelvia)	Tier 1	ST: Requires prior prescriptions for Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)
Calcimimetic,Parathyroid Calcium Enhancer			
cinacalcet oral tablet 30 mg, 60 mg	(Sensipar)	Tier 1	SP; QL (2 EA per 1 day)
cinacalcet oral tablet 90 mg	(Sensipar)	Tier 1	SP; QL (4 EA per 1 day)
Growth Hormone Receptor Antagonists			
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		Tier 2	SP
Growth Hormone Releasing Hormone (Ghrh) & Analogs			
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG		Tier 3	PA; SP
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; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)		Tier 2	PA; SP

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Drug	Status	Notes
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 2	PA; SP
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 3	PA; SP
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	Tier 3	PA; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	Tier 3	PA; SP
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	Tier 2	PA; SP
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; SP
Hyperparathyroid Tx Agents - Vitamin D Analog-Type		
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	Tier 1	
paricalcitol oral capsule 1 mcg, 2 mcg (Zemplar)	Tier 1	
paricalcitol oral capsule 4 mcg	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; SP
Leptin Hormone Analogs		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Tier 3	SP; QL (1 EA per 1 day)

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Drug		Status	Notes
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; SP
Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents			
cetrorelix subcutaneous kit 0.25 mg	(Cetrotide)	Tier 1	SP
FYREMADEL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	(ganirelix)	Tier 1	SP
ganirelix subcutaneous syringe 250 mcg/0.5 ml	(Fyremadel)	Tier 1	SP
ORILISSA ORAL TABLET 150 MG, 200 MG		Tier 2	PA
Natriuretic Peptides			
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG		Tier 3	PA; SP
Parathyroid Hormones			
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML		Tier 3	PA; SP
Pituitary Suppressive Agents			
cabergoline oral tablet 0.5 mg		Tier 1	
danazol oral capsule 100 mg, 200 mg, 50 mg		Tier 1	
Endocrine Disorder - Thyroid			
Antithyroid Preparations			
methimazole oral tablet 10 mg, 5 mg		Tier 1	
propylthiouracil oral tablet 50 mg		Tier 1	

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

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Drug		Status	Notes
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG		Tier 3	PA
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML		Tier 3	PA
Eye - General Disorders			
Eye Antibiotic, Glucocorticoid And Nsaid Comb.			
prednisolon-moxiflox-bromf(pf) ophthalmic (eye) drops 1-0.5-0.09 %		Tier 1	
Eye Antibiotic-Corticoid Combinations			
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(Neo-Polycin HC)	Tier 1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	(Maxitrol)	Tier 1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	(Maxitrol)	Tier 1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml		Tier 1	
NEO-POLYCIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1%	(neomycin-bacitracin-poly-hc)	Tier 1	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %		Tier 3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %		Tier 2	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %		Tier 1	
Eye Antihistamines			

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Drug		Status	Notes
azelastine ophthalmic (eye) drops 0.05 %		Tier 1	QL (12 ML per 30 days)
epinastine ophthalmic (eye) drops 0.05 %		Tier 1	QL (10 ML per 30 days)
olopatadine ophthalmic (eye) drops 0.1 %	(Eye Allergy Itch-Redness Rlf)	Tier 1	
olopatadine ophthalmic (eye) drops 0.2 %	(Eye Allergy Itch Relief)	Tier 1	QL (3 ML per 30 days)
Eye Antiinflammatory Agents			
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %		Tier 3	QL (60 EA per 15 days)
bromfenac ophthalmic (eye) drops 0.07 %	(Prolensa)	Tier 1	QL (3 ML per 16 days)
bromfenac ophthalmic (eye) drops 0.075 %	(BromSite)	Tier 1	QL (5 ML per 16 days)
bromfenac ophthalmic (eye) drops 0.09 %		Tier 1	QL (3.4 ML per 16 days)
clobetasol ophthalmic (eye) drops,suspension 0.05 %		Tier 1	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (3.5 ML per 14 days)
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %		Tier 1	QL (15 ML per 14 days)
DEXTENZA INTRACANALICULAR INSERT 0.4 MG		Tier 3	
diclofenac sodium ophthalmic (eye) drops 0.1 %		Tier 1	QL (10 ML per 14 days)
difluprednate ophthalmic (eye) drops 0.05 %	(Durezol)	Tier 1	QL (10 ML per 14 days)
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	(FML Liquifilm)	Tier 1	QL (10 ML per 14 days)
flurbiprofen sodium ophthalmic (eye) drops 0.03 %		Tier 1	

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Drug		Status	Notes
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %		Tier 2	QL (3.4 ML per 16 days)
ketorolac ophthalmic (eye) drops 0.4 %	(Acular LS)	Tier 1	
ketorolac ophthalmic (eye) drops 0.5 %	(Acular)	Tier 1	QL (20 ML per 30 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %		Tier 2	QL (7 GM per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %		Tier 2	QL (10 GM per 14 days)
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	(Lotemax)	Tier 1	QL (10 GM per 14 days)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %	(Alrex)	Tier 1	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	(Lotemax)	Tier 1	QL (20 ML per 14 days)
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %		Tier 3	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (25 ML per 14 days)
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	(Pred Forte)	Tier 1	QL (20 ML per 14 days)
prednisolone sod ph-bromf (pf) ophthalmic (eye) drops 1-0.09 %		Tier 1	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %		Tier 1	QL (20 ML per 14 days)
Eye Antivirals			
trifluridine ophthalmic (eye) drops 1 %		Tier 1	
Eye Local Anesthetics			

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Drug		Status	Notes
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %		Tier 3	
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 %	(proparacaine)	Tier 1	
ALTACAINE OPHTHALMIC (EYE) DROPS 0.5 %	(tetracaine hcl)	Tier 1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %	(fluorescein-benoxinate)	Tier 1	
fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %		Tier 1	
fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %		Tier 1	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL 3 %		Tier 3	
proparacaine ophthalmic (eye) drops 0.5 %	(Alcaine)	Tier 1	
tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %		Tier 1	
tetracaine hcl ophthalmic (eye) drops 0.5 %	(Altacaine)	Tier 1	
Eye Sulfonamides			
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %		Tier 2	
sulfacetamide sodium ophthalmic (eye) drops 10 %		Tier 1	
sulfacetamide sodium ophthalmic (eye) ointment 10 %		Tier 1	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)		Tier 1	
Eye Vasoconstrictors (Rx Only)			
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %		Tier 1	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %		Tier 3	PA
Nicotinic Recept.Partial Agonist, Alpha4beta2 Spec			

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Drug		Status	Notes
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY		Tier 2	PA
Ophthalmic (Eye) Antiparasitics			
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %		Tier 3	PA; SP
Ophthalmic Antibiotics			
bacitracin ophthalmic (eye) ointment 500 unit/gram		Tier 1	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	(Polycin)	Tier 1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %		Tier 2	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %		Tier 2	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %		Tier 1	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)		Tier 1	
gatifloxacin ophthalmic (eye) drops 0.5 %		Tier 1	
gentamicin ophthalmic (eye) drops 0.3 %		Tier 1	
levofloxacin ophthalmic (eye) drops 1.5 %		Tier 1	
moxifloxacin ophthalmic (eye) drops 0.5 %	(Vigamox)	Tier 1	
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %		Tier 1	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(Neo-Polycin)	Tier 1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml		Tier 1	
NEO-POLYCIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G	(neomycin-bacitracin-polymyxin)	Tier 1	

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Drug		Status	Notes
ofloxacin ophthalmic (eye) drops 0.3 %	(Ocuflox)	Tier 1	
POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM	(bacitracin-polymyxin b)	Tier 1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml		Tier 1	
tobramycin ophthalmic (eye) drops 0.3 %		Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %		Tier 2	
vancomycin in 0.9 % sodium chl ophthalmic (eye) drops 10 mg/ml		Tier 1	
Ophthalmic Antifungal Agents			
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %		Tier 3	
Ophthalmic Anti-Inflammatory Immunomodulator-Type			
cyclosporine ophthalmic (eye) dropperette 0.05 %	(Restasis)	Tier 1	QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %		Tier 2	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	(cyclosporine)	Tier 1	QL (60 EA per 30 days)
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %		Tier 3	PA; SP
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %		Tier 2	QL (60 EA per 30 days)
Ophthalmic Human Nerve Growth Factor (Hngf)			
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %		Tier 3	PA; SP
Ophthalmic Mast Cell Stabilizers			
ALOCRIL OPHTHALMIC (EYE) DROPS 2 %		Tier 2	ST: Requires prior prescription for Cromolyn 4% ophthalmic drops within the past 120 days; QL (20 ML per 30 days)

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Drug		Status	Notes
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %		Tier 2	ST: Requires prior prescription for Cromolyn 4% ophthalmic drops within the past 120 days; QL (40 ML per 30 days)
cromolyn ophthalmic (eye) drops 4 %		Tier 1	QL (50 ML per 30 days)
Ophthalmic Preparations, Miscellaneous			
RYZUMVI OPHTHALMIC (EYE) DROPPERETTE 0.75 %		Tier 3	
Eye - Glaucoma			
Carbonic Anhydrase Inhibitors			
acetazolamide oral capsule, extended release 500 mg		Tier 1	
acetazolamide oral tablet 125 mg, 250 mg		Tier 1	
methazolamide oral tablet 25 mg, 50 mg		Tier 1	
Miotics/Other Intraoc. Pressure Reducers			
apraclonidine ophthalmic (eye) drops 0.5 %		Tier 1	
betaxolol ophthalmic (eye) drops 0.5 %		Tier 1	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		Tier 3	
bimatoprost ophthalmic (eye) drops 0.03 %		Tier 1	QL (1 ML per 12 days)
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %	(Alphagan P)	Tier 1	
brimonidine ophthalmic (eye) drops 0.2 %		Tier 1	
brimonidine-dorzolamide ophthalmic (eye) drops 0.1-2 %		Tier 1	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	(Combigan)	Tier 1	
brinzolamide ophthalmic (eye) drops,suspension 1 %	(Azopt)	Tier 1	

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Drug	Status	Notes
carteolol ophthalmic (eye) drops 1 %	Tier 1	
dorzolamide ophthalmic (eye) drops 2 %	Tier 1	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 % (Cosopt (PF))	Tier 1	QL (2 EA per 1 day)
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml (Cosopt)	Tier 1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	Tier 3	
latanoprost ophthalmic (eye) drops 0.005 % (Xalatan)	Tier 1	
levobunolol ophthalmic (eye) drops 0.5 %	Tier 1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	Tier 2	QL (2.5 ML per 25 days)
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	Tier 3	SP
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	Tier 1	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	Tier 3	ST: At least 2 prior prescriptions for Brimonidine Tartrate, Brimonidine Tartrate/Timolol, Brinzolamide, Latanoprost, Lumigan, Simbrinza, or Travoprost within the past 365 days; QL (2.5 ML per 30 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	Tier 3	ST: At least 2 prior prescriptions for Brimonidine Tartrate, Brimonidine Tartrate/Timolol, Brinzolamide, Latanoprost, Lumigan, Simbrinza, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)

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Drug		Status	Notes
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %		Tier 2	
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	(Zioptan (PF))	Tier 1	QL (1 EA per 1 day)
timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %	(Timoptic Ocudose (PF))	Tier 1	QL (2 EA per 1 day)
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %		Tier 1	
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	(Istalol)	Tier 1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %		Tier 1	
timolol ophthalmic (eye) drops 0.5 %	(Betimol)	Tier 1	
travoprost ophthalmic (eye) drops 0.004 %	(Travatan Z)	Tier 1	QL (2.5 ML per 25 days)
VUITY OPHTHALMIC (EYE) DROPS 1.25 %		Tier 3	PA
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %		Tier 3	ST: Requires prior prescriptions for generic prostaglandin analog and Lumigan within the past 365 days; QL (2.5 ML per 25 days)
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %		Tier 3	ST: Requires prior prescriptions for generic prostaglandin analog and Lumigan within the past 365 days; QL (2.5 ML per 25 days)
Mydriatics			
atropine ophthalmic (eye) drops 1 %	(Isopto Atropine)	Tier 1	
atropine ophthalmic (eye) ointment 1 %		Tier 1	
atropine sulfate (pf) ophthalmic (eye) dropperette 1 %		Tier 1	
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %		Tier 3	

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Drug	Status	Notes
cyclopentolate ophthalmic (eye) drops 1 % (Cyclogyl)	Tier 1	
cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %	Tier 1	
cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %-0.5 %, 1 %-1 %-2.5 %- 0.5 %	Tier 1	
cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %-2.5 %-0.4 %	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (homatropine hbr)	Tier 1	
MYDCOMBI OPHTHALMIC (EYE) CARTRIDGE 2.5-1 %	Tier 3	
phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %	Tier 1	
tropicamide ophthalmic (eye) drops 0.5 %	Tier 1	
tropicamide ophthalmic (eye) drops 1 % (Mydriacyl)	Tier 1	
Ophthalmic Antifibrotic Agents		
mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml	Tier 1	SP
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG	Tier 3	
Eye - Miscellaneous		
Agents For Corneal Collagen Cross-Linking		
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %	Tier 3	SP
Artificial Tears		
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	Tier 2	
Eye Preparations, Miscellaneous (Otc)		
GELFILM OPHTHALMIC (EYE) FILM	Tier 3	

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Drug		Status	Notes
Ophthalmic Cystine Depleting Agents			
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %		Tier 2	PA; SP
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %		Tier 2	PA; SP
Fluid Replacement			
Nucleic Acid/Nucleotide Supplements			
XURIDEN ORAL GRANULES IN PACKET 2 GRAM		Tier 2	PA; SP
Gout And Related Diseases			
Colchicine			
colchicine oral capsule 0.6 mg	(Mitigare)	Tier 1	QL (2 EA per 1 day)
colchicine oral tablet 0.6 mg	(Colcrys)	Tier 1	QL (4 EA per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML		Tier 3	ST: Requires prior prescription for Colchicine capsules or tablets within the past 120 days; QL (10 ML per 1 day)
Hyperuricemia Tx - Purine Inhibitors			
allopurinol oral tablet 100 mg	(Zyloprim)	Tier 1	
allopurinol oral tablet 300 mg		Tier 1	
febuxostat oral tablet 40 mg, 80 mg	(Uloric)	Tier 1	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (30 EA per 30 days)
Uricosuric Agents			
probenecid oral tablet 500 mg		Tier 1	
probenecid-colchicine oral tablet 500-0.5 mg		Tier 1	
Uricosuric And Xanthine Oxidase Inhibitor Comb.			
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG		Tier 3	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (1 EA per 1 day)

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Drug		Status	Notes
Hematological Disorders			
Agents To Tx Thrombotic Thrombocytopenic Purpura			
CABLIVI INJECTION KIT 11 MG		Tier 3	PA; SP
CABLIVI INJECTION RECON SOLN 11 MG		Tier 3	PA; SP
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	(warfarin)	Tier 1	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(Jantoven)	Tier 1	
Antifibrinolytic Agents			
aminocaproic acid oral solution 250 mg/ml (25 %)	(Amicar)	Tier 1	
aminocaproic acid oral tablet 1,000 mg, 500 mg	(Amicar)	Tier 1	
tranexamic acid oral tablet 650 mg		Tier 1	
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	SP
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT		Tier 2	SP
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	SP

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

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Drug	Status	Notes
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	SP
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	SP
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	SP
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	SP
NUWIQ INTRAVENOUS RECON SOLN 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 3	SP
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	Tier 3	SP
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG)	Tier 3	SP
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	Tier 3	SP
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	SP
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	SP

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Drug	Status	Notes
Blood Factors,Miscellaneous		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	Tier 3	SP
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	
anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml	Tier 1	
citric-sod citrat-sod phos-dex solution 0.327-2.63 gram/100 ml	Tier 1	
REGIOCIT (EUA) SOLUTION 5.03-5.29 GRAM/L	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	
Complement (C3) Inhibitors		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	Tier 3	PA; SP
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)
ELIQUIS ORAL TABLET 5 MG	Tier 2	QL (74 EA per 30 days)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	Tier 2	QL (51 EA per 30 days)

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Drug	Status	Notes
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)
Factor Ix Complex (Pcc) Preparations		
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
Factor Ix Preparations		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 3	SP
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 3	SP
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 3	SP
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 3	SP
Factor X Preparations		

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Drug	Status	Notes
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 3	SP
Factor Xiii Preparations		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	Tier 3	SP
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT	Tier 3	SP
Hematinics,Other		
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; SP
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; SP
Hemophilia Treatment Agents,Non-Factor Replacement		
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; SP
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 3	PA; SP
Hemorrheologic Agents		
pentoxifylline oral tablet extended release 400 mg	Tier 1	
Heparin And Related Preparations		
enoxaparin subcutaneous solution 300 mg/3 ml (Lovenox)	Tier 1	SP; QL (30 ML per 30 days)
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 (Lovenox)	Tier 1	SP

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

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Drug		Status	Notes
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml		Tier 1	
heparin (porcine) injection syringe 5,000 unit/ml		Tier 1	
heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml		Tier 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML	(heparin, porcine (pf))	Tier 1	
heparin, porcine (pf) injection solution 1,000 unit/ml		Tier 1	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml		Tier 1	
heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)		Tier 1	
heparin, porcine (pf) intravenous syringe 1 unit/ml		Tier 1	
heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml	(Heparin LockFlush(Porcine)(PF))	Tier 1	
heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml		Tier 1	
Human Monoclonal Antibody Complement(C5) Inhibitor			
FABHALTA ORAL CAPSULE 200 MG		Tier 2	PA; SP
TAVNEOS ORAL CAPSULE 10 MG		Tier 3	PA; SP
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)		Tier 3	PA; SP
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML		Tier 3	PA; SP
Hypoxia Inducible Factor Prolyl Hydroxylase Inh.			
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG		Tier 3	PA
Leukocyte (Wbc) Stimulants			

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Drug		Status	Notes
LEUKINE INJECTION RECON SOLN 250 MCG		Tier 3	PA; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML		Tier 2	PA; SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML		Tier 2	PA; SP
NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML		Tier 3	
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML		Tier 3	PA; SP
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML		Tier 2	PA; SP
Plasma Proteins			
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG		Tier 3	PA; SP
Platelet Aggregation Inhibitors			
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	(aspirin)	$0	
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	(aspirin)	$0	
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG	(aspirin)	$0	
aspirin oral tablet,chewable 81 mg	(Aspirin Childrens)	$0	
aspirin oral tablet,delayed release (dr/ec) 81 mg	(Adult Aspirin Regimen)	$0	
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg		Tier 1	
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	(aspirin)	$0	
BRILINTA ORAL TABLET 60 MG, 90 MG		Tier 2	QL (2 EA per 1 day)

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Drug		Status	Notes
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG	(aspirin)	$0	
cilostazol oral tablet 100 mg, 50 mg		Tier 1	
clopidogrel oral tablet 300 mg		Tier 1	QL (4 EA per 30 days)
clopidogrel oral tablet 75 mg	(Plavix)	Tier 1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg		Tier 1	
prasugrel oral tablet 10 mg, 5 mg	(Effient)	Tier 1	QL (1 EA per 1 day)
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG	(aspirin)	$0	
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	(aspirin)	$0	
ZONTIVITY ORAL TABLET 2.08 MG		Tier 3	QL (1 EA per 1 day)
Platelet Reducing Agents			
anagrelide oral capsule 0.5 mg	(Agrylin)	Tier 1	
anagrelide oral capsule 1 mg		Tier 1	
Pyruvate Kinase Activators			
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG		Tier 3	PA; SP
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)-20 MG (7)		Tier 3	PA; SP
Sickle Cell Anemia Agents			
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG		Tier 3	
ENDARI ORAL POWDER IN PACKET 5 GRAM	(glutamine (sickle cell))	Tier 3	PA; SP
glutamine (sickle cell) oral powder in packet 5 gram	(Endari)	Tier 1	PA; SP
SIKLOS ORAL TABLET 1,000 MG		Tier 3	ST: Requires prior prescription Droxia and Hydroxyurea within the past 365 days

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Drug	Status	Notes
SIKLOS ORAL TABLET 100 MG	Tier 3	QL (2 EA per 1 day)
Spleen Tyrosine Kinase Inhibitors		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 2	PA; SP
Thrombin Inhibitors,Selective,Direct, & Reversible		
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg (Pradaxa)	Tier 1	QL (2 EA per 1 day)
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	Tier 3	PA
Thrombopoietin Receptor Agonists		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	Tier 3	PA; SP
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	Tier 2	PA; SP
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	Tier 2	PA; SP
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	Tier 2	PA; SP
MULPLETA ORAL TABLET 3 MG	Tier 3	PA; SP
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	Tier 2	PA; SP
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Tier 2	PA; SP
Topical Hemostatics		
ASTRINGYN TOPICAL SOLUTION 259 MG/G	Tier 3	
AVITENE FLOUR TOPICAL POWDER	Tier 3	
AVITENE TOPICAL POWDER IN PACKET	Tier 3	
AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM	Tier 3	
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM	Tier 3	

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Drug	Status	Notes
EVARREST TOPICAL ADHESIVE PATCH,MEDICATED 2 X 4 ", 4 X 4 "	Tier 3	
EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2)	Tier 3	
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT	Tier 3	
GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT	Tier 3	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200	Tier 3	
GELFOAM TOPICAL SPONGE 4	Tier 3	
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML	Tier 1	
RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT	Tier 3	
RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 3	
SYRINGE AVITENE TOPICAL POWDER	Tier 3	
TACHOSIL TOPICAL ADHESIVE PATCH,MEDICATED 4.8 X 4.8 CM, 9.5 X 4.8 CM	Tier 3	
THROMBI-GEL TOPICAL PADS, MEDICATED 10 CM2, 100 CM2, 40 CM2	Tier 1	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT	Tier 1	
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 1	
THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT	Tier 1	
THROMBIN-JMI TOPICAL SPRAY,NON-AEROSOL 20,000 UNIT	Tier 1	
THROMBI-PAD TOPICAL PADS, MEDICATED 3 X 3 "	Tier 1	

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Drug		Status	Notes
ULTRAFOAM TOPICAL SPONGE 2 X 6.25 X 7 CM-CM-MM, 8 X 12.5 X 1 CM, 8 X 12.5 X 3 CM-CM-MM, 8 X 6.25 X 1 CM		Tier 3	
VISTASEAL-FIBRIN SEALANT TOPICAL SYRINGE 500 UNIT-80 MG /ML (10 ML), 500 UNIT-80 MG /ML (2 ML), 500 UNIT-80 MG /ML (4 ML)		Tier 3	
Vitamin K Preparations			
phytonadione (vitamin k1) injection solution 10 mg/ml	(Vitamin K1)	Tier 1	
phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml		Tier 1	
phytonadione (vitamin k1) oral tablet 5 mg		Tier 1	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML	(phytonadione (vitamin k1))	Tier 1	
VITAMIN K1 INJECTION SOLUTION 10 MG/ML	(phytonadione (vitamin k1))	Tier 1	
Hormonal Deficiency			
Androgenic Agents			
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG		Tier 3	PA
METHITEST ORAL TABLET 10 MG	(methyltestosterone)	Tier 3	PA
methyltestosterone oral capsule 10 mg		Tier 1	PA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	(Depo-Testosterone)	Tier 1	PA
testosterone enanthate intramuscular oil 200 mg/ml		Tier 1	PA
testosterone transdermal gel 50 mg/5 gram (1 %)	(Testim)	Tier 1	PA
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation		Tier 1	PA
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	(Vogelxo)	Tier 1	PA

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Drug		Status	Notes
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	(AndroGel)	Tier 1	PA
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)	(AndroGel)	Tier 1	PA
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)		Tier 1	PA
TLANDO ORAL CAPSULE 112.5 MG		Tier 3	PA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML		Tier 3	PA
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	(estrogens-methyltestosterone)	Tier 1	
COVARYX ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone)	Tier 1	
EEMT HS ORAL TABLET 0.625-1.25 MG	(estrogens-methyltestosterone)	Tier 1	
EEMT ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone)	Tier 1	
ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone)	Tier 1	

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

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Drug		Status	Notes
estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)	(Divigel)	Tier 1	ST: Requires prior prescription for Alora or Estradiol within the past 120 days; QL (37.5 GM per 30 days)
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	(Dotti)	Tier 1	QL (2 EA per 7 days)
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	(Climara)	Tier 1	QL (1 EA per 7 days)
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	(Delestrogen)	Tier 1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg		Tier 1	
estradiol-norethindrone acet oral tablet 1-0.5 mg	(Mimvey)	Tier 1	
EVAMIST TRANSDERMAL SPRAY,NON-AEROSOL 1.53 MG/SPRAY (1.7%)		Tier 3	ST: Requires prior prescription for Alora or Estradiol within the past 120 days; QL (16.2 ML per 30 days)
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	(norethindrone ac-eth estradiol)	Tier 1	
JINTELI ORAL TABLET 1-5 MG-MCG	(norethindrone ac-eth estradiol)	Tier 1	
LYLLANA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	(estradiol)	Tier 1	QL (2 EA per 7 days)
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR		Tier 3	QL (1 EA per 7 days)
MIMVEY ORAL TABLET 1-0.5 MG	(estradiol-norethindrone acet)	Tier 1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	(Fyavolv)	Tier 1	

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Drug		Status	Notes
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG		Tier 2	
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG	(conjugated estrogens)	Tier 2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)		Tier 2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		Tier 2	
Menopausal Symptoms Suppressant - Ssris			
paroxetine mesylate(menop.sym) oral capsule 7.5 mg		Tier 1	ST: Requires prior prescription for Paroxetine or Venlafaxine within the past 120 days; 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	(norethindrone acetate)	Tier 1	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	Tier 1	
norethindrone acetate oral tablet 5 mg	(Gallifrey)	Tier 1	
progesterone intramuscular oil 50 mg/ml		Tier 1	
progesterone micronized oral capsule 100 mg, 200 mg	(Prometrium)	Tier 1	
Immunization			
Antisera			
GAMMAGARD LIQUID INJECTION SOLUTION 10 %		Tier 2	PA; SP
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; SP

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Drug	Status	Notes
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 3	PA; SP
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; SP
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; SP
HYQVIA IG COMPONENT SUBCUTANEOUS SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 30 GRAM/300 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 3	PA; SP
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; SP
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 3	PA; SP
Covid-19 Vaccines		
COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Drug	Status	Notes
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PFIZER COVID 2024-25(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PFIZER COVID 2024-25(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Enteric Virus Vaccines		
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTATEQ VACCINE ORAL SOLUTION 2 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Gram Negative Cocci Vaccines		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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

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Drug	Status	Notes
FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST TRIVALENT 2024-2025 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE HIGH-DOSE TRIV 24-25 INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE QUAD SOUTH HEM2024(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Drug	Status	Notes
FLUZONE QUAD SOUTHERN HEM 2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine/Toxoid Preparations,Combinations		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	$0	$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	$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	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Drug	Status	Notes
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	$0	$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	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	$0	$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	$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	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Drug	Status	Notes
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML (tetanus-diphtheria toxoids-td)	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Viral/Tumorigenic Vaccines		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Drug	Status	Notes
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	$0	$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	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	$0	$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	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Drug		Status	Notes
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML		$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML		$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML		$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML		$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Immunosuppression/Modulation			
Immunomodulators			
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML		Tier 3	PA; SP
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML		Tier 3	SP
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML		Tier 3	PA; SP
imiquimod topical cream in packet 5 %		Tier 1	QL (2 EA per 1 day)
QUIDROXZAR TOPICAL GEL 5-0.1-30 %		Tier 3	
QUIHOXAXIA TOPICAL GEL 5-1-2 %	(imiquimod-levocetirizin-niacin)	Tier 3	
QUIHOXVAR TOPICAL GEL 5-0.05-1 %	(imiquimod-tretinoin-levocetir)	Tier 3	
Immunosuppressives			
azathioprine oral tablet 100 mg, 75 mg	(Azasan)	Tier 1	PA
azathioprine oral tablet 50 mg	(Imuran)	Tier 1	PA
cyclosporine modified oral capsule 100 mg, 25 mg	(Gengraf)	Tier 1	PA

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Drug		Status	Notes
cyclosporine modified oral capsule 50 mg		Tier 1	PA
cyclosporine modified oral solution 100 mg/ml	(Gengraf)	Tier 1	PA
cyclosporine oral capsule 100 mg, 25 mg	(Sandimmune)	Tier 1	PA
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	(Zortress)	Tier 1	PA
GENGRAF ORAL CAPSULE 100 MG, 25 MG	(cyclosporine modified)	Tier 1	PA
GENGRAF ORAL SOLUTION 100 MG/ML	(cyclosporine modified)	Tier 1	PA
LUPKYNIS ORAL CAPSULE 7.9 MG		Tier 3	PA; SP
mycophenolate mofetil oral capsule 250 mg	(CellCept)	Tier 1	PA
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	(CellCept)	Tier 1	PA
mycophenolate mofetil oral tablet 500 mg	(CellCept)	Tier 1	PA
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	(Myfortic)	Tier 1	PA
MYHIBBIN ORAL SUSPENSION 200 MG/ML		Tier 3	PA
NEORAL ORAL CAPSULE 100 MG, 25 MG	(cyclosporine modified)	Tier 3	PA
NEORAL ORAL SOLUTION 100 MG/ML	(cyclosporine modified)	Tier 3	PA
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	(tacrolimus)	Tier 3	PA
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG		Tier 2	PA
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	(cyclosporine)	Tier 3	PA
sirolimus oral solution 1 mg/ml		Tier 1	PA
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg		Tier 1	PA
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	(Prograf)	Tier 1	PA

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

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Drug	Status	Notes
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	Tier 1	
cefaclor oral tablet extended release 12 hr 500 mg	Tier 1	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cefprozil oral tablet 250 mg, 500 mg	Tier 1	
cefuroxime axetil oral tablet 250 mg, 500 mg	Tier 1	
Cephalosporins - 3Rd Generation		
cefdinir oral capsule 300 mg	Tier 1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cefixime oral capsule 400 mg	Tier 1	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	Tier 1	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	Tier 1	
cefpodoxime oral tablet 100 mg, 200 mg	Tier 1	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	Tier 2	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	Tier 2	
Chemotherapeutics, Antibacterial, Misc.		
fosfomycin tromethamine oral packet 3 gram	Tier 1	
methenamine hippurate oral tablet 1 gram	Tier 1	
methenamine mandelate oral tablet 0.5 gram, 1 gram	Tier 1	
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg (Urogesic-Blue)	Tier 1	

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Drug		Status	Notes
PRIMSOL ORAL SOLUTION 50 MG/5 ML		Tier 2	
trimethoprim oral tablet 100 mg		Tier 1	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG		Tier 2	
URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG		Tier 3	
URIMAR-T ORAL TABLET 120-10.8-0.12 MG		Tier 3	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG	(methen-sod phos-meth blue-hyos)	Tier 1	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG		Tier 1	
Fecal Microbiota Transplantation (Fmt)			
REBYOTA RECTAL ENEMA 150 ML		Tier 3	PA; SP
VOWST ORAL CAPSULE		Tier 2	PA; SP
Macrolides			
azithromycin oral packet 1 gram	(Zithromax)	Tier 1	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	(Zithromax)	Tier 1	
azithromycin oral tablet 250 mg, 500 mg	(Zithromax)	Tier 1	
azithromycin oral tablet 600 mg		Tier 1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		Tier 1	
clarithromycin oral tablet 250 mg, 500 mg		Tier 1	
clarithromycin oral tablet extended release 24 hr 500 mg		Tier 1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML		Tier 2	QL (10 ML per 1 day)
DIFICID ORAL TABLET 200 MG		Tier 2	QL (20 EA per 10 days)
E.E.S. 400 ORAL TABLET 400 MG	(erythromycin ethylsuccinate)	Tier 1	

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Drug		Status	Notes
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 500 MG	(erythromycin)	Tier 1	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	(erythromycin stearate)	Tier 1	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	(E.E.S. Granules)	Tier 1	
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml	(EryPed 400)	Tier 1	
erythromycin ethylsuccinate oral tablet 400 mg	(E.E.S. 400)	Tier 1	
erythromycin oral capsule,delayed release(dr/ec) 250 mg		Tier 1	
erythromycin oral tablet 250 mg, 500 mg		Tier 1	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	(Ery-Tab)	Tier 1	
Nitrofuran Derivatives			
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg		Tier 1	
nitrofurantoin macrocrystal oral capsule 25 mg		Tier 1	QL (4 EA per 1 day)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	(Macrobid)	Tier 1	
nitrofurantoin oral suspension 25 mg/5 ml	(Furadantin)	Tier 1	PA
Oxazolidinones			
linezolid oral suspension for reconstitution 100 mg/5 ml	(Zyvox)	Tier 1	
linezolid oral tablet 600 mg	(Zyvox)	Tier 1	
SIVEXTRO ORAL TABLET 200 MG		Tier 2	PA
Penicillins			
amoxicillin oral capsule 250 mg, 500 mg		Tier 1	

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Drug		Status	Notes
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml		Tier 1	
amoxicillin oral tablet 500 mg, 875 mg		Tier 1	
amoxicillin oral tablet,chewable 125 mg, 250 mg		Tier 1	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml		Tier 1	
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml	(Augmentin)	Tier 1	
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml	(Augmentin ES-600)	Tier 1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg		Tier 1	
amoxicillin-pot clavulanate oral tablet 500-125 mg	(Augmentin)	Tier 1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	(Augmentin XR)	Tier 1	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg		Tier 1	
ampicillin oral capsule 500 mg		Tier 1	
dicloxacillin oral capsule 250 mg, 500 mg		Tier 1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	(amoxicillin)	Tier 3	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml		Tier 1	
penicillin v potassium oral tablet 250 mg, 500 mg		Tier 1	
PIVYA ORAL TABLET 185 MG		Tier 3	
Pleuromutilin Derivatives			
XENLETA ORAL TABLET 600 MG		Tier 3	PA
Quinolones			

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

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Drug		Status	Notes
doxycycline hyclate oral tablet 75 mg	(Acticlate)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
doxycycline monohydrate oral capsule 100 mg	(Mondoxyne NL)	Tier 1	
doxycycline monohydrate oral capsule 150 mg		Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral capsule 50 mg	(Monodox)	Tier 1	
doxycycline monohydrate oral capsule 75 mg	(Mondoxyne NL)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg	(Oracea)	Tier 1	ST: Requires prior prescription for generic Doxycycline or Minocycline within the past 120 days; QL (1 EA per 1 day); Age (Min 18 Years)
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml		Tier 1	
doxycycline monohydrate oral tablet 100 mg	(Avidoxy)	Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral tablet 150 mg		Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral tablet 50 mg, 75 mg		Tier 1	
EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG		Tier 3	
minocycline oral capsule 100 mg, 50 mg, 75 mg		Tier 1	
minocycline oral tablet 100 mg, 50 mg, 75 mg		Tier 1	

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Drug		Status	Notes
MONDOXYNE NL ORAL CAPSULE 100 MG	(doxycycline monohydrate)	Tier 1	
MONDOXYNE NL ORAL CAPSULE 75 MG	(doxycycline monohydrate)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
NUZYRA ORAL TABLET 150 MG		Tier 3	PA
tetracycline oral capsule 250 mg, 500 mg		Tier 1	
Infectious Disease - Fungal			
Antifungal Agents			
clotrimazole mucous membrane troche 10 mg		Tier 1	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG		Tier 3	PA
fluconazole oral suspension for reconstitution 10 mg/ml		Tier 1	
fluconazole oral suspension for reconstitution 40 mg/ml	(Diflucan)	Tier 1	
fluconazole oral tablet 100 mg, 200 mg	(Diflucan)	Tier 1	
fluconazole oral tablet 150 mg, 50 mg		Tier 1	
flucytosine oral capsule 250 mg, 500 mg	(Ancobon)	Tier 1	
itraconazole oral capsule 100 mg	(Sporanox)	Tier 1	
itraconazole oral solution 10 mg/ml	(Sporanox)	Tier 1	
ketoconazole oral tablet 200 mg		Tier 1	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG		Tier 3	PA
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG		Tier 3	
posaconazole oral suspension 200 mg/5 ml (40 mg/ml)	(Noxafil)	Tier 1	PA
posaconazole oral tablet,delayed release (dr/ec) 100 mg	(Noxafil)	Tier 1	PA

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Drug		Status	Notes
terbinafine hcl oral tablet 250 mg		Tier 1	
VIVJOA ORAL CAPSULE 150 MG		Tier 3	PA
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	(Vfend)	Tier 1	
voriconazole oral tablet 200 mg		Tier 1	
voriconazole oral tablet 50 mg	(Vfend)	Tier 1	
Antifungal Antibiotics			
BREXAFEMME ORAL TABLET 150 MG		Tier 3	PA
griseofulvin microsize oral suspension 125 mg/5 ml		Tier 1	
griseofulvin microsize oral tablet 500 mg		Tier 1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg		Tier 1	
nystatin oral suspension 100,000 unit/ml		Tier 1	
nystatin oral tablet 500,000 unit		Tier 1	
Infectious Disease - Miscellaneous			
Aminoglycosides			
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML		Tier 3	PA; SP
neomycin oral tablet 500 mg		Tier 1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG		Tier 2	PA; SP
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	(Tobi)	Tier 1	PA; SP
tobramycin inhalation solution for nebulization 300 mg/4 ml	(Bethkis)	Tier 1	PA; SP
tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml	(Kitabis Pak)	Tier 1	PA; SP
Antibacterial Agents,Miscellaneous			
glycine urologic solution irrigation solution 1.5 %	(Glycine Urologic)	Tier 1	
Antileprotics			

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Drug		Status	Notes
dapsone oral tablet 100 mg, 25 mg		Tier 1	
THALOMID ORAL CAPSULE 100 MG, 50 MG		Tier 2	PA; SP
Anti-Mycobacterium Agents			
ethambutol oral tablet 100 mg, 400 mg		Tier 1	
isoniazid oral solution 50 mg/5 ml		Tier 1	
isoniazid oral tablet 100 mg, 300 mg		Tier 1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM		Tier 3	
pyrazinamide oral tablet 500 mg		Tier 1	
rifabutin oral capsule 150 mg		Tier 1	
TRECATOR ORAL TABLET 250 MG		Tier 3	
Antitubercular Antibiotics			
cycloserine oral capsule 250 mg		Tier 1	
pretomanid oral tablet 200 mg		Tier 3	QL (1 EA per 1 day)
PRIFTIN ORAL TABLET 150 MG		Tier 3	
rifampin oral capsule 150 mg, 300 mg		Tier 1	
SIRTURO ORAL TABLET 100 MG, 20 MG		Tier 3	PA; SP
Lincosamides			
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin HCl)	Tier 1	
clindamycin palmitate hcl oral recon soln 75 mg/5 ml	(Clindamycin Pediatric)	Tier 1	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	(clindamycin palmitate hcl)	Tier 1	
Rifamycins And Related Derivative Antibiotics			

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Drug		Status	Notes
AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC) 194 MG		Tier 3	ST: Requires prior prescription for generic oral Azithromycin, Ciprofloxacin, Levofloxacin, or Ofloxacin within the past 120 days; QL (12 EA per 1 FILL)
XIFAXAN ORAL TABLET 200 MG		Tier 3	PA
XIFAXAN ORAL TABLET 550 MG		Tier 2	PA
Vancomycin And Derivatives			
vancomycin oral capsule 125 mg	(Vancocin)	Tier 1	QL (56 EA per 1 FILL)
vancomycin oral capsule 250 mg	(Vancocin)	Tier 1	QL (112 EA per 1 FILL)
vancomycin oral recon soln 25 mg/ml	(Firvanq)	Tier 1	QL (300 ML per 1 FILL)
vancomycin oral recon soln 50 mg/ml	(Firvanq)	Tier 1	QL (600 ML per 1 FILL)
Infectious Disease - Parasitic			
2Nd Gen. Anaerobic Antiprotozoal-Antibacterial			
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM		Tier 3	ST: At least 2 prior prescriptions for Clindamycin vaginal cream, Metronidazole vaginal gel, Tinidazole, or Vandazole gel within the past 365 days; QL (1 EA per 30 days)
tinidazole oral tablet 250 mg, 500 mg		Tier 1	
Amebacides			
paromomycin oral capsule 250 mg	(Humatin)	Tier 1	
Anaerobic Antiprotozoal-Antibacterial Agents			
LIKMEZ ORAL SUSPENSION 500 MG/5 ML		Tier 3	PA
metronidazole oral capsule 375 mg	(Flagyl)	Tier 1	
metronidazole oral tablet 250 mg, 500 mg		Tier 1	

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Drug		Status	Notes
Anthelmintics			
albendazole oral tablet 200 mg		Tier 1	
EGATEN ORAL TABLET 250 MG		Tier 3	
EMVERM ORAL TABLET,CHEWABLE 100 MG	(mebendazole)	Tier 2	PA
ivermectin oral tablet 3 mg	(Stromectol)	Tier 1	
praziquantel oral tablet 600 mg	(Biltricide)	Tier 1	
Antimalarial Drugs			
ARAKODA ORAL TABLET 100 MG		Tier 3	
atovaquone-proguanil oral tablet 250-100 mg	(Malarone)	Tier 1	
atovaquone-proguanil oral tablet 62.5-25 mg	(Malarone Pediatric)	Tier 1	
chloroquine phosphate oral tablet 250 mg		Tier 1	QL (36 EA per 16 days)
chloroquine phosphate oral tablet 500 mg		Tier 1	QL (18 EA per 16 days)
COARTEM ORAL TABLET 20-120 MG		Tier 3	
hydroxychloroquine oral tablet 100 mg		Tier 1	QL (180 EA per 30 days)
hydroxychloroquine oral tablet 200 mg	(Sovuna)	Tier 1	QL (100 EA per 30 days)
hydroxychloroquine oral tablet 300 mg	(Sovuna)	Tier 1	QL (60 EA per 30 days)
hydroxychloroquine oral tablet 400 mg		Tier 1	QL (60 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG		Tier 2	QL (2 EA per 1 FILL)
mefloquine oral tablet 250 mg		Tier 1	
primaquine oral tablet 26.3 mg (15 mg base)		Tier 2	
pyrimethamine oral tablet 25 mg	(Daraprim)	Tier 1	PA; SP
quinine sulfate oral capsule 324 mg	(Qualaquin)	Tier 1	
SOVUNA ORAL TABLET 200 MG	(hydroxychloroquine)	Tier 2	QL (100 EA per 30 days)
SOVUNA ORAL TABLET 300 MG	(hydroxychloroquine)	Tier 3	QL (60 EA per 30 days)
Antiparasitics			

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Drug		Status	Notes
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML		Tier 3	QL (50 ML per 1 day)
nitazoxanide oral tablet 500 mg	(Alinia)	Tier 1	QL (2 EA per 1 day)
Antiprotozoal Drugs,Miscellaneous			
atovaquone oral suspension 750 mg/5 ml	(Mepron)	Tier 1	
benznidazole oral tablet 100 mg, 12.5 mg		Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG		Tier 2	PA
LAMPIT ORAL TABLET 120 MG, 30 MG		Tier 3	
pentamidine inhalation recon soln 300 mg	(Nebupent)	Tier 1	
Infectious Disease - Viral			
Antiretroviral - Capsid Inhibitors			
SUNLENCA ORAL TABLET 300 MG		Tier 2	PA; SP
Antiretroviral-Integrase Inhibitor And Nnrti Comb.			
JULUCA ORAL TABLET 50-25 MG		Tier 2	SP; QL (1 EA per 1 day)
Antiretroviral-Integrase Inhibitor And Nrti Comb.			
DOVATO ORAL TABLET 50-300 MG		Tier 2	SP; QL (1 EA per 1 day)
Antiretroviral-Nucleoside,Nucleotide,Protease Inh.			
SYMTUZA ORAL TABLET 800-150-200-10 MG		Tier 2	SP; QL (1 EA per 1 day)
Antiviral - Main Protease (Mpro) Inhibitor			
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG		Tier 2	QL (20 EA per 28 days); Age (Min 12 Years)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG		Tier 2	QL (30 EA per 28 days); Age (Min 12 Years)
Antiviral Monoclonal Antibodies			

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

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

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Drug		Status	Notes
Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb			
abacavir-lamivudine oral tablet 600-300 mg		Tier 1	SP; QL (1 EA per 1 day)
lamivudine-zidovudine oral tablet 150-300 mg		Tier 1	SP; QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.			
maraviroc oral tablet 150 mg	(Selzentry)	Tier 1	SP; QL (2 EA per 1 day)
maraviroc oral tablet 300 mg	(Selzentry)	Tier 1	SP; QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML		Tier 2	SP; QL (31 ML per 1 day)
Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor			
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG		Tier 2	PA; SP
Antivirals, Hiv-Specific, Fusion Inhibitors			
FUZEON SUBCUTANEOUS RECON SOLN 90 MG		Tier 2	SP; QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Non-Nucleoside, Rti			
EDURANT ORAL TABLET 25 MG		Tier 2	SP; QL (1 EA per 1 day)
efavirenz oral tablet 600 mg		Tier 1	SP
etravirine oral tablet 100 mg	(Intelence)	Tier 1	SP; QL (4 EA per 1 day)
etravirine oral tablet 200 mg	(Intelence)	Tier 1	SP; QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG		Tier 2	SP; QL (4 EA per 1 day)
nevirapine oral suspension 50 mg/5 ml		Tier 1	SP; QL (1200 ML per 30 days)
nevirapine oral tablet 200 mg		Tier 1	SP; QL (2 EA per 1 day)
nevirapine oral tablet extended release 24 hr 100 mg		Tier 1	SP; QL (3 EA per 1 day)
nevirapine oral tablet extended release 24 hr 400 mg		Tier 1	SP; QL (1 EA per 1 day)

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Drug		Status	Notes
Antivirals, Hiv-Specific, Nucleoside Analog, Rti			
abacavir oral solution 20 mg/ml	(Ziagen)	Tier 1	SP; QL (960 ML per 30 days)
abacavir oral tablet 300 mg		Tier 1	SP; QL (2 EA per 1 day)
emtricitabine oral capsule 200 mg	(Emtriva)	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML		Tier 2	SP; QL (850 ML per 30 days)
lamivudine oral solution 10 mg/ml	(Epivir)	Tier 1	SP; QL (960 ML per 30 days)
lamivudine oral tablet 150 mg	(Epivir)	Tier 1	SP; QL (2 EA per 1 day)
lamivudine oral tablet 300 mg	(Epivir)	Tier 1	SP; QL (1 EA per 1 day)
stavudine oral capsule 15 mg, 20 mg		Tier 1	SP; QL (2 EA per 1 day)
zidovudine oral capsule 100 mg	(Retrovir)	Tier 1	SP; QL (6 EA per 1 day)
zidovudine oral syrup 10 mg/ml	(Retrovir)	Tier 1	SP; QL (1920 ML per 30 days)
zidovudine oral tablet 300 mg		Tier 1	SP; QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Nucleotide Analog, Rti			
tenofovir disoproxil fumarate oral tablet 300 mg	(Viread)	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)		Tier 2	SP; QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		Tier 2	SP; QL (1 EA per 1 day)
Antivirals, Hiv-Specific, Protease Inhibitor Comb			

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Drug		Status	Notes
lopinavir-ritonavir oral solution 400-100 mg/5 ml	(Kaletra)	Tier 1	SP; QL (480 ML per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	(Kaletra)	Tier 1	SP; QL (10 EA per 1 day)
lopinavir-ritonavir oral tablet 200-50 mg	(Kaletra)	Tier 1	SP; QL (4 EA per 1 day)
Antivirals, Hiv-Specific, Protease Inhibitors			
atazanavir oral capsule 150 mg		Tier 1	SP; QL (2 EA per 1 day)
atazanavir oral capsule 200 mg	(Reyataz)	Tier 1	SP; QL (2 EA per 1 day)
atazanavir oral capsule 300 mg	(Reyataz)	Tier 1	SP; QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG		Tier 2	SP; QL (1 EA per 1 day)
fosamprenavir oral tablet 700 mg		Tier 1	SP; QL (4 EA per 1 day)
NORVIR ORAL CAPSULE 100 MG		Tier 2	SP; QL (12 EA per 1 day)
NORVIR ORAL POWDER IN PACKET 100 MG		Tier 2	SP; QL (12 EA per 1 day)
REYATAZ ORAL POWDER IN PACKET 50 MG		Tier 2	SP; QL (5 EA per 1 day)
ritonavir oral tablet 100 mg	(Norvir)	Tier 1	SP; QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG		Tier 2	SP
Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr			
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	(cabotegravir)	$0	ST: Requires prior prescription for Descovy or generic Truvada within the past 120 days; $0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)

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

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

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Drug		Status	Notes
entecavir oral tablet 0.5 mg, 1 mg	(Baraclude)	Tier 1	SP; QL (1 EA per 1 day)
lamivudine oral tablet 100 mg		Tier 1	QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG		Tier 2	SP; QL (1 EA per 1 day)
Hepatitis C Treatment Agents			
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		Tier 2	PA; SP
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML		Tier 2	PA; SP
ribavirin oral capsule 200 mg		Tier 1	
ribavirin oral tablet 200 mg		Tier 1	
Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb			
MAVYRET ORAL PELLETS IN PACKET 50-20 MG		Tier 3	PA; SP
MAVYRET ORAL TABLET 100-40 MG		Tier 3	PA; SP
Inflammatory Disease			
Anti-Arthritic And Chelating Agents			
CUPRIMINE ORAL CAPSULE 250 MG	(penicillamine)	Tier 3	PA; SP
D-PENAMINE ORAL TABLET 125 MG		Tier 1	PA; SP
penicillamine oral capsule 250 mg	(Cuprimine)	Tier 1	PA; SP
penicillamine oral tablet 250 mg	(Depen Titratabs)	Tier 1	PA; SP
Anti-Arthritic, Folate Antagonist Agents			
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML		Tier 2	QL (1.6 ML per 28 days)
Anti-Flam. Interleukin-1 Receptor Antagonist			
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG		Tier 3	PA; SP
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML		Tier 3	PA; SP

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Drug	Status	Notes
Anti-Inflammatory Tumor Necrosis Factor Inhibitor		
adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml (Hyrimoz(CF) Pen)	Tier 2	PA; SP
adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml (Hyrimoz(CF))	Tier 2	PA; SP
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	Tier 3	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 3	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2)	Tier 3	PA; SP
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	Tier 2	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	Tier 2	PA; SP
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	Tier 2	PA; SP
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Tier 2	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 2	PA; SP; PA REQUIRES TRIAL OF PREFERRED ADALIMUMAB BIOSIMILARS FOR NEW PATIENTS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 2	PA; SP; PA REQUIRES TRIAL OF PREFERRED ADALIMUMAB BIOSIMILARS FOR NEW PATIENTS

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Drug	Status	Notes
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 2	PA; SP; PA REQUIRES TRIAL OF PREFERRED ADALIMUMAB BIOSIMILARS FOR NEW PATIENTS
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 2	PA; SP; PA REQUIRES TRIAL OF PREFERRED ADALIMUMAB BIOSIMILARS FOR NEW PATIENTS
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 2	PA; SP; PA REQUIRES TRIAL OF PREFERRED ADALIMUMAB BIOSIMILARS FOR NEW PATIENTS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 2	PA; SP; PA REQUIRES TRIAL OF PREFERRED ADALIMUMAB BIOSIMILARS FOR NEW PATIENTS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 2	PA; SP; PA REQUIRES TRIAL OF PREFERRED ADALIMUMAB BIOSIMILARS FOR NEW PATIENTS
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML (adalimumab-ryvk)	Tier 2	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	Tier 3	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	Tier 3	PA; SP
Anti-Inflammatory, Pyrimidine Synthesis Inhibitor		
leflunomide oral tablet 10 mg, 20 mg (Arava)	Tier 1	
Anti-Inflammatory,Phosphodiesterase-4(Pde4) Inhib.		
OTEZLA ORAL TABLET 20 MG, 30 MG	Tier 2	PA; SP

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Drug	Status	Notes
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	Tier 2	PA; SP
Anti-Inflammatory/Antiarthritics Agents, Misc.		
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION)	Tier 2	PA
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML	Tier 2	PA
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML	Tier 2	PA
Antinflammatory, Sel.Costim.Mod.,T-Cell Inhibitor		
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	Tier 3	PA; SP
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	Tier 3	PA; SP
Bradykinin B2 Receptor Antagonists		
icatibant subcutaneous syringe 30 mg/3 ml (Sajazir)	Tier 1	PA; SP
SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML (icatibant)	Tier 1	PA; SP
C1 Esterase Inhibitors		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	Tier 3	PA; SP
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML)	Tier 3	PA; SP
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	Tier 3	PA; SP
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	Tier 3	PA; SP
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	Tier 3	PA; SP

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

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Drug		Status	Notes
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg	(Medrol)	Tier 1	
methylprednisolone oral tablet 32 mg		Tier 1	
methylprednisolone oral tablets,dose pack 4 mg	(Medrol (Pak))	Tier 1	
prednisolone oral solution 15 mg/5 ml		Tier 1	
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)		Tier 1	
prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)	(Veripred 20)	Tier 1	
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)	(Pediapred)	Tier 1	
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	(Orapred ODT)	Tier 1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML		Tier 2	
prednisone oral solution 5 mg/5 ml		Tier 1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		Tier 1	
prednisone oral tablets,dose pack 10 mg, 5 mg		Tier 1	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML		Tier 3	
SOLU-CORTEF INJECTION RECON SOLN 100 MG	(hydrocortisone sod succinate)	Tier 3	
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG		Tier 3	PA; SP
TRILOAN II SUIK KIT 40 MG/ML		Tier 3	
TRILOAN SUIK KIT 40 MG/ML		Tier 3	
Gold Salts			
RIDAURA ORAL CAPSULE 3 MG		Tier 3	

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Drug	Status	Notes
Immunomodulator,B-Lymphocyte Stim(Blys)-Spec Inhib		
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	Tier 3	PA; SP
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	Tier 3	PA; SP
Interleukin-6 (Il-6) Receptor Inhibitors		
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 3	PA; SP
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 3	PA; SP
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 3	PA; SP
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 3	PA; SP
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 3	PA; SP
Janus Kinase (Jak) Inhibitors		
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 3	PA; SP
RINVOQ LQ ORAL SOLUTION 1 MG/ML	Tier 2	PA; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	Tier 2	PA; SP
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 2	PA; SP
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 2	PA; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	Tier 2	PA; SP
Mineralocorticoids		
fludrocortisone oral tablet 0.1 mg	Tier 1	
Monoclonal Antibody-Human Interleukin 12/23 Inhib		

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Drug		Status	Notes
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML		Tier 2	PA; SP
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML		Tier 2	PA; SP
Nsaids (Cox Non-Specific Inhib)& Prostaglandin Cmb			
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg	(Arthrotec 50)	Tier 1	
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg	(Arthrotec 75)	Tier 1	
Nsaids, Cyclooxygenase 2 Inhibitor - Type			
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(Celebrex)	Tier 1	
Nsaids, Cyclooxygenase Inhibitor-Type			
diclofenac potassium oral tablet 50 mg		Tier 1	
diclofenac sodium oral tablet extended release 24 hr 100 mg		Tier 1	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg		Tier 1	
EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG	(naproxen)	Tier 1	
etodolac oral capsule 200 mg, 300 mg		Tier 1	
etodolac oral tablet 400 mg	(Lodine)	Tier 1	
etodolac oral tablet 500 mg		Tier 1	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg		Tier 1	
flurbiprofen oral tablet 100 mg		Tier 1	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	(ibuprofen)	Tier 1	
ibuprofen oral suspension 100 mg/5 ml	(Children's Advil)	Tier 1	

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Drug		Status	Notes
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	(IBU)	Tier 1	
indomethacin oral capsule 25 mg, 50 mg		Tier 1	
indomethacin oral capsule, extended release 75 mg		Tier 1	
indomethacin rectal suppository 100 mg		Tier 1	
ketoprofen oral capsule 25 mg	(Kiprofen)	Tier 1	
ketoprofen oral capsule 50 mg, 75 mg		Tier 1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg		Tier 1	
ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)		Tier 1	
ketorolac injection syringe 15 mg/ml, 30 mg/ml		Tier 1	
ketorolac intramuscular solution 60 mg/2 ml		Tier 1	
ketorolac intramuscular syringe 60 mg/2 ml		Tier 1	
ketorolac oral tablet 10 mg		Tier 1	QL (20 EA per 5 days)
KIPROFEN ORAL CAPSULE 25 MG	(ketoprofen)	Tier 1	
meclofenamate oral capsule 100 mg, 50 mg		Tier 1	
mefenamic acid oral capsule 250 mg		Tier 1	
meloxicam oral suspension 7.5 mg/5 ml		Tier 1	
meloxicam oral tablet 15 mg, 7.5 mg		Tier 1	
nabumetone oral tablet 500 mg, 750 mg		Tier 1	
naproxen oral tablet 250 mg, 375 mg		Tier 1	
naproxen oral tablet 500 mg	(Naprosyn)	Tier 1	
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	(EC-Naproxen)	Tier 1	
naproxen sodium oral tablet 275 mg		Tier 1	
naproxen sodium oral tablet 550 mg	(Anaprox DS)	Tier 1	

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Drug		Status	Notes
oxaprozin oral tablet 600 mg	(Daypro)	Tier 1	
piroxicam oral capsule 10 mg		Tier 1	
piroxicam oral capsule 20 mg	(Feldene)	Tier 1	
sulindac oral tablet 150 mg, 200 mg		Tier 1	
tolmetin oral capsule 400 mg		Tier 1	
TORONOVA II SUIK KIT 30 MG/ML		Tier 3	
TORONOVA SUIK KIT 30 MG/ML		Tier 3	
Plasma Kallikrein Inhibitors			
ORLADEYO ORAL CAPSULE 110 MG, 150 MG		Tier 3	PA; SP
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)		Tier 3	PA; SP
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)		Tier 3	PA; SP
Local Anesthesia			
Local Anesthetics			
GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 %	(lidocaine hcl)	Tier 1	
KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML		Tier 3	
lidocaine hcl mucous membrane jelly in applicator 2 %	(Glydo)	Tier 1	
lidocaine hcl mucous membrane solution 2 %	(Lidocaine Viscous)	Tier 1	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)		Tier 1	
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %	(lidocaine hcl)	Tier 1	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML)		Tier 3	
Periodontal Anesthetics			
ORAQIX DENTAL CARTRIDGE 2.5-2.5 %		Tier 3	

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Drug		Status	Notes
Lower Gastrointestinal Disorders - Bowel Inflammat			
Chronic Inflam. Colon Dx, 5-A-Salicylat,Rectal Tx			
mesalamine rectal enema 4 gram/60 ml	(Rowasa)	Tier 1	
mesalamine rectal suppository 1,000 mg	(Canasa)	Tier 1	
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	(Rowasa)	Tier 1	
Drug Tx-Chronic Inflam. Colon Dx,5-Aminosalicylat			
balsalazide oral capsule 750 mg	(Colazal)	Tier 1	
mesalamine oral capsule, extended release 500 mg	(Pentasa)	Tier 1	
mesalamine oral capsule,extended release 24hr 0.375 gram	(Apriso)	Tier 1	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	(Lialda)	Tier 1	
mesalamine oral tablet,delayed release (dr/ec) 800 mg		Tier 1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG		Tier 2	
sulfasalazine oral tablet 500 mg	(Azulfidine)	Tier 1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	(Azulfidine EN-tabs)	Tier 1	
Hemorrhoidal Prep, Anti-Infam Steroid/Local Anesth			
ANA-LEX KIT RECTAL KIT 2-2 %		Tier 1	
hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %	(Analpram-HC)	Tier 1	
hydrocortisone-pramoxine rectal cream 2.5-1 % (4g)		Tier 1	
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %		Tier 1	
lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)		Tier 1	

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Drug		Status	Notes
lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)		Tier 1	
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %		Tier 1	
lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)		Tier 1	
PROCORT RECTAL CREAM 1.85-1.15 %		Tier 3	
PROCTOFOAM HC RECTAL FOAM 1-1 %		Tier 2	
ZYPRAM RECTAL KIT,CREAM AND TOWELETTE 2.35-1 %		Tier 3	
Ibs Agents,Mixed Opioid Recep Agonists/Antagonists			
VIBERZI ORAL TABLET 100 MG, 75 MG		Tier 2	
Integrin Receptor Antagonist, Monoclonal Antibody			
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML		Tier 3	PA; SP
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			
nitroglycerin rectal ointment 0.4 % (w/w)	(Rectiv)	Tier 1	
Rectal Preparations			
ANUCORT-HC RECTAL SUPPOSITORY 25 MG	(hydrocortisone acetate)	Tier 1	
hydrocortisone acetate rectal suppository 25 mg	(Anucort-HC)	Tier 1	
hydrocortisone acetate rectal suppository 30 mg	(Hemmorex-HC)	Tier 1	

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Drug		Status	Notes
Rectal/Lower Bowel Prep.,Glucocort. (Non-Hemorr)			
budesonide rectal foam 2 mg/actuation	(Uceris)	Tier 1	
CORTIFOAM RECTAL FOAM 10 % (80 MG)		Tier 3	
hydrocortisone rectal enema 100 mg/60 ml	(Cortenema)	Tier 1	
Lower Gastrointestinal Disorders - Other			
Ammonia Inhibitors			
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	(carglumic acid)	Tier 3	PA; SP
carglumic acid oral tablet, dispersible 200 mg	(Carbaglu)	Tier 1	PA; SP
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	(lactulose)	Tier 1	
GENERLAC ORAL SOLUTION 10 GRAM/15 ML	(lactulose)	Tier 1	
LITHOSTAT ORAL TABLET 250 MG		Tier 3	
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM		Tier 3	PA; SP
PHEBURANE ORAL GRANULES 483 MG/GRAM		Tier 3	PA; SP
RAVICTI ORAL LIQUID 1.1 GRAM/ML		Tier 3	PA; SP
sodium phenylbutyrate oral powder 0.94 gram/gram	(Buphenyl)	Tier 1	PA; SP
sodium phenylbutyrate oral tablet 500 mg	(Buphenyl)	Tier 1	PA; SP
Antidiarrheal - G.I. Chloride Channel Inhibitors			
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG		Tier 2	SP; ST: Requires prior prescription for Antiretrovirals within the past 120 days; QL (2 EA per 1 day)

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Drug		Status	Notes
Antidiarrheal - Tryptophan Hydroxylase Inhibitor			
XERMELO ORAL TABLET 250 MG		Tier 2	PA; SP
Antidiarrheals			
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml		Tier 1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	(Lomotil)	Tier 1	
loperamide oral capsule 2 mg	(Anti-Diarrheal (loperamide))	Tier 1	
opium tincture oral tincture 10 mg/ml (morphine)		Tier 1	
Bile Salts			
CHENODAL ORAL TABLET 250 MG		Tier 3	PA; SP
CHOLBAM ORAL CAPSULE 250 MG, 50 MG		Tier 3	PA; SP
ursodiol oral capsule 300 mg		Tier 1	
ursodiol oral tablet 250 mg		Tier 1	
ursodiol oral tablet 500 mg	(URSO Forte)	Tier 1	
Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog			
OCALIVA ORAL TABLET 10 MG, 5 MG		Tier 2	PA; SP
Ileal Bile Acid Transporter (Ibat) Inhibitor			
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG		Tier 3	PA; SP
BYLVAY ORAL PELLET 200 MCG, 600 MCG		Tier 3	PA; SP
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML		Tier 3	PA; SP
Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type			
alosetron oral tablet 0.5 mg, 1 mg	(Lotronex)	Tier 1	
Laxatives And Cathartics			

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Drug		Status	Notes
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML		$0	$0 COPAY IF QUANTITY IS LIMITED TO 350, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (350 ML per 1 FILL)
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	(lactulose)	Tier 1	
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	(peg 3350-electrolytes)	$0	$0 COPAY IF QUANTITY IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	(peg 3350-electrolytes)	$0	$0 COPAY IF QUANTITY IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-N ORAL RECON SOLN 420 GRAM	(peg-electrolyte soln)	$0	$0 COPAY IF QUANTITY IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
lactulose oral solution 10 gram/15 ml	(Constulose)	Tier 1	
lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml		Tier 1	
lubiprostone oral capsule 24 mcg, 8 mcg	(Amitiza)	Tier 1	QL (2 EA per 1 day)
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	(GaviLyte-G)	$0	$0 COPAY IF QUANTITY IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	(MoviPrep)	$0	$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (1 EA per 1 FILL)

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Drug		Status	Notes
peg-electrolyte soln oral recon soln 420 gram	(GaviLyte-N)	$0	$0 COPAY IF QUANTITY IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM		$0	ST: Prior prescription for Sutab, Clenpiq, or generic bowel prep within the past 120 days; $0 COPAY IF QUANTITY IS LIMITED TO 3, FILL OF 2 IN 365 DAYS, TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP, AND 45-75 YEARS OF AGE; QL (3 EA per 1 FILL)
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	(Suprep Bowel Prep Kit)	$0	$0 COPAY IF QUANTITY IS LIMITED TO 354, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (354 ML per 1 FILL)
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM		$0	ST: Prior prescription for Sutab, Clenpiq, or generic bowel prep within the past 120 days; $0 COPAY IF QUANTITY IS LIMITED TO 2, FILL OF 2 IN 365 DAYS, TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP, AND 45-75 YEARS OF AGE; QL (2 EA per 1 FILL)
SUTAB ORAL TABLET 1.479-0.188-0.225 GRAM		$0	$0 COPAY IF QUANTITY IS LIMITED TO 24, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (24 EA per 1 FILL)
Narcotic Antagonists, Peripherally-Acting			

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Drug	Status	Notes
alvimopan oral capsule 12 mg	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 3	PA; SP
LIVDELZI ORAL CAPSULE 10 MG	Tier 3	PA; SP
Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	Tier 2	PA; SP
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	Tier 2	PA; SP
Medical Supplies		
Bandages And Related Supplies		
ACESO AG TOPICAL BANDAGE 4 X 4 "	Tier 3	
ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 "	Tier 3	
ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 ", 5 1/16 X 5 1/16 ", 6 1/16 X 6 1/16 ", 8 1/4 X 8 1/4 "	Tier 3	
CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL	Tier 3	
CURAD XEROFORM PETROLATM DRESS TOPICAL BANDAGE 1 X 8 "	Tier 3	
CURAFIL GEL WOUND TOPICAL GEL	Tier 3	

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Drug	Status	Notes
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2"	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET	Tier 3	
CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 "	Tier 3	
CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "-YARD	Tier 3	
DYNAFOAM AG TOPICAL BANDAGE 4 X 4 "	Tier 3	
DYNAGINATE AG TOPICAL BANDAGE 12 ", 2 X 2 ", 4 X 5 ", 4 X 8 "	Tier 3	
KENDALL AMD ANTIMICRB FOAM DRS TOPICAL BANDAGE 0.5 %- 4" X 4"	Tier 3	
KERAGEL TOPICAL GEL	Tier 3	
KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD	Tier 3	
KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75"	Tier 3	
MAXORB EXTRA TOPICAL BANDAGE 4 X 4 "	Tier 3	
MEDIHONEY (HYDROCOLLOID-HONEY) TOPICAL BANDAGE 2 X 2 ", 4 X 5 "	Tier 3	
OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM	Tier 3	
OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM	Tier 3	
PETROLEUM GAUZE TOPICAL BANDAGE	Tier 3	

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Drug	Status	Notes
PIVOT SILVER ALGINATE TOPICAL BANDAGE 1 X 12 ", 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 "	Tier 3	
PURACOL PLUS AG TOPICAL BANDAGE 2 X 2.2 "	Tier 3	
RESTORE CALCIUM ALGINATE TOPICAL BANDAGE 4 X 4 3/4 "	Tier 3	
RESTORE TOPICAL BANDAGE 1 X 12 ", 2 X 2 "	Tier 3	
SILIGENTLE AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 "	Tier 3	
SILINOIN TOPICAL SHEET 5 CM X 14 CM	Tier 3	
SPECTRAGEL TOPICAL GEL	Tier 3	
STRATACTX TOPICAL GEL	Tier 3	
STRATAGRT TOPICAL GEL	Tier 3	
STRATAXRT TOPICAL GEL	Tier 3	
THERAHONEY TOPICAL BANDAGE 4 X 5 "	Tier 3	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 4 X 4 ", 5 X 9 "	Tier 3	
ZENPHOR TOPICAL BANDAGE 2 X 4.7 "	Tier 3	
ZENPHOR TOPICAL GEL	Tier 3	
Blood Administration Sets		
IVENIX BLOOD PRODUCT ADMIN SET BLOOD ADMINISTRATION SET	Tier 3	
Catheters And Related Devices		
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR-"	Tier 3	
ADVANCE PLUS INTERMITTENT 14-16 (catheter) FR-"	Tier 3	

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Drug		Status	Notes
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8 FR- 16"		Tier 3	
APOGEE IC INTERMIT CATHETER 14-6 FR-"		Tier 3	
APOGEE PLUS INTERMITT CATHETER 16-16 FR-"		Tier 3	
BARDEX I.C. FOLEY CATHETER 24 FR		Tier 3	
CURITY DRAINAGE BAG 2,000 ML		Tier 3	
DOVER COATED LATEX FOLEY COMBO PACK		Tier 3	
DOVER FOLEY CATHETER 24 FR		Tier 3	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR		Tier 3	
DOVER RED RUBBER ROBINSON CATH 8 FR		Tier 3	
DOVER UNIVERSAL TRAY	(catheterization tray)	Tier 3	
FEMALE CATHETER 14 FR		Tier 3	
KENGUARD FOLEY CATHETER 18-16 FR-"		Tier 3	
KENGUARD FOLEY CATHETER TRAY	(catheterization tray)	Tier 3	
LOFRIC 12-16 FR-"		Tier 3	
LOFRIC 14-16 FR-"	(catheter)	Tier 3	
LOFRIC HYDRO-KIT COMBO PACK 14 FR- 16"		Tier 3	
LOFRIC ORIGO 14-16 FR-"	(catheter)	Tier 3	
LOFRIC PRIMO NELATON CATHETER 16-16 FR-"		Tier 3	
LOFRIC SENSE NELATON CATHETER 14-6 FR-"		Tier 3	
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-"		Tier 3	
MONO-FLO DRAINAGE BAG 2,000 ML		Tier 3	
ROBINSON CLEAR VINYL CATHETER 16 FR		Tier 3	

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Drug		Status	Notes
SELF-CATHETER, FEMALE 14 FR		Tier 3	
SILASTIC FOLEY CATHETER 20 FR		Tier 3	
SPEEDICATH (FEMALE) 16 FR		Tier 3	
TOUCH-TROL 10 FR		Tier 3	
VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8"		Tier 3	
Durable Medical Equipment,Misc			
AIRS ADULT AEROSOL MASK	(nebulizer accessories)	Tier 3	
ALL FLOW 1000 KIT	(nebulizer accessories)	Tier 3	
ALL FLOW 1000 PFT FILTER	(nebulizer accessories)	Tier 3	
ALL FLOW 3000 KIT	(nebulizer accessories)	Tier 3	
ALL FLOW 3000 PFT FILTER	(nebulizer accessories)	Tier 3	
ALL FLOW 4000 KIT	(nebulizer accessories)	Tier 3	
ALL FLOW 4000 PFT FILTER	(nebulizer accessories)	Tier 3	
ALL FLOW 5000 KIT	(nebulizer accessories)	Tier 3	
ALL FLOW 5000 PFT FILTER	(nebulizer accessories)	Tier 3	
ALL FLOW 6000 PFT FILTER	(nebulizer accessories)	Tier 3	
AMIELLE VAGINAL TRAINER KIT		Tier 3	
ARGYLE TRACHEOSTOMY CARE TRAY		Tier 3	
CEFALY COMBO PACK		Tier 3	
CLEVER CHOICE NEB KIT-ADULT	(nebulizer accessories)	Tier 3	
CLEVER CHOICE NEB KIT-CHILD	(nebulizer accessories)	Tier 3	
ENFIT MEDICINE BOTTLE ADAPTER	(adapter cap for bottle)	Tier 3	
INNOSPIRE REPLACEMENT FILTER	(nebulizer accessories)	Tier 3	
INSPIRATION ELITE FILTER	(nebulizer accessories)	Tier 3	
NOSE CLIP	(nebulizer accessories)	Tier 3	
PARI BABY CONV KIT - SIZE 1 KIT		Tier 3	
PARI BABY CONV KIT - SIZE 2 KIT		Tier 3	

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

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

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Drug		Status	Notes
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE		Tier 2	
DROPLET LANCETS 30 GAUGE	(lancets)	Tier 2	
EASY COMFORT LANCETS 30 GAUGE	(lancets)	Tier 2	
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
EASY TOUCH LANCETS 32 GAUGE		Tier 2	
EASY TOUCH SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
EASY TOUCH SAFETY LANCETS 23 GAUGE, 32 GAUGE		Tier 2	
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	
EASY TOUCH TWIST LANCETS 32 GAUGE		Tier 2	
EASY TWIST AND CAP LANCETS 28 GAUGE	(lancets)	Tier 2	
EMBRACE LANCETS 30 GAUGE	(lancets)	Tier 2	
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE	(lancets)	Tier 2	
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	
E-Z JECT LANCETS 32 GAUGE		Tier 2	
E-Z JECT THIN LANCETS 28 GAUGE	(lancets)	Tier 2	
EZ SMART LANCETS 28 GAUGE	(lancets)	Tier 2	
FINGERSTIX LANCETS	(lancets)	Tier 2	
FORACARE LANCETS 30 GAUGE	(lancets)	Tier 2	
FREESTYLE LANCETS 28 GAUGE	(lancets)	Tier 2	
FREESTYLE UNISTIK 2	(lancets)	Tier 2	
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	

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Drug		Status	Notes
GOJJI LANCETS 30 GAUGE	(lancets)	Tier 2	
HEALTHY ACCENTS UNILET LANCET 30 GAUGE	(lancets)	Tier 2	
INCONTROL SUPER THIN LANCETS 30 GAUGE	(lancets)	Tier 2	
INCONTROL ULTRA THIN LANCETS 28 GAUGE	(lancets)	Tier 2	
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
INVACARE LANCETS 30 GAUGE	(lancets)	Tier 2	
lancets	(Accu-Chek Fastclix Lancet Drum)	Tier 2	
lancets 21 gauge, 26 gauge, 30 gauge	(Advocate Lancet)	Tier 2	
lancets 28 gauge	(Acti-Lance Lancets)	Tier 2	
lancets 33 gauge	(CareTouch Twist Lancet)	Tier 2	
LANCETS, SUPER THIN	(lancets)	Tier 2	
LANCETS,THIN , 28 GAUGE	(lancets)	Tier 2	
LANCETS,ULTRA THIN	(lancets)	Tier 2	
MEDISENSE THIN LANCETS 28 GAUGE	(lancets)	Tier 2	
MEDLANCE PLUS LANCETS 21 GAUGE, 30 GAUGE	(lancets)	Tier 2	
MEDLANCE PLUS LANCETS 25 GAUGE		Tier 2	
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM		Tier 2	
MICRO THIN LANCETS 33 GAUGE	(lancets)	Tier 2	
MICRODOT LANCET 28 GAUGE	(lancets)	Tier 2	
MICROLET LANCET	(lancets)	Tier 2	
MOBILE LANCETS 30 GAUGE	(lancets)	Tier 2	
MONOLET LANCETS 21 GAUGE	(lancets)	Tier 2	
MONOLET THIN LANCETS 28 GAUGE	(lancets)	Tier 2	

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Drug		Status	Notes
MYGLUCOHEALTH LANCETS 30 GAUGE	(lancets)	Tier 2	
NOVA SAFETY LANCETS 23 GAUGE		Tier 2	
NOVA SAFETY LANCETS 28 GAUGE	(lancets)	Tier 2	
NOVA SUREFLEX LANCETS	(lancets)	Tier 2	
ON CALL LANCET 30 GAUGE	(lancets)	Tier 2	
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	
ONETOUCH DELICA SAFETY LANCET 30 GAUGE	(lancets)	Tier 2	
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE	(lancets)	Tier 2	
ON-THE-GO LANCETS 30 GAUGE	(lancets)	Tier 2	
PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
PIP LANCET 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE	(lancets)	Tier 2	
PRO COMFORT LANCET 30 GAUGE	(lancets)	Tier 2	
PRO COMFORT LANCET 31 GAUGE		Tier 2	
PRO COMFORT SAFETY LANCET 30 GAUGE	(lancets)	Tier 2	
PRODIGY LANCETS 26 GAUGE, 28 GAUGE	(lancets)	Tier 2	
PRODIGY TWIST TOP LANCET 28 GAUGE	(lancets)	Tier 2	
PURE COMFORT LANCETS 30 GAUGE	(lancets)	Tier 2	
PURE COMFORT SAFETY LANCETS 30 GAUGE	(lancets)	Tier 2	
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE	(lancets)	Tier 2	
RELIAMED LANCET 23 GAUGE		Tier 2	

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

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Drug		Status	Notes
THIN LANCETS 26 GAUGE	(lancets)	Tier 2	
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE	(lancets)	Tier 2	
TRUE COMFORT LANCET 30 GAUGE	(lancets)	Tier 2	
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	
TWIST LANCETS 30 GAUGE	(lancets)	Tier 2	
TWIST LANCETS 32 GAUGE		Tier 2	
ULTILET BASIC LANCETS 30 GAUGE	(lancets)	Tier 2	
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	
ULTILET SAFETY LANCETS 23 GAUGE		Tier 2	
ULTRA FINE LANCETS 30 GAUGE	(lancets)	Tier 2	
ULTRA THIN II LANCETS 30 GAUGE	(lancets)	Tier 2	
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	
ULTRA THIN LANCETS 31 GAUGE		Tier 2	
ULTRA THIN PLUS LANCETS 33 GAUGE	(lancets)	Tier 2	
ULTRA TLC LANCETS	(lancets)	Tier 2	
ULTRA-CARE LANCETS 30 GAUGE	(lancets)	Tier 2	
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE	(lancets)	Tier 2	
ULTRA-THIN II LANCETS 28 GAUGE	(lancets)	Tier 2	
UNILET COMFORTOUCH LANCET , 26 GAUGE	(lancets)	Tier 2	
UNILET GP LANCET	(lancets)	Tier 2	
UNILET LANCET 28 GAUGE, 33 GAUGE	(lancets)	Tier 2	
UNILET LANCETS 30 GAUGE	(lancets)	Tier 2	

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Drug		Status	Notes
UNILET SUPER THIN LANCETS 30 GAUGE	(lancets)	Tier 2	
UNISTIK 3 COMFORT LANCET 28 GAUGE	(lancets)	Tier 2	
UNISTIK 3 EXTRA LANCET 21 GAUGE	(lancets)	Tier 2	
UNISTIK 3 GENTLE 30 GAUGE	(lancets)	Tier 2	
UNISTIK 3 NORMAL LANCET 23 GAUGE		Tier 2	
UNISTIK COMFORT LANCETS 28 GAUGE	(lancets)	Tier 2	
UNISTIK CZT LANCET 23 GAUGE		Tier 2	
UNISTIK CZT LANCET 28 GAUGE	(lancets)	Tier 2	
UNISTIK EXTRA LANCETS 21 GAUGE	(lancets)	Tier 2	
UNISTIK NORMAL LANCETS 23 GAUGE		Tier 2	
UNISTIK PRO LANCET 21 GAUGE, 28 GAUGE	(lancets)	Tier 2	
UNISTIK PRO LANCET 25 GAUGE		Tier 2	
UNISTIK SAFETY 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
UNISTIK TOUCH LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
UNISTIK TOUCH LANCETS 23 GAUGE		Tier 2	
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	
VERIFINE SAFETY LANCET MINI 21 GAUGE, 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
VERIFINE SAFETY LANCET MINI 23 GAUGE		Tier 2	
VERIFINE UNIVERSAL LANCET 28 GAUGE	(lancets)	Tier 2	
VIVAGUARD LANCET 30 GAUGE	(lancets)	Tier 2	
VIVAGUARD SAFETY LANCET 28 GAUGE	(lancets)	Tier 2	

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Drug	Status	Notes
Feeding Devices		
ENTERAL GRAVITY BAG SET-ENFIT	Tier 3	
KANGAROO 924 SAFETY SCREW (pump set)	Tier 3	
KANGAROO EPUMP SET	Tier 3	
KANGAROO GRAVITY SET	Tier 3	
RELIZORB CARTRIDGE	Tier 3	
Incontinence Supplies		
FLEXI-SEAL SIGNAL FMS RECTAL	Tier 3	
TENSCARE ITOUCH SURE VAGINAL DEVICE	Tier 3	
Medical Supplies,Miscellaneous		
VARITHENA ADMINISTRATION PACK	Tier 3	
VIBRANT ORAL CAPSULE	Tier 3	
VIBRANT STARTER KIT COMBO PACK	Tier 3	
Medical Supplies,Miscellaneous(Group 2)		
EAR POPPER INFLATION DEVICE NASAL DEVICE	Tier 3	
PCCA ACCUPEN-15 DEVICE	Tier 3	
Medical Supplies,Miscellaneous(Group 3)		
XENOVIEW EMPTY DELIVERY BAG	Tier 3	
Parenteral Administration Sets		
BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1", 24 GAUGE X 3/4"	Tier 3	
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4"	Tier 3	
FILTERED EXTENSION SET INFUSION SET	Tier 3	
HALO B-LOCK CLOSED LINE ADAPTR	Tier 3	
HALO CLOSED BAG ADAPTOR	Tier 3	
HALO CLOSED LINE ADAPTOR	Tier 3	

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Drug	Status	Notes
HALO CLOSED SYRINGE ADAPTOR	Tier 3	
HI-VOLUME PUMPING CHAMBER SET	Tier 3	
INSUFLON INFUSION SET 25 X 18 MM	Tier 3	
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 "	Tier 3	
I-PORT	Tier 3	
I-PORT ADVANCE 6 MM INJEC PORT	Tier 3	
I-PORT ADVANCE 9 MM INJEC PORT	Tier 3	
IVENIX ADMIN SET 2INLET 2YSITE INFUSION SET (iv administration set)	Tier 3	
IVENIX ADMIN SET 2INLET Y-SITE INFUSION SET (iv administration set)	Tier 3	
IVENIX ADMIN SET SINGLE-INLET INFUSION SET (iv administration set)	Tier 3	
MICROBORE EXTENSION SET INFUSION SET (iv admin extension set)	Tier 3	
MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY	Tier 3	
NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 "	Tier 3	
PHASEAL ASSEMBLY FIXTURE DEVICE	Tier 3	
PHASEAL CONNECTOR LUER LOCK	Tier 3	
PHASEAL INFUSION ADAPTER	Tier 3	
PHASEAL INFUSION CLAMP	Tier 3	
PHASEAL INJECTOR LUER	Tier 3	
PHASEAL INJECTOR LUER LOCK	Tier 3	
PHASEAL SECONDARY SET INFUSION SET	Tier 3	
PHASEAL Y-SITE	Tier 3	

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Drug		Status	Notes
RATE FLOW REGULATOR IV SET INFUSION SET	(iv administration set)	Tier 3	
TRANSFER SET		Tier 3	
Syringes And Accessories			
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16"		Tier 2	
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"		Tier 2	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 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 5/16	(insulin syringe-needle u-100)	Tier 2	
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64"		Tier 2	
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	Tier 2	
EXTENDED RESERVOIR 3 ML		Tier 3	
INTERLINK LEVER LOCK CANNULA		Tier 3	
KENDALL DISINFECTANT CAP		Tier 3	
PARADIGM RESERVOIR 1.8 ML, 3 ML		Tier 3	
Miscellaneous Agents			
Amyloidosis Agents-Transthyretin (Ttr) Suppression			
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML		Tier 3	PA; SP
Anaphylaxis Therapy Agents			
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml	(Auvi-Q)	Tier 1	QL (4 EA per 1 FILL)
epinephrine injection auto-injector 0.15 mg/0.3 ml	(EpiPen Jr)	Tier 1	QL (4 EA per 1 FILL)

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Drug		Status	Notes
NEFFY NASAL SPRAY,NON-AEROSOL 2 MG/SPRAY (0.1 ML)		Tier 3	QL (4 EA per 1 FILL)
Cxcr4 Chemokine Receptor Antagonist			
XOLREMDI ORAL CAPSULE 100 MG		Tier 3	PA; SP
Genetic D/O Tx-Exon Inclusion Antisense Oligonucle			
EVRYSDI ORAL RECON SOLN 0.75 MG/ML		Tier 3	PA; SP
Miscellaneous Agents			
NEXAVIR INJECTION SOLUTION 25.5 MG/ML		Tier 3	
Parasympathetic Agents			
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg		Tier 1	
cevimeline oral capsule 30 mg	(Evoxac)	Tier 1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen (pilocarpine))	Tier 1	
Pharmacological Chaperone-Alpha-Galactosid.A Stabz			
GALAFOLD ORAL CAPSULE 123 MG		Tier 3	PA; SP
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; SP
Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase			
JAVYGTOR ORAL POWDER IN PACKET 100 MG, 500 MG	(sapropterin)	Tier 1	SP
JAVYGTOR ORAL TABLET,SOLUBLE 100 MG	(sapropterin)	Tier 1	SP
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	(sapropterin)	Tier 2	SP
KUVAN ORAL TABLET,SOLUBLE 100 MG	(sapropterin)	Tier 2	SP

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Drug		Status	Notes
sapropterin oral powder in packet 100 mg, 500 mg	(Javygtor)	Tier 1	SP
sapropterin oral tablet,soluble 100 mg	(Javygtor)	Tier 1	SP
Systemic Enzyme Inhibitors			
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG		Tier 3	SP
JOENJA ORAL TABLET 70 MG		Tier 3	PA; SP
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML		Tier 3	SP
VIJOICE ORAL GRANULES IN PACKET 50 MG		Tier 3	PA; SP
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG		Tier 3	PA; SP
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG		Tier 3	SP
ZOKINVY ORAL CAPSULE 50 MG, 75 MG		Tier 3	PA; SP
Thyroid Hormone Receptor (Thr) Agonist			
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG		Tier 3	PA; SP
Topical Anticholinergic Hyperhidrosis Tx Agents			
QBREXZA TOPICAL TOWELETTE 2.4 %		Tier 2	PA
Neoplastic Disease			
Alkylating Agents			
cyclophosphamide oral capsule 25 mg, 50 mg		Tier 1	SP
cyclophosphamide oral tablet 25 mg, 50 mg		Tier 1	SP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	(lomustine)	Tier 3	PA; SP
hydroxyurea oral capsule 500 mg	(Hydrea)	Tier 1	

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Drug		Status	Notes
LEUKERAN ORAL TABLET 2 MG		Tier 2	SP
MYLERAN ORAL TABLET 2 MG		Tier 2	SP
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg		Tier 1	PA; SP
Antiandrogenic Agents			
abiraterone oral tablet 250 mg, 500 mg	(Zytiga)	Tier 1	PA; SP
bicalutamide oral tablet 50 mg	(Casodex)	Tier 1	
ERLEADA ORAL TABLET 240 MG, 60 MG		Tier 2	PA; SP
nilutamide oral tablet 150 mg	(Nilandron)	Tier 1	SP; QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG		Tier 2	PA; SP
XTANDI ORAL CAPSULE 40 MG		Tier 2	PA; SP
XTANDI ORAL TABLET 40 MG, 80 MG		Tier 2	PA; SP
YONSA ORAL TABLET 125 MG		Tier 3	PA; SP
Antibiotic Antineoplastics			
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2		Tier 3	PA; SP
Antimetabolites			
capecitabine oral tablet 150 mg, 500 mg	(Xeloda)	Tier 1	PA; SP
INQOVI ORAL TABLET 35-100 MG		Tier 2	PA; SP
JYLAMVO ORAL SOLUTION 2 MG/ML		Tier 3	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG		Tier 2	PA; SP
mercaptopurine oral tablet 50 mg		Tier 1	
methotrexate sodium (pf) injection recon soln 1 gram		Tier 1	
methotrexate sodium (pf) injection solution 25 mg/ml		Tier 1	
methotrexate sodium injection solution 25 mg/ml		Tier 1	
methotrexate sodium oral tablet 2.5 mg		Tier 1	
ONUREG ORAL TABLET 200 MG, 300 MG		Tier 2	PA; SP

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Drug		Status	Notes
PURIXAN ORAL SUSPENSION 20 MG/ML		Tier 2	SP; ST: Requires prior prescription for Mercaptopurine within the past 120 days
TABLOID ORAL TABLET 40 MG	(thioguanine)	Tier 2	SP
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG		Tier 2	
XATMEP ORAL SOLUTION 2.5 MG/ML		Tier 3	ST: Requires prior prescription for Methotrexate tablets or injection solution within the past 120 days if 12 years of age and older; QL (120 ML per 60 days)
Antineoplastic Aromatase Inhibitors			
anastrozole oral tablet 1 mg	(Arimidex)	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
exemestane oral tablet 25 mg	(Aromasin)	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
letrozole oral tablet 2.5 mg	(Femara)	Tier 1	
Antineoplastic - Braf Kinase Inhibitors			
BRAFTOVI ORAL CAPSULE 75 MG		Tier 2	PA; SP
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML		Tier 3	PA; SP
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; SP
TAFINLAR ORAL CAPSULE 50 MG, 75 MG		Tier 2	PA; SP
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG		Tier 2	PA; SP
ZELBORAF ORAL TABLET 240 MG		Tier 2	PA; SP
Antineoplastic - Hedgehog Pathway Inhibitor			

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Drug		Status	Notes
DAURISMO ORAL TABLET 100 MG, 25 MG		Tier 2	PA; SP
ERIVEDGE ORAL CAPSULE 150 MG		Tier 2	PA; SP
ODOMZO ORAL CAPSULE 200 MG		Tier 2	PA; SP
Antineoplastic - Janus Kinase (Jak) Inhibitors			
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG		Tier 2	PA; SP
Antineoplastic - Kras Protein Inhibitor			
KRAZATI ORAL TABLET 200 MG		Tier 2	PA; SP
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG		Tier 2	PA; SP
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors			
COTELLIC ORAL TABLET 20 MG		Tier 2	PA; SP
KOSELUGO ORAL CAPSULE 10 MG, 25 MG		Tier 2	PA; SP
MEKINIST ORAL RECON SOLN 0.05 MG/ML		Tier 2	PA; SP
MEKINIST ORAL TABLET 0.5 MG, 2 MG		Tier 2	PA; SP
MEKTOVI ORAL TABLET 15 MG		Tier 2	PA; SP
Antineoplastic - Mtor Kinase Inhibitors			
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	(Torpenz)	Tier 1	PA; SP
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	(Afinitor Disperz)	Tier 1	PA; SP
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	(everolimus (antineoplastic))	Tier 1	PA; SP
Antineoplastic - Protein Methyltransferase Inhibit			
TAZVERIK ORAL TABLET 200 MG		Tier 2	PA; SP
Antineoplastic - Topoisomerase I Inhibitors			

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Drug	Status	Notes
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 2	SP
Antineoplastic Immunomodulator Agents		
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg (Revlimid)	Tier 1	PA; SP
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	PA; SP
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (lenalidomide)	Tier 2	PA; SP
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)
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG	Tier 3	QL (2 EA per 365 days)
ORGOVYX ORAL TABLET 120 MG	Tier 2	PA; SP
Antineoplastic Systemic Enzyme Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	Tier 2	PA; SP
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 3	PA; SP
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	Tier 3	PA; SP
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	Tier 2	PA; SP
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Tier 2	PA; SP
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 2	PA; SP
BOSULIF ORAL CAPSULE 100 MG, 50 MG	Tier 2	PA; SP

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Drug		Status	Notes
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG		Tier 2	PA; SP
BRUKINSA ORAL CAPSULE 80 MG		Tier 2	PA; SP
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG		Tier 2	PA; SP
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG		Tier 2	PA; SP
CAPRELSA ORAL TABLET 100 MG, 300 MG	(vandetanib)	Tier 3	PA; SP
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; SP
COPIKTRA ORAL CAPSULE 15 MG, 25 MG		Tier 3	PA; SP
dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg	(Sprycel)	Tier 1	PA; SP
erlotinib oral tablet 100 mg	(Tarceva)	Tier 1	PA; SP
erlotinib oral tablet 150 mg, 25 mg		Tier 1	PA; SP
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG		Tier 2	PA; SP
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG		Tier 2	SP
GAVRETO ORAL CAPSULE 100 MG		Tier 2	PA; SP
gefitinib oral tablet 250 mg	(Iressa)	Tier 1	PA; SP
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		Tier 2	PA; SP
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG		Tier 3	PA; SP
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG		Tier 3	PA; SP
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG		Tier 2	PA; SP
imatinib oral tablet 100 mg, 400 mg	(Gleevec)	Tier 1	PA; SP
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG		Tier 2	PA; SP

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Drug	Status	Notes
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 2	PA; SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Tier 2	PA; SP
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 2	PA; SP
INREBIC ORAL CAPSULE 100 MG	Tier 2	PA; SP
ITOVEBI ORAL TABLET 3 MG, 9 MG	Tier 2	PA; SP
IWILFIN ORAL TABLET 192 MG	Tier 2	PA; SP
JAYPIRCA ORAL TABLET 100 MG, 50 MG	Tier 2	PA; SP
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; SP
lapatinib oral tablet 250 mg (Tykerb)	Tier 1	PA; SP
LAZCLUZE ORAL TABLET 240 MG, 80 MG	Tier 3	PA; SP
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; SP
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 2	PA; SP
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 2	PA; SP
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; SP
NERLYNX ORAL TABLET 40 MG	Tier 2	PA; SP
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 2	PA; SP
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	Tier 3	PA; SP

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Drug	Status	Notes
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Tier 2	PA; SP
pazopanib oral tablet 200 mg (Votrient)	Tier 1	PA; SP
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 2	PA; SP
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; SP
QINLOCK ORAL TABLET 50 MG	Tier 2	PA; SP
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	Tier 2	PA; SP
REVUFORJ ORAL TABLET 110 MG, 160 MG	Tier 3	
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 2	PA; SP
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	Tier 2	PA; SP
RUBRACA ORAL TABLET 250 MG, 300 MG	Tier 3	PA; SP
RYDAPT ORAL CAPSULE 25 MG	Tier 2	PA; SP
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	Tier 2	PA; SP
sorafenib oral tablet 200 mg (Nexavar)	Tier 1	PA; SP
STIVARGA ORAL TABLET 40 MG	Tier 2	PA; SP
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg (Sutent)	Tier 1	PA; SP
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 2	PA; SP
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 2	PA; SP
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 2	PA; SP
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 2	PA; SP

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Drug	Status	Notes
TEPMETKO ORAL TABLET 225 MG	Tier 2	PA; SP
TRUQAP ORAL TABLET 160 MG, 200 MG	Tier 2	PA; SP
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 2	PA; SP
TURALIO ORAL CAPSULE 125 MG	Tier 2	PA; SP
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Tier 2	PA; SP
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 2	PA; SP
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 2	PA; SP
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 2	PA; SP
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 2	PA; SP
VONJO ORAL CAPSULE 100 MG	Tier 2	PA; SP
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 2	PA; SP
XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG	Tier 2	PA; SP
XOSPATA ORAL TABLET 40 MG	Tier 2	PA; SP
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 2	PA; SP
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 2	PA; SP
ZYKADIA ORAL TABLET 150 MG	Tier 2	PA; SP
Antineoplastic,Histone Deacetylase Inhibitors,Hdis		
ZOLINZA ORAL CAPSULE 100 MG	Tier 2	SP
Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 2	PA; SP

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Drug	Status	Notes
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	Tier 2	PA; SP
Antineoplastic-Enzyme Inhib, Antiandrogen Comb.		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 2	PA; SP
Antineoplastic-Hypoxia Inducible Factor (Hif) Inh		
WELIREG ORAL TABLET 40 MG	Tier 2	PA; SP
Antineoplastic-Isocitrate Dehydrogenase Inhibitors		
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 3	PA; SP
REZLIDHIA ORAL CAPSULE 150 MG	Tier 2	PA; SP
TIBSOVO ORAL TABLET 250 MG	Tier 2	PA; SP
VORANIGO ORAL TABLET 10 MG, 40 MG	Tier 2	PA; SP
Antineoplastics,Miscellaneous		
etoposide oral capsule 50 mg	Tier 1	
LYSODREN ORAL TABLET 500 MG	Tier 2	SP
MATULANE ORAL CAPSULE 50 MG	Tier 2	SP
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	Tier 3	PA; SP
tretinoin (antineoplastic) oral capsule 10 mg	Tier 1	SP
Antineoplastic-Select Inhib Of Nuclear Exp (Sine)		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	Tier 2	PA; SP
Chemotherapy Rescue/Antidote Agents		

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Drug	Status	Notes
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	Tier 1	
MESNEX ORAL TABLET 400 MG	Tier 3	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	Tier 2	SP; QL (24 EA per 14 days)
Intrapleural Sclerosing Agents, Antineoplast. Adj.		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM	Tier 3	
sterile talc intrapleural suspension for reconstitution 5 gram	Tier 1	
STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM	Tier 3	
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM	Tier 3	
Photoactivated, Antineopls. & Premalignant Lesions		
AMELUZ TOPICAL GEL 10 %	Tier 3	
LEVULAN TOPICAL SOLUTION 20 %	Tier 3	
Radioactive Therapeutic Agents		
HICON ORAL KIT 1,000 MCI/ML (1 ML), 250 MCI/0.25 ML, 500 MCI/0.5 ML	Tier 3	
sodium iodide-123 oral capsule 3.7 mbq (100 microci), 7.4 mbq (200 microci)	Tier 1	
sodium iodide-131 oral capsule 3.7 mbq (100 microci)	Tier 1	
Selective Estrogen Receptor Modulators (Serm)		
ORSERDU ORAL TABLET 345 MG, 86 MG	Tier 3	PA; SP
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	Tier 2	

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Drug		Status	Notes
tamoxifen oral tablet 10 mg, 20 mg		$0	$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
toremifene oral tablet 60 mg	(Fareston)	Tier 1	PA; SP
Selective Retinoid X Receptor Agonists (Rxr)			
bexarotene oral capsule 75 mg	(Targretin)	Tier 1	PA; SP
Steroid Antineoplastics			
megestrol oral tablet 20 mg, 40 mg		Tier 1	
Neurological Disease - Miscellaneous			
Agents To Treat Multiple Sclerosis			
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML		Tier 2	PA; SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML		Tier 2	PA; SP
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML		Tier 2	PA; SP
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML		Tier 2	PA; SP
BETASERON SUBCUTANEOUS KIT 0.3 MG		Tier 2	PA; SP
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG	(interferon beta-1b)	Tier 2	PA; SP
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	(glatiramer)	Tier 2	PA; SP
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg	(Tecfidera)	Tier 1	PA; SP
fingolimod oral capsule 0.5 mg	(Gilenya)	Tier 1	PA; SP
GILENYA ORAL CAPSULE 0.25 MG		Tier 3	PA; SP
glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml	(Glatopa)	Tier 1	PA; SP
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	(glatiramer)	Tier 1	PA; SP

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Drug	Status	Notes
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	Tier 2	PA; SP
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	Tier 2	PA; SP
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	Tier 2	PA; SP
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	Tier 2	PA; SP
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	Tier 2	PA; SP
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 2	PA; SP
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 2	PA; SP
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	Tier 2	PA; SP

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Drug	Status	Notes
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; SP
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 2	PA; SP
teriflunomide oral tablet 14 mg, 7 mg (Aubagio)	Tier 1	PA; SP
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	Tier 2	PA; SP
Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr		
dalfampridine oral tablet extended release 12 hr 10 mg (Ampyra)	Tier 1	PA; SP
FIRDAPSE ORAL TABLET 10 MG	Tier 3	PA; SP
Amyotrophic Lateral Sclerosis Agents		
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	Tier 3	PA; SP
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	Tier 3	PA; SP
riluzole oral tablet 50 mg (Rilutek)	Tier 1	
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 3	PA; SP
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 3	PA; SP
Genetic Disorder Therapy - Hdac Inhibitor		
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	Tier 3	PA; SP
Glypromate (Gpe) Analogs		
DAYBUE ORAL SOLUTION 200 MG/ML	Tier 3	PA; SP
Heat Shock Protein (Hsp) Modulating Agents		
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	Tier 2	PA; SP

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Drug	Status	Notes
Metabolic Disease Enzyme Replacement, Mocd		
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	Tier 3	PA; SP
Movement Disorders(Drug Therapy)		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Tier 2	PA; SP
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; SP
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	Tier 2	PA; SP
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	Tier 2	PA; SP
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Tier 2	PA; SP
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	Tier 2	PA; SP
tetrabenazine oral tablet 12.5 mg, 25 mg (Xenazine)	Tier 1	PA; SP
Nuclear Factor Erythroid 2-Rel. Factor 2 Activator		
SKYCLARYS ORAL CAPSULE 50 MG	Tier 3	PA; SP
Pseudobulbar Affect (Pba) Agents, Nmda Antagonists		
NUEDEXTA ORAL CAPSULE 20-10 MG	Tier 3	PA
Sphingosine 1-Phosphate (S1p) Receptor Modulator		
ZEPOSIA ORAL CAPSULE 0.92 MG	Tier 3	PA; SP
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	Tier 3	PA; SP

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Drug		Status	Notes
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)		Tier 3	PA; SP
Oral/Pharyngeal Disorders			
Dental Aids And Preparations			
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Periogard)	Tier 1	
ORALONE DENTAL PASTE 0.1 %	(triamcinolone acetonide)	Tier 1	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	(chlorhexidine gluconate)	Tier 1	
Q-CARE RX Q2 KIT 0.12 %		Tier 3	
Q-CARE RX Q4 KIT 0.12 %		Tier 3	
triamcinolone acetonide dental paste 0.1 %	(Oralone)	Tier 1	
Nose Preparations, Miscellaneous (Rx)			
cocaine nasal solution 4 %	(Numbrino)	Tier 1	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)		Tier 1	
NUMBRINO NASAL SOLUTION 4 %	(cocaine)	Tier 1	
Periodontal Collagenase Inhibitors			
doxycycline hyclate oral tablet 20 mg		Tier 1	
Other Drugs			
Abortifacient,Progesterone Receptor Antagonist-Typ			
MIFEPREX ORAL TABLET 200 MG	(mifepristone)	Tier 3	
mifepristone oral tablet 200 mg	(Mifeprex)	Tier 1	
Agents For Stomatological Use			
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %		Tier 3	
Antivenins			
ANASCORP INTRAVENOUS RECON SOLN 120 MG		Tier 3	

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Drug	Status	Notes
Appetite Stim. For Anorexia,Cachexia,Wasting Synd.		
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	Tier 1	
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	Tier 1	ST: Requires prior prescription for Megestrol Acetate within the past 120 days
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	
Cardioplegic Solutions		
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 4:1 RINGER PERFUSION SOLUTION 48 MEQ/522.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM), 36 MEQ/500 ML (POTASSIUM), 60 MEQ/830 ML (POTASSIUM)	Tier 1	

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Drug	Status	Notes
CARDIOPLEGIA INDUCTION 8:1 PERFUSION SOLUTION 100 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAIN 8:1 NO-ENRCH PERFUSION SOLUTION 24 MEQ/300 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINT 4:1 PLASMA PERFUSION SOLUTION 30 MEQ/1,047 ML (POTASSIUM)	Tier 3	
CARDIOPLEGIA MAINT 4:1 RINGER PERFUSION SOLUTION 12 MEQ/504.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM), 36 MEQ/L (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINTENANCE 8:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/500 ML (POTASSIUM), 7.5 MEQ/238.75 ML (POTASSIUM)	Tier 3	
CARDIOPLEGIA WARM INDUCT 4:1 PERFUSION SOLUTION 40 MEQ/500 ML (POTASSIUM)	Tier 3	
cardioplegic no.17(induct 4:1) perfusion solution 50 meq/500 ml (potassium)	Tier 1	
cardioplegic no.19 (maint 4:1) perfusion solution 40 meq/l (potassium)	Tier 1	
cardioplegic soln perfusion solution 16 meq/l (= k+) (Plegisol)	Tier 1	
cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)	Tier 1	

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Drug	Status	Notes
CUSTODIOL HTK PERFUSION SOLUTION 9 MMOL-198 MMOL -2 MMOL/L	Tier 3	
microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)	Tier 1	
microplegic solution no.1-cp2d perfusion solution 7.84 %-8.56 % (0.92 molar)	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		
pralidoxime intramuscular pen injector 600 mg/2 ml	Tier 3	
Conception Assistance Supplies		
CONCEPTION KIT	Tier 3	
Condoms		
AIMSCO LATEX CONDOM DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX AIR CONDOM DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX AVANTI BARE REAL FEEL	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX EXTRA SENSITIVE CONDOM DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX TROPICAL CONDOM DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
FANTASY CONDOM DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
FC2 FEMALE CONDOM	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO LUBRICATED CONDOMS DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO MICROTHIN AQUA LUBE CON DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60

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Drug	Status	Notes
KIMONO MICROTHIN CONDOMS DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO MICROTHIN LARGE CONDOMS DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO TEXTURED CONDOMS DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO THIN LUBRICATED CONDOMS DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TROJAN BARESKIN DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TROJAN EXTENDED PLEASURE DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TROJAN PLEASURE PACK DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TROJAN ULTRA RIBBED CONDOM DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TROJAN ULTRA THIN DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUE COVER CONDOM DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX LATEX CONDOM DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX LUBRICATED CONDOMS DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX NON-LUB CONDOMS DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
Cryopreservative Agents		
CRYOSERV SOLUTION 99 %	Tier 3	
Cystic Fibrosis - Inhaled Osmotic Agents		

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Drug		Status	Notes
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG		Tier 3	SP; ST: Requires prior prescription for inhaled 7% Sodium Chloride solution within the past 120 days; QL (20 EA per 1 day); Age (Min 18 Years)
Diagnostic Test Devices And Supplies			
eua patient assessment		Tier 3	
Diluent Solutions			
DILUENT FOR ROTARIX ORAL SYRINGE		Tier 3	
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION		Tier 3	
STERILE HYDROGEL FOR JELMYTO INTRA-PYELOCALYCEAL SOLUTION		Tier 3	
Drugs To Treat Hereditary Tyrosinemia			
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	(Orfadin)	Tier 1	PA; SP
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG		Tier 2	PA; SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	(nitisinone)	Tier 2	PA; SP
ORFADIN ORAL SUSPENSION 4 MG/ML		Tier 2	PA; SP
Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing			
CERDELGA ORAL CAPSULE 84 MG		Tier 2	SP
miglustat oral capsule 100 mg	(Yargesa)	Tier 1	PA; SP
OPFOLDA ORAL CAPSULE 65 MG		Tier 3	PA; SP
YARGESA ORAL CAPSULE 100 MG	(miglustat)	Tier 1	PA; SP
Environment Allergens And Irritants, Other			
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH,MEDICATED		Tier 3	
General Anesthetics - Benzodiazepine, Injectable			

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Drug		Status	Notes
midazolam (pf) injection solution 5 mg/ml		Tier 1	
midazolam injection solution 5 mg/ml		Tier 1	
General Anesthetics,Inhalant			
desflurane inhalation liquid 100 %	(Suprane)	Tier 1	
isoflurane inhalation liquid 99.9 %	(Terrell)	Tier 1	
sevoflurane inhalation liquid	(Ultane)	Tier 1	
SUPRANE INHALATION LIQUID 100 %	(desflurane)	Tier 3	
TERRELL INHALATION LIQUID 99.9 %	(isoflurane)	Tier 1	
General Inhalation Agents			
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %		Tier 3	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	(sodium chloride)	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %		Tier 3	
sodium chloride inhalation solution for nebulization 0.9 %, 10 %		Tier 1	
sodium chloride inhalation solution for nebulization 3 %	(NebuSal)	Tier 1	
sodium chloride inhalation solution for nebulization 7 %	(Hyper-Sal)	Tier 1	
Homeopathic Drugs			
AURUMHEEL ORAL DROPS		Tier 3	
CANTHARIS COMPOSITUM ORAL DROPS		Tier 3	
CRALONIN ORAL DROPS		Tier 3	
EYE ORAL TABLET,SOLUBLE		Tier 3	
LAMIOFLUR ORAL DROPS		Tier 3	
PLANTAGO-HOMACCORD ORAL DROPS		Tier 3	
POPULUS COMPOSITUM ORAL DROPS		Tier 3	
PSORINOHEEL ORAL DROPS		Tier 3	

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Drug		Status	Notes
RENEEL ORAL TABLET,SOLUBLE		Tier 3	
SABAL-HOMACCORD ORAL DROPS		Tier 3	
SYZYGIUM COMPOSITUM ORAL DROPS		Tier 3	
VERTIGOHEEL ORAL DROPS		Tier 3	
VERTIGOHEEL ORAL TABLET,SOLUBLE		Tier 3	
Intra-Uterine Devices (Iud's)			
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG		$0	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG		$0	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG		$0	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM		$0	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG		$0	
Medical Imaging Supplies			
ECOVUE HV ULTRASOUND GEL TOPICAL GEL		Tier 3	
ECOVUE ULTRASOUND GEL TOPICAL GEL		Tier 3	
Metabolic Deficiency Agents			
betaine oral powder 1 gram/scoop	(Cystadane)	Tier 1	PA; SP
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	(levocarnitine)	Tier 3	
levocarnitine (with sugar) oral solution 100 mg/ml	(Carnitor)	Tier 1	
levocarnitine oral solution 100 mg/ml	(Carnitor (sugar-free))	Tier 1	

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Drug		Status	Notes
levocarnitine oral tablet 330 mg	(Carnitor)	Tier 1	
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; SP
Metabolic Dx Enzyme Replacemt,Sev.Comb.Immune Def.			
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)		Tier 3	PA; SP
Metallic Poison,Agents To Treat			
CHEMET ORAL CAPSULE 100 MG		Tier 3	
CUVRIOR ORAL TABLET 300 MG		Tier 3	PA; SP
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	(Jadenu Sprinkle)	Tier 1	PA; SP
deferasirox oral tablet 180 mg, 360 mg, 90 mg	(Jadenu)	Tier 1	PA; SP
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	(Exjade)	Tier 1	PA; SP
deferiprone oral tablet 1,000 mg, 500 mg	(Ferriprox)	Tier 1	PA; SP
deferoxamine injection recon soln 2 gram		Tier 1	PA
deferoxamine injection recon soln 500 mg	(Desferal)	Tier 1	PA
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)		Tier 3	
RADIOGARDASE ORAL CAPSULE 0.5 GRAM		Tier 3	
trientine oral capsule 250 mg	(Syprine)	Tier 1	PA; SP
trientine oral capsule 500 mg		Tier 1	PA; SP
WILZIN ORAL CAPSULE 25 MG (ZINC)		Tier 3	
Muscarinic Receptor Antagonists			
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML		Tier 3	

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Drug		Status	Notes
Needles/Needleless Devices			
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"		Tier 2	
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	Tier 2	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4"	(pen needle, diabetic)	Tier 2	
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	(pen needle, diabetic)	Tier 2	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	Tier 2	
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	(pen needle, diabetic)	Tier 2	
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	(pen needle, diabetic)	Tier 2	
HALO VIAL CONVERTER DEVICE 13 MM		Tier 3	
Ointment/Cream Bases			
RADIAGEL TOPICAL GEL		Tier 3	
Oral Lipid Supplements			
DOJOLVI ORAL LIQUID 8.3 KCAL/ML		Tier 3	PA; SP
Oral Mucositis/Stomatitis Agents			
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH		Tier 3	
Protein Replacement			
AQNEURSA ORAL GRANULES IN PACKET 1 GRAM		Tier 2	PA; SP
Saliva Stimulant Agents			
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM		Tier 3	
Saliva Substitute Agents			
NUMOISYN MUCOUS MEMBRANE LIQUID		Tier 3	
Sexual Dysfunction Devices			

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Drug	Status	Notes
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 TOPICAL SHEET 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 4 X 4 X 2 CM, 5 X 5 X 2 CM, 7 X 5 X 2 CM	Tier 3	
MIRODERM FENESTRATED PLUS TOPICAL SHEET 3 X 3 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM	Tier 3	
MIRODERM FENESTRATED TOPICAL SHEET 2 X 2 CM, 2 X 3 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM	Tier 3	
MIROTRACT TOPICAL SHEET 3 MM X 5 CM, 3 MM X 9 CM, 5 MM X 5 CM, 5 MM X 9 CM	Tier 3	
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		
isopropyl alcohol solution 70 % (Alcohol, Rubbing)	Tier 3	
isopropyl alcohol solution 91 %, 99 %	Tier 3	
MURI-LUBE OIL	Tier 3	
Somatostatic Agents		

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Drug	Status	Notes
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	Tier 3	PA; SP
octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml	Tier 1	SP
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml (Sandostatin)	Tier 1	SP
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	Tier 1	SP
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	Tier 3	PA; SP
Support Hosiery		
T.E.D. ANTI-EMBOLISM STOCKING	Tier 3	
T.E.D. KNEE LENGTH-M-LONG	Tier 3	
T.E.D. KNEE LENGTH-S-REGULAR	Tier 3	
Suspending Agents		
GELFILM IMPLANT FILM	Tier 3	
hydroxypropyl cellulose powder	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	
Vehicles		
citric acid anhydrous (bulk) granules 100 %	Tier 3	
GEL VEHICLE FOR NEXOBRID TOPICAL GEL	Tier 3	
Wound Healing Agents, Local		

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Drug	Status	Notes
FILSUVEZ TOPICAL GEL 10 %	Tier 3	PA; SP
Other Respiratory Disorders		
Antifibrotic Therapy - Pyridone Analogs		
pirfenidone oral capsule 267 mg (Esbriet)	Tier 1	PA; SP
pirfenidone oral tablet 267 mg, 801 mg (Esbriet)	Tier 1	PA; SP
pirfenidone oral tablet 534 mg	Tier 1	PA; SP
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; SP
KALYDECO ORAL TABLET 150 MG	Tier 2	PA; SP
Cystic Fibrosis-Cftr Potentiator & Corrector Comb.		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	Tier 2	PA; SP
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 2	PA; SP
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	Tier 2	PA; SP
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; SP
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	Tier 2	PA; SP
Lung Surfactants		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML	Tier 3	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML	Tier 3	

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Drug		Status	Notes
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML		Tier 3	
Mucolytics			
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)		Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML		Tier 2	PA; SP
Pulmonary Fibrosis - Systemic Enzyme Inhibitors			
OFEV ORAL CAPSULE 100 MG, 150 MG		Tier 2	PA; SP
Pain Management - Analgesics			
Analgesic, Non-Salicylate & Barbiturate Comb.			
butalbital-acetaminophen oral tablet 50-300 mg		Tier 1	ST: Requires prior prescription for generic Butalbital/acetaminophen 50mg-325mg combination product within the past 120 days; QL (6 EA per 1 day)
butalbital-acetaminophen oral tablet 50-325 mg	(Tencon)	Tier 1	
TENCON ORAL TABLET 50-325 MG	(butalbital-acetaminophen)	Tier 1	
Analgesic, Salicylate, Barbiturate,& Xanthine Cmb			
butalbital-aspirin-caffeine oral capsule 50-325-40 mg		Tier 1	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg		Tier 1	
Analgesic,Non-Salicylate,Barbiturate,&Xanthine Cmb			
butalbital-acetaminophen-caff oral capsule 50-300-40 mg	(Fioricet)	Tier 1	
butalbital-acetaminophen-caff oral capsule 50-325-40 mg		Tier 1	

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Drug		Status	Notes
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	(Esgic)	Tier 1	
FIORICET ORAL CAPSULE 50-300-40 MG	(butalbital-acetaminophen-caff)	Tier 1	
Analgesic/Antipyretics, Salicylates			
aspirin oral tablet 325 mg	(Bayer Aspirin)	$0	
aspirin oral tablet,delayed release (dr/ec) 325 mg	(Bayer Aspirin)	$0	
BAYER ASPIRIN ORAL TABLET 325 MG	(aspirin)	$0	
BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG	(aspirin)	$0	
choline,magnesium salicylate oral liquid 500 mg/5 ml		Tier 1	
diflunisal oral tablet 500 mg		Tier 1	
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG	(aspirin)	$0	
salsalate oral tablet 500 mg, 750 mg	(Disalcid)	Tier 1	
Analgesics, Narcotic Agonist And Nsaid Combination			
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg		Tier 1	
Analgesics,Narcotics			
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	(buprenorphine hcl)	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg		Tier 1	
buprenorphine hcl injection solution 0.3 mg/ml		Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription

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Drug	Status	Notes
buprenorphine hcl injection syringe 0.3 mg/ml	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour (Butrans)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
butorphanol injection solution 1 mg/ml, 2 mg/ml	Tier 1	
butorphanol nasal spray,non-aerosol 10 mg/ml	Tier 1	
codeine sulfate oral tablet 15 mg, 30 mg	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
codeine sulfate oral tablet 60 mg	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML	Tier 3	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML (hydromorphone (pf))	Tier 3	
fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)	Tier 1	
fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,000 mcg/50 ml (20 mcg/ml), 500 mcg/50 ml (10 mcg/ml)	Tier 1	
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg, 600 mcg	Tier 1	PA
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	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription

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Drug		Status	Notes
hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg		Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	(Hysingla ER)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
hydromorphone (pf) injection syringe 0.5 mg/0.5 ml, 1 mg/ml, 2 mg/ml	(Dilaudid (PF))	Tier 1	
hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)		Tier 1	
hydromorphone oral liquid 1 mg/ml	(Dilaudid)	Tier 1	
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	(Dilaudid)	Tier 1	
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg		Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
hydromorphone rectal suppository 3 mg		Tier 1	
levorphanol tartrate oral tablet 2 mg		Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml		Tier 1	
meperidine oral solution 50 mg/5 ml		Tier 1	QL (30 ML per 1 day)
meperidine oral tablet 50 mg		Tier 1	QL (6 EA per 1 day)
methadone injection solution 10 mg/ml		Tier 1	QL (4 ML per 1 day)
METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML	(methadone)	Tier 1	QL (4 ML per 1 day)
methadone oral concentrate 10 mg/ml	(Methadone Intensol)	Tier 1	QL (4 ML per 1 day)
methadone oral solution 10 mg/5 ml		Tier 1	QL (20 ML per 1 day)

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

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

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Drug	Status	Notes
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG (oxycodone)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
oxymorphone oral tablet 10 mg, 5 mg	Tier 1	
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
pentazocine-naloxone oral tablet 50-0.5 mg	Tier 1	
ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG (oxycodone)	Tier 3	
tramadol oral solution 5 mg/ml (Qdolo)	Tier 1	PA
tramadol oral tablet 50 mg	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet 75 mg	Tier 1	
tramadol oral tablet extended release 24 hr 100 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet extended release 24 hr 200 mg, 300 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)

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Drug	Status	Notes
tramadol oral tablet, er multiphase 24 hr *100 mg*	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet, er multiphase 24 hr *200 mg, 300 mg*	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day)
Antimigraine Preparations		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 2	PA
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	Tier 2	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	Tier 2	PA
almotriptan malate oral tablet 12.5 mg, 6.25 mg	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)

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Drug		Status	Notes
dihydroergotamine injection solution 1 mg/ml		Tier 1	QL (15 ML per 14 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	(Migranal)	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (8 ML per 28 days)
eletriptan oral tablet 20 mg, 40 mg	(Relpax)	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)		Tier 3	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML		Tier 2	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML		Tier 2	PA
ERGOMAR SUBLINGUAL TABLET 2 MG		Tier 3	QL (10 EA per 7 days)
ergotamine-caffeine oral tablet 1-100 mg		Tier 1	QL (10 EA per 7 days)
frovatriptan oral tablet 2.5 mg	(Frova)	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg		Tier 1	QL (18 EA per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG		Tier 2	PA
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG		Tier 2	PA
REYVOW ORAL TABLET 100 MG, 50 MG		Tier 2	PA
rizatriptan oral tablet 10 mg	(Maxalt)	Tier 1	QL (27 EA per 30 days)
rizatriptan oral tablet 5 mg		Tier 1	QL (27 EA per 30 days)

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

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

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Drug		Status	Notes
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	(benzhydrocodone-acetaminophen)	Tier 3	ST: Requires prior prescription for generic Hydrocodone/acetaminophen tablets within the past 120 days; QL (12 EA per 1 day)
benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg	(Apadaz)	Tier 1	ST: Requires prior prescription for generic Hydrocodone/acetaminophen tablets within the past 120 days; QL (12 EA per 1 day)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	(oxycodone-acetaminophen)	Tier 1	QL (12 EA per 1 day)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml		Tier 1	QL (184 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg		Tier 1	QL (13 EA per 1 day)
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg		Tier 1	QL (12 EA per 1 day)
oxycodone-acetaminophen oral solution 5-325 mg/5 ml		Tier 1	QL (61 ML per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	(Endocet)	Tier 1	QL (12 EA per 1 day)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	(oxycodone-acetaminophen)	Tier 1	QL (12 EA per 1 day)
tramadol-acetaminophen oral tablet 37.5-325 mg		Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
Narcotic Withdrawal Therapy Agents			
buprenorphine hcl sublingual tablet 2 mg, 8 mg		Tier 1	QL (3 EA per 1 day)
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	(Suboxone)	Tier 1	
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg		Tier 1	QL (3 EA per 1 day)

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Drug		Status	Notes
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG		Tier 2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG		Tier 2	QL (2 EA per 1 day)
Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist			
lofexidine oral tablet 0.18 mg	(Lucemyra)	Tier 1	PA
Skeletal Muscle Relaxant,Salicylate,Narc Analgesic			
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg		Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
Parkinsons Disease			
Antiparkinsonism Drugs,Anticholinergic			
benztropine oral tablet 0.5 mg, 1 mg, 2 mg		Tier 1	
trihexyphenidyl oral elixir 0.4 mg/ml		Tier 1	
trihexyphenidyl oral tablet 2 mg, 5 mg		Tier 1	
Antiparkinsonism Drugs,Other			
amantadine hcl oral capsule 100 mg		Tier 1	
amantadine hcl oral solution 50 mg/5 ml		Tier 1	
amantadine hcl oral tablet 100 mg		Tier 1	
apomorphine subcutaneous cartridge 10 mg/ml	(APOKYN)	Tier 1	PA; SP
bromocriptine oral capsule 5 mg		Tier 1	
bromocriptine oral tablet 2.5 mg		Tier 1	
carbidopa-levodopa oral tablet 10-100 mg	(Sinemet)	Tier 1	
carbidopa-levodopa oral tablet 25-100 mg	(Dhivy)	Tier 1	
carbidopa-levodopa oral tablet 25-250 mg		Tier 1	

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Drug	Status	Notes
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	Tier 1	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	Tier 1	
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	Tier 1	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	Tier 3	PA; SP
entacapone oral tablet 200 mg	Tier 1	
INBRIJA INHALATION CAPSULE 42 MG	Tier 3	PA; SP
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	Tier 3	PA; SP
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	Tier 2	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Tier 3	PA
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	Tier 1	
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 4.5 mg	Tier 1	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)

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Drug	Status	Notes
pramipexole oral tablet extended release 24 hr 1.5 mg, 2.25 mg, 3 mg, 3.75 mg (Mirapex ER)	Tier 1	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
rasagiline oral tablet 0.5 mg, 1 mg (Azilect)	Tier 1	QL (1 EA per 1 day)
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	Tier 1	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	Tier 1	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	Tier 3	ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (10 EA per 1 day)
selegiline hcl oral capsule 5 mg	Tier 1	
selegiline hcl oral tablet 5 mg	Tier 1	
tolcapone oral tablet 100 mg (Tasmar)	Tier 1	ST: Requires prior prescription for Entacapone within the past 120 days; QL (3 EA per 1 day)
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	Tier 3	PA; SP
XADAGO ORAL TABLET 100 MG, 50 MG	Tier 3	ST: Requires prior prescription for Carbidopa/Levodopa (Sinemet IR, Sinemet CR, Duopa, Parcopa, or Rytary) within the past 120 days; QL (1 EA per 1 day)

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Drug		Status	Notes
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG		Tier 3	ST: Requires prior prescription for generic Selegiline capsules or tablets within the past 120 days; QL (2 EA per 1 day)
Decarboxylase Inhibitors			
carbidopa oral tablet 25 mg	(Lodosyn)	Tier 1	
Seizure Disorder			
Anticonvulsant - Benzodiazepine Type			
clobazam oral suspension 2.5 mg/ml	(Onfi)	Tier 1	QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	(Onfi)	Tier 1	QL (2 EA per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	(Klonopin)	Tier 1	
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg		Tier 1	
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg		Tier 1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG		Tier 3	QL (10 EA per 30 days)
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)		Tier 3	QL (10 EA per 30 days)
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)		Tier 3	QL (10 EA per 30 days)
Anticonvulsant - Cannabinoid Type			
EPIDIOLEX ORAL SOLUTION 100 MG/ML		Tier 2	SP; ST: At least 2 prior prescriptions for Clobazam, Lamotrigine, Levetiracetam, Topiramate, or Valproic Acid within the past 365 days
Anticonvulsants			
APTIOM ORAL TABLET 200 MG, 400 MG		Tier 3	QL (1 EA per 1 day)

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Drug		Status	Notes
APTIOM ORAL TABLET 600 MG, 800 MG		Tier 3	QL (2 EA per 1 day)
BRIVIACT ORAL SOLUTION 10 MG/ML		Tier 2	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG		Tier 2	QL (2 EA per 1 day)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	(Carbatrol)	Tier 1	
carbamazepine oral suspension 100 mg/5 ml	(Tegretol)	Tier 1	
carbamazepine oral tablet 200 mg	(Epitol)	Tier 1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	(Tegretol XR)	Tier 1	
carbamazepine oral tablet,chewable 100 mg, 200 mg		Tier 1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	(carbamazepine)	Tier 3	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	(divalproex)	Tier 3	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	(divalproex)	Tier 3	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	(divalproex)	Tier 3	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG		Tier 3	PA; SP
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG		Tier 3	PA; SP
DILANTIN EXTENDED ORAL CAPSULE 100 MG	(phenytoin sodium extended)	Tier 3	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	(phenytoin)	Tier 3	
DILANTIN ORAL CAPSULE 30 MG		Tier 3	

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Drug		Status	Notes
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	(phenytoin)	Tier 3	
divalproex oral capsule, delayed rel sprinkle 125 mg	(Depakote Sprinkles)	Tier 1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	(Depakote ER)	Tier 1	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	(Depakote)	Tier 1	
EPITOL ORAL TABLET 200 MG	(carbamazepine)	Tier 1	
EPRONTIA ORAL SOLUTION 25 MG/ML		Tier 3	PA
ethosuximide oral capsule 250 mg	(Zarontin)	Tier 1	
ethosuximide oral solution 250 mg/5 ml	(Zarontin)	Tier 1	
felbamate oral suspension 600 mg/5 ml		Tier 1	QL (30 ML per 1 day)
felbamate oral tablet 400 mg	(Felbatol)	Tier 1	QL (9 EA per 1 day)
felbamate oral tablet 600 mg	(Felbatol)	Tier 1	QL (6 EA per 1 day)
FINTEPLA ORAL SOLUTION 2.2 MG/ML		Tier 3	PA; SP
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		Tier 2	QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG		Tier 2	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG		Tier 2	QL (120 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG		Tier 2	QL (60 EA per 30 days)
gabapentin oral capsule 100 mg, 300 mg, 400 mg	(Neurontin)	Tier 1	
gabapentin oral solution 250 mg/5 ml	(Neurontin)	Tier 1	
gabapentin oral solution 300 mg/6 ml (6 ml)		Tier 1	
gabapentin oral tablet 600 mg, 800 mg	(Neurontin)	Tier 1	
lacosamide oral solution 10 mg/ml	(Vimpat)	Tier 1	QL (1200 ML per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Vimpat)	Tier 1	QL (2 EA per 1 day)

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Drug		Status	Notes
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)		Tier 3	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)		Tier 3	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)		Tier 3	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Lamictal)	Tier 1	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)	(Lamictal ODT Starter (Blue))	Tier 1	
lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)	(Lamictal ODT Starter (Orange))	Tier 1	
lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)	(Lamictal ODT Starter (Green))	Tier 1	
lamotrigine oral tablet extended release 24hr 100 mg	(Lamictal XR)	Tier 1	QL (3 EA per 1 day)
lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg	(Lamictal XR)	Tier 1	QL (2 EA per 1 day)
lamotrigine oral tablet extended release 24hr 25 mg, 50 mg	(Lamictal XR)	Tier 1	QL (6 EA per 1 day)
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	(Lamictal)	Tier 1	
lamotrigine oral tablet,disintegrating 100 mg	(Lamictal ODT)	Tier 1	QL (3 EA per 1 day)
lamotrigine oral tablet,disintegrating 200 mg	(Lamictal ODT)	Tier 1	QL (2 EA per 1 day)
lamotrigine oral tablet,disintegrating 25 mg, 50 mg	(Lamictal ODT)	Tier 1	QL (6 EA per 1 day)
lamotrigine oral tablets,dose pack 25 mg (35)	(Lamictal Starter (Blue) Kit)	Tier 1	

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

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Drug		Status	Notes
rufinamide oral tablet 400 mg	(Banzel)	Tier 1	QL (8 EA per 1 day)
SABRIL ORAL TABLET 500 MG	(vigabatrin)	Tier 3	PA; SP
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	(carbamazepine)	Tier 3	
TEGRETOL ORAL TABLET 200 MG	(carbamazepine)	Tier 3	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	(carbamazepine)	Tier 3	
tiagabine oral tablet 12 mg, 2 mg, 4 mg		Tier 1	QL (4 EA per 1 day)
tiagabine oral tablet 16 mg		Tier 1	QL (3 EA per 1 day)
topiramate oral capsule, sprinkle 15 mg, 25 mg	(Topamax)	Tier 1	
topiramate oral capsule,extended release 24hr 100 mg, 200 mg	(Trokendi XR)	Tier 1	QL (2 EA per 1 day)
topiramate oral capsule,extended release 24hr 25 mg	(Trokendi XR)	Tier 1	QL (8 EA per 1 day)
topiramate oral capsule,extended release 24hr 50 mg	(Trokendi XR)	Tier 1	QL (4 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 100 mg, 25 mg, 50 mg	(Qudexy XR)	Tier 1	QL (1 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg	(Qudexy XR)	Tier 1	QL (2 EA per 1 day)
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	Tier 1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml		Tier 1	
valproic acid oral capsule 250 mg		Tier 1	
vigabatrin oral powder in packet 500 mg	(Vigadrone)	Tier 1	PA; SP
vigabatrin oral tablet 500 mg	(Vigadrone)	Tier 1	PA; SP
VIGADRONE ORAL POWDER IN PACKET 500 MG	(vigabatrin)	Tier 1	PA; SP
VIGADRONE ORAL TABLET 500 MG	(vigabatrin)	Tier 1	PA; SP
VIGAFYDE ORAL SOLUTION 100 MG/ML		Tier 3	PA; SP

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Drug		Status	Notes
VIGPODER ORAL POWDER IN PACKET 500 MG	(vigabatrin)	Tier 1	PA; SP
VIMPAT ORAL TABLETS,DOSE PACK 50 MG (14)- 100 MG (14)		Tier 2	
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)		Tier 2	QL (2 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG		Tier 2	QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG		Tier 2	QL (2 EA per 1 day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)-25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)		Tier 2	QL (1 EA per 1 day)
ZONISADE ORAL SUSPENSION 100 MG/5 ML		Tier 3	PA
zonisamide oral capsule 100 mg, 25 mg	(Zonegran)	Tier 1	
zonisamide oral capsule 50 mg		Tier 1	
Neuroactive Steroid Gaba-A Receptor Modulator			
ZTALMY ORAL SUSPENSION 50 MG/ML		Tier 3	PA; SP
Skeletal Muscle Disorder			
Agents To Tx Periodic Paralysis - Carbon Anhyd Inh			
dichlorphenamide oral tablet 50 mg	(Ormalvi)	Tier 1	PA; SP
KEVEYIS ORAL TABLET 50 MG	(dichlorphenamide)	Tier 2	PA; SP
ORMALVI ORAL TABLET 50 MG	(dichlorphenamide)	Tier 1	PA; SP
Retinoic Acid Receptor (Rar) Agonists			
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG		Tier 3	PA; SP
Skeletal Muscle Relaxants			
baclofen oral solution 10 mg/5 ml (2 mg/ml)	(Ozobax DS)	Tier 1	PA

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Drug		Status	Notes
baclofen oral solution 5 mg/5 ml	(Ozobax)	Tier 1	PA
baclofen oral suspension 25 mg/5 ml (5 mg/ml)	(Fleqsuvy)	Tier 1	PA
baclofen oral tablet 10 mg		Tier 1	QL (8 EA per 1 day)
baclofen oral tablet 20 mg		Tier 1	QL (4 EA per 1 day)
baclofen oral tablet 5 mg		Tier 1	QL (16 EA per 1 day)
carisoprodol oral tablet 250 mg, 350 mg	(Soma)	Tier 1	QL (4 EA per 1 day)
carisoprodol-aspirin oral tablet 200-325 mg		Tier 1	
chlorzoxazone oral tablet 500 mg		Tier 1	QL (4 EA per 1 day)
cyclobenzaprine oral tablet 10 mg, 5 mg		Tier 1	QL (3 EA per 1 day)
dantrolene oral capsule 100 mg		Tier 1	QL (4 EA per 1 day)
dantrolene oral capsule 25 mg	(Dantrium)	Tier 1	QL (3 EA per 1 day)
dantrolene oral capsule 50 mg		Tier 1	QL (3 EA per 1 day)
metaxalone oral tablet 400 mg		Tier 1	QL (8 EA per 1 day)
metaxalone oral tablet 800 mg		Tier 1	QL (4 EA per 1 day)
methocarbamol oral tablet 500 mg		Tier 1	QL (8 EA per 1 day)
methocarbamol oral tablet 750 mg		Tier 1	QL (6 EA per 1 day)
orphenadrine citrate oral tablet extended release 100 mg		Tier 1	QL (2 EA per 1 day)
orphenadrine-asa-caffeine oral tablet 25-385-30 mg	(Norgesic)	Tier 1	QL (8 EA per 1 day)
tizanidine oral capsule 2 mg	(Zanaflex)	Tier 1	QL (18 EA per 1 day)
tizanidine oral capsule 4 mg	(Zanaflex)	Tier 1	QL (9 EA per 1 day)
tizanidine oral capsule 6 mg	(Zanaflex)	Tier 1	QL (6 EA per 1 day)
tizanidine oral tablet 2 mg		Tier 1	QL (18 EA per 1 day)
tizanidine oral tablet 4 mg	(Zanaflex)	Tier 1	QL (9 EA per 1 day)
Smoking Cessation			
Smoking Deterrent Agents (Ganglionic Stim,Others)			

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Drug		Status	Notes
nicotine (polacrilex) buccal gum 2 mg	(Quit 2)	$0	$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal gum 4 mg	(Quit 4)	$0	$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal lozenge 2 mg	(Quit 2)	$0	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal lozenge 4 mg	(Quit 4)	$0	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	(Nicorette)	$0	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	(Nicoderm CQ)	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr		$0	$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER

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

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Drug		Status	Notes
varenicline oral tablet 0.5 mg		$0	$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
varenicline oral tablet 1 mg	(Chantix)	$0	$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	(Chantix Starting Month Box)	$0	$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
Smoking Deterrents, Other			
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg		$0	$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS 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; SP
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	

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Drug		Status	Notes
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300-78,300 UNIT		Tier 3	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT		Tier 2	
Upper Gastrointestinal Disorders - Spastic Disease			
Anticholinergics/Antispasmodics			
dicyclomine oral capsule 10 mg		Tier 1	
dicyclomine oral solution 10 mg/5 ml		Tier 1	
dicyclomine oral tablet 20 mg		Tier 1	
Belladonna Alkaloids			
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG	(hyoscyamine sulfate)	Tier 1	
hyoscyamine sulfate oral drops 0.125 mg/ml	(Hyosyne)	Tier 1	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	(Hyosyne)	Tier 1	
hyoscyamine sulfate oral tablet 0.125 mg	(Oscimin)	Tier 1	
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	(Levbid)	Tier 1	
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	(Ed-Spaz)	Tier 1	
hyoscyamine sulfate sublingual tablet 0.125 mg	(Oscimin SL)	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML	(hyoscyamine sulfate)	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML	(hyoscyamine sulfate)	Tier 1	
methscopolamine oral tablet 2.5 mg, 5 mg		Tier 1	

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Drug		Status	Notes
OSCIMIN ORAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	(hyoscyamine sulfate)	Tier 3	
Upper Gastrointestinal Disorders - Ulcer Disease			
Anticholinergics,Quaternary Ammonium			
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	(Librax (with clidinium))	Tier 1	
DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG		Tier 3	ST: Requires prior prescription for Glycopyrrolate 2mg within the past 120 days; QL (4 EA per 1 day); Age (Min 18 Years)
glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)	(Glyrx-PF)	Tier 1	
glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)	(Cuvposa)	Tier 1	
glycopyrrolate oral tablet 1 mg	(Robinul)	Tier 1	
glycopyrrolate oral tablet 2 mg	(Robinul Forte)	Tier 1	
GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML)	(glycopyrrolate (pf))	Tier 3	
Anti-Ulcer Preparations			
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	Tier 1	
sucralfate oral suspension 100 mg/ml	(Carafate)	Tier 1	
sucralfate oral tablet 1 gram	(Carafate)	Tier 1	
Anti-Ulcer-H.Pylori Agents			
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg		Tier 1	QL (112 EA per 10 days)

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Drug		Status	Notes
bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg	(Pylera)	Tier 1	
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)		Tier 3	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG		Tier 3	QL (168 EA per 14 days); Age (Min 18 Years)
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)		Tier 3	PA
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG		Tier 3	PA
Histamine H2-Receptor Inhibitors			
cimetidine hcl oral solution 300 mg/5 ml		Tier 1	
cimetidine oral tablet 200 mg	(Acid Reducer (cimetidine))	Tier 1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg		Tier 1	
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)		Tier 1	
famotidine oral tablet 20 mg	(Acid Controller)	Tier 1	
famotidine oral tablet 40 mg	(Pepcid)	Tier 1	
nizatidine oral capsule 150 mg, 300 mg		Tier 1	
Intestinal Motility Stimulants			
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY		Tier 3	PA; SP
metoclopramide hcl oral solution 5 mg/5 ml		Tier 1	
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	Tier 1	
Potassium-Competitive Acid Blockers (Pcabs)			
VOQUEZNA ORAL TABLET 10 MG, 20 MG		Tier 3	PA
Proton-Pump Inhibitors			

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

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Drug		Status	Notes
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg		Tier 1	
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram	(Zegerid)	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)
pantoprazole oral granules dr for susp in packet 40 mg	(Protonix)	Tier 1	ST: Requires prior prescription for Omeprazole, Pantoprazole caps/tabs, or Prilosec Suspension within the past 120 days
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	(Protonix)	Tier 1	
rabeprazole oral capsule, delayed rel sprinkle 10 mg	(AcipHex Sprinkle)	Tier 1	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	(AcipHex)	Tier 1	QL (1 EA per 1 day)
Urinary Tract - Functional Disorders			
Benign Prostatic Hypertrophy/Micturition Agents			
alfuzosin oral tablet extended release 24 hr 10 mg	(Uroxatral)	Tier 1	
dutasteride oral capsule 0.5 mg	(Avodart)	Tier 1	
finasteride oral tablet 5 mg	(Proscar)	Tier 1	
silodosin oral capsule 4 mg, 8 mg	(Rapaflo)	Tier 1	
tamsulosin oral capsule 0.4 mg	(Flomax)	Tier 1	
Bph Agents,5-Alpha-Red Inh & Alpha-1-Adr Antg Cmb			

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Drug		Status	Notes
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	(Jalyn)	Tier 1	ST: Requires prior prescription for Alfuzosin, Doxazosin, Finasteride 5mg, Prazosin, Silodosin, Tamsulosin, or Terazosin within the past 120 days
Cystine-Depleting Agents, Nephropathic Cystinosis			
CYSTAGON ORAL CAPSULE 150 MG, 50 MG		Tier 3	SP
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG		Tier 2	PA; SP
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG		Tier 2	PA; SP
Endothelin-Angiotensin Receptor Antagonist			
FILSPARI ORAL TABLET 200 MG, 400 MG		Tier 3	PA; SP
Kidney Stone Agents			
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG	(tiopronin)	Tier 2	SP
tiopronin oral tablet 100 mg	(Thiola)	Tier 1	SP
tiopronin oral tablet,delayed release (dr/ec) 100 mg, 300 mg	(Thiola EC)	Tier 1	SP
Overactive Bladder Agents, Beta-3 Adrenergic Recep			
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML		Tier 2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	(mirabegron)	Tier 1	QL (1 EA per 1 day)
Oxalosis Agent - Oxalate Inhibitor, Sirna Based			
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)		Tier 3	PA; SP

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Drug		Status	Notes
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML		Tier 3	PA; SP
Polycystic Kidney Disease Agent, Avp Recep. Antag			
JYNARQUE ORAL TABLET 15 MG, 30 MG		Tier 2	PA; SP
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)		Tier 2	PA; SP
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	(sodium citrate-citric acid)	Tier 3	
potassium citrate oral tablet extended release 10 meq (1,080 mg)	(Urocit-K 10)	Tier 1	
potassium citrate oral tablet extended release 15 meq	(Urocit-K 15)	Tier 1	
potassium citrate oral tablet extended release 5 meq (540 mg)		Tier 1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML		Tier 3	
sodium citrate-citric acid oral solution 490-640 mg/5 ml	(Oracit)	Tier 1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG		Tier 3	
Urinary Tract Analgesic Agents			
ELMIRON ORAL CAPSULE 100 MG		Tier 2	PA
Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)			
phenazopyridine oral tablet 100 mg, 200 mg	(Pyridium)	Tier 1	

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

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Drug		Status	Notes
clindamycin phosphate vaginal cream 2 %	(Cleocin)	Tier 1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %		Tier 3	ST: Requires prior prescription for Clindamycin vaginal cream within the past 120 days
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	(Vandazole)	Tier 1	
metronidazole vaginal gel 1.3 % (65 mg/5 gram)	(Nuvessa)	Tier 1	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	(metronidazole)	Tier 3	
Vaginal Antifungals			
GYNAZOLE-1 VAGINAL CREAM 2 %		Tier 2	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG		Tier 1	
terconazole vaginal cream 0.4 %, 0.8 %		Tier 1	
terconazole vaginal suppository 80 mg		Tier 1	
Vaginal Antiseptics			
FEM PH VAGINAL GEL 0.9-0.025 %		Tier 3	
RELAGARD VAGINAL GEL 0.9-0.025 %		Tier 3	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %		Tier 3	
Vaginal Estrogen For Sexual Dysfunction			
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG		Tier 3	ST: Requires prior prescriptions for Estradiol Vaginal and Estrogens Conjugated Vaginal within the past 365 days; QL (18 EA per 28 days)

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Drug		Status	Notes
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG		Tier 3	ST: Requires prior prescriptions for Estradiol Vaginal and Estrogens Conjugated Vaginal within the past 365 days; QL (18 EA per 28 days)
Vaginal Estrogen Preparations			
estradiol vaginal cream 0.01 % (0.1 mg/gram)	(Estrace)	Tier 1	
estradiol vaginal tablet 10 mcg	(Yuvafem)	Tier 1	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM		Tier 2	
YUVAFEM VAGINAL TABLET 10 MCG	(estradiol)	Tier 1	
Vitamin And/Or Mineral Deficiency			
Fluoride Preparations			
CLINPRO 5000 DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 3	
DENTA 5000 PLUS DENTAL CREAM 1.1 %	(fluoride (sodium))	Tier 1	
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 %	(sodium fluoride-pot nitrate)	Tier 1	
DENTAGEL DENTAL GEL 1.1 %	(fluoride (sodium))	Tier 1	
FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML		Tier 3	
fluoride (sodium) dental cream 1.1 %	(Denta 5000 Plus)	Tier 1	
fluoride (sodium) dental gel 1.1 %	(DentaGel)	Tier 1	
fluoride (sodium) dental paste 1.1 %	(Sodium Fluoride 5000 Dry Mouth)	Tier 1	
fluoride (sodium) dental solution 0.2 %	(PreviDent)	Tier 1	
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	(SoluVita)	$0	$0 COPAY IF AGE 6 MONTHS TO 6 YEARS
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)	(Ludent Fluoride)	$0	$0 COPAY IF AGE 6 MONTHS TO 6 YEARS

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Drug		Status	Notes
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	(sodium fluoride-pot nitrate)	Tier 3	
FLUORIMAX 5000 DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 %	(sodium fluoride-pot nitrate)	Tier 3	
FRAICHE 5000 KIDS PLUS DENTAL GEL 1.1-4 %		Tier 3	
FRAICHE 5000 PREVI DENTAL GEL 1.1-3 %		Tier 3	
GEL-KAM DENTAL GEL 0.4 %	(stannous fluoride)	Tier 1	
JUST RIGHT 5000 DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 3	
PERIO MED DENTAL SOLUTION 0.63 %	(stannous fluoride)	Tier 3	
PHOS-FLUR DENTAL SOLUTION 0.02 % (0.044 % SOD. FLUORIDE)		Tier 3	
SF 5000 PLUS DENTAL CREAM 1.1 %	(fluoride (sodium))	Tier 1	
SF DENTAL GEL 1.1 %	(fluoride (sodium))	Tier 1	
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 1	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 %	(fluoride (sodium))	Tier 1	
sodium fluoride-pot nitrate dental paste 1.1-5 %	(Denta 5000 Plus Sensitive)	Tier 1	
Folic Acid Preparations			
folic acid injection solution 5 mg/ml		Tier 1	
folic acid oral tablet 1 mg		Tier 1	
folic acid oral tablet 400 mcg, 800 mcg		$0	
Iron Replacement			
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON		Tier 3	

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Drug		Status	Notes
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML		Tier 3	
Vitamin D Preparations			
calcitriol oral capsule 0.25 mcg, 0.5 mcg		Tier 1	
calcitriol oral solution 1 mcg/ml	(Rocaltrol)	Tier 1	
Weight Reduction			
Anorexic Agents			
benzphetamine oral tablet 50 mg		Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
diethylpropion oral tablet 25 mg		Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
diethylpropion oral tablet extended release 75 mg		Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
LOMAIRA ORAL TABLET 8 MG	(phentermine)	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
phendimetrazine tartrate oral capsule, extended release 105 mg		Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
phendimetrazine tartrate oral tablet 35 mg		Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
phentermine oral capsule 15 mg, 30 mg, 37.5 mg		Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
phentermine oral tablet 37.5 mg	(Adipex-P)	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
Anti-Obesity - Incretin Mimetics Combination			
ZEPBOUND 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
Anti-Obesity - Melanocortin 4 Receptor Agonists			
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML		Tier 3	PA; SP
Anti-Obesity Glucagon-Like Peptide-1 Recep Agonist			

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Drug	Status	Notes
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML)	Tier 2	PA
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	Tier 2	PA
Fat Absorption Decreasing Agents		
orlistat oral capsule 120 mg (Xenical)	Tier 1	PA

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