



MedPerform Medium Formulary
Administered by MedImpact
July 2026



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

What is the MedImpact Preferred Drug List (PDL)?

The PDL is a list of commonly prescribed medications within select classes of drugs covered by your prescription drug plan. The PDL was created to promote clinically appropriate utilization of medications in a cost-effective manner.

Are the medications listed on the PDL the only drugs my physician can prescribe for me?

No. The PDL is a select list of commonly prescribed drugs and does not represent all preferred formulary medications available under your plan. The PDL does not limit your prescription coverage but is provided to encourage the use of preferred generic and brand name drugs within major therapeutic drug classes (e.g., Cardiovascular, Diabetes, etc.). For complete formulary information, visit your Plan website or refer to the phone number listed on your benefit card.

Are there any restrictions on coverage of drugs on the formulary?

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

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

Tier Benefit Design

A tier benefit design is where a member is responsible for a portion of the cost of a prescription drug based on the drug's tier and copayment or coinsurance. Specialty drugs may be covered at a higher copay or coinsurance. Per the Affordable Care Act (ACA), some medications qualify as preventive under the Essential Health Benefit (EHB). If available on the plan, EHB medications will be covered without cost share (\$0 copay for members). The following is an example of a formulary tier design:

- Tier 0: EHB
- Tier 1: Generic medications
- Tier 2: Preferred brand medications (formulary agents)
- Tier 3: Non-preferred brand medications (non-formulary agents)
- Tier X: Formulary Exclusions

How do I get the greatest benefit from my PDL?

- Ask your physician to prescribe generic medications whenever possible.
- When there is more than one brand name drug available for your medical condition, ask your physician to prescribe a preferred drug listed on your PDL. This should also reduce your copays.

Please note: The MedImpact PDL is subject to change due to updates and availability of generic alternatives. The PDL is not a complete list of formulary drugs; therefore, you should refer to your plan for a complete drug list and details of any additional coverage or quantity limit restrictions that may apply to certain medications.

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Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
Allergy					
Antihistamines - 1St Generation					
<i>hydroxyzine hcl</i>	1				
<i>hydroxyzine pamoate</i>	1				
Antihistamines - 2Nd Generation					
<i>cetirizine</i>	1				
<i>levocetirizine oral solution</i>	1				
<i>levocetirizine oral tablet</i>	1				
Nasal Antihistamine					
<i>azelastine</i>	1				
<i>olopatadine</i>	1				
Nasal Antihistamine & Anti-Inflam. Steroid Comb.					
<i>azelastine-fluticasone</i>	1				QL
RYALTRIS	X				
Nasal Anti-Inflammatory Steroids					
<i>flunisolide</i>	1				QL
<i>fluticasone propionate</i>	1				
<i>mometasone</i>	1				
QNASL	2				QL
XHANCE	2				QL
Antiemesis/Antivertigo					
Antiemetic/Antivertigo Agents					

Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
<i>ondansetron hcl oral solution</i>	1				QL
<i>ondansetron hcl oral tablet</i>	1				
<i>ondansetron oral tablet, disintegrating 16 mg</i>	X				
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1				
Asthma And Copd					
5-Lipoxygenase Inhibitors					
<i>zileuton</i>	X				
Anticholinergic, Orally Inhaled Short Acting					
ATROVENT HFA	2				QL
<i>ipratropium bromide inhalation hfa aerosol inhaler</i>	X				
<i>ipratropium bromide inhalation solution</i>	1				
Anticholinergics, Orally Inhaled Long Acting					
INCRUSE ELLIPTA	2				QL
SPIRIVA RESPIMAT	2				QL
<i>tiotropium bromide</i>	1				QL
TUDORZA PRESSAIR	X				
<i>umeclidinium</i>	X				
YUPELRI	3				QL
Beta-Adrenergic Agents					
<i>albuterol sulfate</i>	1				

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Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
Beta-Adrenergic Agents, Inhaled, Short Acting					
<i>albuterol hfa 90 mcg inhaler</i>	1				QL
<i>albuterol hfa 90 mcg inhaler</i>	1				QL
<i>albuterol hfa 90 mcg inhaler</i>	1				QL
<i>albuterol hfa 90 mcg inhaler</i>	1				QL
<i>albuterol sulfate inhalation solution for nebulization</i>	1				
<i>levalbuterol hcl</i>	1				
<i>levalbuterol tartrate</i>	1				
PROAIR RESPICLICK	X				
Beta-Adrenergic Agents, Orally Inhaled, Long Acting					
<i>arformoterol</i>	1				QL
<i>formoterol fumarate</i>	1				QL
SEREVENT DISKUS	2				QL
Beta-Adrenergic And Anticholinergic Combinations					
ANORO ELLIPTA	2				QL
BEVESPI AEROSPHERE	X				
COMBIVENT RESPIMAT	2				
DUAKLIR PRESSAIR	X				
<i>ipratropium-albuterol</i>	1				
STIOLTO RESPIMAT	2				QL
<i>umeclidinium-vilanterol</i>	X				
Beta-Adrenergic And Glucocorticoid Combinations					
ADVAIR HFA	2				QL
AIRSUPRA	2				QL

Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
BREO ELLIPTA	2				QL
<i>brey-na</i>	1				QL
<i>budesonide-formoterol</i>	1				QL
DULERA	2				QL
<i>fluticasone furoate-vilanterol</i>	X				
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i>	1				QL
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1				QL
<i>fluticasone propion-salmeterol inhalation hfa aerosol inhaler</i>	X				
<i>wixela inhub</i>	1				QL
Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled					
TRELEGY ELLIPTA	2				QL
Glucocorticoids, Orally Inhaled					
ALVESCO	X				
ARNUITY ELLIPTA	2				QL
ASMANEX HFA	2				QL
ASMANEX TWISTHALER	2				QL
<i>beclomethasone dipropionate</i>	X				
<i>budesonide</i>	1				QL
<i>fluticasone furoate</i>	X				
<i>fluticasone propionate</i>	1				QL
PULMICORT FLEXHALER	X				
QVAR REDHALER	2				QL

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Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
Interleukin-4(II-4) Receptor Alpha Antagonist, Mab					
DUPIXENT PEN	2	SP	PA		
DUPIXENT SYRINGE	2	SP	PA		
Leukotriene Receptor Antagonists					
montelukast	1				
zafirlukast	1				
Monoclonal Antibodies To Immunoglobulin E(Ige)					
XOLAIR	2	SP	PA		
Xanthines					
caffeine citrate	1				
Behavioral Health - Antidepressants					
Alpha-2 Receptor Antagonist Antidepressants					
mirtazapine	1				
Norepinephrine And Dopamine Reuptake Inhib (Ndris)					
bupropion hcl oral tablet	1				
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	1				
bupropion hcl oral tablet extended release 24 hr 450 mg	1				QL
bupropion hcl oral tablet sustained-release 12 hr	1				
Selective Serotonin Reuptake Inhibitor (SsrIs)					
citalopram oral capsule	X				
citalopram oral solution	1				

Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
citalopram oral tablet	1				
escitalopram oxalate oral capsule	X				
escitalopram oxalate oral solution	1				
escitalopram oxalate oral tablet	1				
fluoxetine	1				
paroxetine hcl	1				
sertraline oral capsule	X				
sertraline oral concentrate	1				
sertraline oral tablet	1				
Serotonin-2 Antagonist/Reuptake Inhibitors (SarIs)					
RALDESY	3		PA		
trazodone	1				
Serotonin-Norepinephrine Reuptake-Inhib (SnrIs)					
desvenlafaxine succinate	1				
DRIZALMA SPRINKLE	3				QL
duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg	1				
duloxetine oral capsule, delayed release(dr/ec) 40 mg	1				QL
venlafaxine	1				
Ssri & 5Ht1a Partial Agonist Antidepressant					
vilazodone	1				
Ssri & Serotonin Receptor Modulator Antidepressant					

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Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
TRINTELLIX	2				QL
Tricyclic Antidepressants & Rel. Non-SEL. Ru-Inhib					
<i>amitriptyline</i>	1				
<i>nortriptyline</i>	1				
Behavioral Health - Other					
Adrenergics, Aromatic, Non-Catecholamine					
<i>amphetamine</i>	X				
<i>amphetamine sulfate</i>	1				QL
ARYNTA	3	PA			QL
<i>dextroamphetamine sulfate oral capsule, extended release</i>	1				QL
<i>dextroamphetamine sulfate oral solution</i>	1				QL
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	1				QL
<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg</i>	1				QL
<i>dextroamphetamine-amphetamine</i>	1				QL
DYANAVEL XR	X				
<i>lisdexamfetamine</i>	1				QL
<i>methamphetamine</i>	1				QL
XELSTRYM	X				
ZENZEDI	3				QL
Anti-Anxiety - Benzodiazepines					
<i>alprazolam</i>	1				
ALPRAZOLAM INTENSOL	2				
<i>diazepam</i>	1				

Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
<i>diazepam intensol</i>	1				
<i>lorazepam</i>	1				
<i>lorazepam intensol</i>	1				
LOREEV XR	X				
Anti-Anxiety Drugs					
<i>buspirone</i>	1				
Antipsych, Dopamine Antag., Diphenylbutylpiperidines					
<i>pimozide</i>	1				
Antipsychotic-Atypical, D3/D2 Partial Ag-5Ht Mixed					
VRAYLAR	2				QL
Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed					
ABILIFY ASIMTUFII	2				QL
ABILIFY MAINTENA	2				QL
<i>aripiprazole oral solution</i>	1				
<i>aripiprazole oral tablet</i>	1				
<i>aripiprazole oral tablet, disintegrating</i>	1				QL
ARISTADA	2				QL
ARISTADA INITIO	2				
OPIPZA	3				
REXULTI	2				QL
Antipsychotics, Dopamine & Serotonin Antagonists					
ADASUVE	2	SP			
<i>loxapine succinate</i>	1				

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Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
Antipsychotics, Atypical, Dopamine, & Serotonin Antag					
<i>asenapine maleate</i>	1				QL
BYSANTI	X				
BYSANTI TITRATION PACK A	X				
BYSANTI TITRATION PACK B	X				
BYSANTI TITRATION PACK C	X				
CAPLYTA	2				QL
<i>clozapine oral tablet</i>	1				
<i>clozapine oral tablet, disintegrating</i>	1				QL
ERZOFRI	3				QL
FANAPT	3				QL
FANAPT TITRATION PACK A	3				QL
FANAPT TITRATION PACK B	3				QL
FANAPT TITRATION PACK C	3				QL
INVEGA HAFYERA	2				QL
INVEGA SUSTENNA	2				QL
INVEGA TRINZA	2				QL
<i>lurasidone</i>	1				
LYBALVI	3				QL
<i>olanzapine</i>	1				
<i>paliperidone</i>	1				QL
PERSERIS	3				QL

Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
<i>quetiapine</i>	1				
<i>risperidone</i>	1				
<i>risperidone microspheres</i>	1				QL
RYKINDO	2				QL
SECUADO	3				QL
UZEDY	2				QL
VERSACLOZ	3				QL
<i>ziprasidone hcl</i>	1				
ZYPREXA RELPREVV	3				QL
Antipsychotics, Dopamine Antagonists, Thioxanthenes					
<i>thiothixene</i>	1				
Antipsychotics, Dopamine Antagonists, Butyrophenones					
<i>haloperidol</i>	1				
<i>haloperidol lactate</i>	1				
Antipsychotics, Dopamine Antagonist, Dihydroindolones					
<i>molindone oral tablet 10 mg, 25 mg</i>	1				QL
<i>molindone oral tablet 5 mg</i>	1				
Anti-Psychotics, Phenothiazines					
<i>chlorpromazine</i>	1				
<i>fluphenazine hcl</i>	1				
<i>perphenazine</i>	1				

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Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
<i>thioridazine</i>	1				
<i>trifluoperazine</i>	1				
Hsdd Agents-Mixed Serotonin Agonist/Antagonists					
ADDYI	3		PA		
VYLEESI	3		PA		
Narcotic Antagonists					
LOTREXONE	3				
NALTREX	3				
<i>naltrexone</i>	1				
Sedative-Hypnotics, Non-Barbiturate					
EDLUAR	X				
<i>eszopiclone</i>	1				QL
<i>zolpidem oral</i>	1				QL
<i>zolpidem sublingual</i>	1				QL
Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)					
NUPLAZID	3	SP	PA		
Tx For Adhd - Selective Alpha-2A Receptor Agonist					
<i>clonidine hcl</i>	1				
<i>guanfacine</i>	1				
ONYDA XR	3				QL
Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy					
AZSTARYS	2				QL
COTEMPLA XR-ODT	X				
<i>dexmethylphenidate</i>	1				QL
JORNAY PM	2				QL

Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
<i>methylphenidate</i>	1				QL
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	X				
<i>methylphenidate hcl oral capsule,er biphasic 30-70</i>	1				QL
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1				QL
<i>methylphenidate hcl oral solution</i>	1				
<i>methylphenidate hcl oral tablet</i>	1				QL
<i>methylphenidate hcl oral tablet extended release</i>	1				QL
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1				QL
<i>methylphenidate hcl oral tablet extended release 24hr 45 mg, 63 mg, 72 mg</i>	X				
<i>methylphenidate hcl oral tablet,chewable</i>	1				QL
QUILLICHEW ER	3				QL
QUILLIVANT XR 25 MG/5 ML SUSP	3				QL
QUILLIVANT XR 25 MG/5 ML SUSP	3				QL
QUILLIVANT XR 25 MG/5 ML SUSP	3				QL
QUILLIVANT XR 25 MG/5 ML SUSP	3				QL
RELEXXII	X				
Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type					
<i>atomoxetine</i>	1				

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Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
QELBREE	3				QL
Cardiovascular Disease - Hypertension					
Ace Inhibitor/Calcium Channel Blocker Combination					
<i>amlodipine-benazepril</i>	1				
Ace Inhibitor/Thiazide & Thiazide-Like Diuretic					
<i>lisinopril-hydrochlorothiazide</i>	1				
Alpha/Beta-Adrenergic Blocking Agents					
<i>carvedilol</i>	1				
<i>labetalol</i>	1				
Alpha-Adrenergic Blocking Agents					
<i>prazosin</i>	1				
Angiotensin Receptor Antag./Thiazide Diuretic Comb					
<i>losartan-hydrochlorothiazide</i>	1				
<i>olmesartan-hydrochlorothiazide</i>	1				
<i>valsartan-hydrochlorothiazide</i>	1				
Antihypertensives, Ace Inhibitors					
<i>lisinopril</i>	1				
QBRELIS	3		PA		
Antihypertensives, Angiotensin Receptor Antagonist					
ARBLI	3		PA		
<i>irbesartan</i>	1				

Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
<i>losartan</i>	1				
<i>olmesartan</i>	1				
<i>valsartan oral solution</i>	X				
<i>valsartan oral tablet</i>	1				
Antihypertensives, Sympatholytic					
<i>clonidine hcl oral tablet 0.05 mg</i>	X				
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1				
<i>clonidine hcl oral tablet extended release 24 hr</i>	X				
<i>guanfacine</i>	1				
JAVADIN	3		PA		QL
Antihypertensives, Vasodilators					
<i>hydralazine</i>	1				
<i>minoxidil</i>	1				
Beta-Adrenergic Blocking Agents					
<i>atenolol</i>	1				
HEMANGEOL	3				QL
INDERAL XL	X				
INNOPRAN XL	X				
KAPSPARGO SPRINKLE	3				
LOPRESSOR	3		PA		
<i>metoprolol succinate</i>	1				

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Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1				
METOPROLOL TARTRATE ORAL TABLET 12.5 MG	3				QL
<i>nebivolol</i>	1				
<i>propranolol</i>	1				
Calcium Channel Blocking Agents					
<i>amlodipine</i>	1				
<i>cartia xt</i>	1				
<i>diltiazem hcl</i>	1				
<i>dilt-xr</i>	1				
<i>matzim la</i>	1				
<i>nifedipine</i>	1				
NORLIQVA	3		PA		
SDAMLO	X				
<i>tiadylt er</i>	1				
Loop Diuretics					
FUROSCIX	3	SP	PA		
<i>furosemide</i>	1				
Potassium Sparing Diuretics					
<i>spironolactone oral suspension</i>	1		PA		
<i>spironolactone oral tablet</i>	1				
Potassium Sparing Diuretics In Combination					
<i>triamterene-hydrochlorothiazid</i>	1				
Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib					
<i>alyq</i>	1	SP	PA		QL

Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
<i>sildenafil (pulm.hypertension)</i>	1		PA		
<i>tadalafil (pulm. hypertension)</i>	1	SP	PA		QL
TADLIQ	X				
Thiazide And Related Diuretics					
<i>chlorthalidone</i>	1				
HEMICLOR	3				
<i>hydrochlorothiazide</i>	1				
INZIRQO	3		PA		
THALITONE	3				
Cardiovascular Disease - Lipid Irregularity					
Antihyperlip.Hmg Coa Reduct Inhib&Cholest.Ab.Inhib					
<i>ezetimibe-rosuvastatin</i>	1				QL
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>	1				
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	1		PA		QL
ROSZET	3				QL
Antihyperlipidemic - Atp Citrate Lyase Inhibitor					
NEXLETOL	2				
Antihyperlipidemic - Hmg Coa Reductase Inhibitors					
ATORVALIQ	3		PA		
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	0				
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1				
EZALLOR SPRINKLE	X				

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Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
FLOLIPID	3		PA		
<i>fluvastatin oral capsule 20 mg</i>	0				QL
<i>fluvastatin oral capsule 40 mg</i>	0				QL
<i>fluvastatin oral tablet extended release 24 hr</i>	0				QL
<i>lovastatin oral tablet 10 mg, 20 mg</i>	0				
<i>lovastatin oral tablet 40 mg</i>	0				
<i>pitavastatin calcium</i>	0				QL
<i>pravastatin oral tablet 10 mg, 80 mg</i>	0				
<i>pravastatin oral tablet 20 mg, 40 mg</i>	0				QL
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	0				
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1				
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	0				
<i>simvastatin oral tablet 80 mg</i>	1		PA		QL
ZYPITAMAG	X				
Antihyperlipidemic - Pcsk9 Inhibitors					
LEROCHOL	X				
PRALUENT PEN	X				
REPATHA PUSHTRONEX	2				QL
REPATHA SURECLICK	2				QL
REPATHA SYRINGE	2				QL

Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
Antihyperlipidemic-Acly And Choles Absorp Inhib					
NEXLIZET	2				
Lipotropics					
<i>ezetimibe</i>	1				QL
<i>fenofibrate</i>	1				
<i>fenofibrate nanocrystallized</i>	1				
Cardiovascular Disease - Miscellaneous Agents					
Angiotensin Recept-Nepriylsin Inhibitor Comb(Arni)					
ENTRESTO SPRINKLE	3				QL
<i>sacubitril-valsartan</i>	1				QL
Antihyperlip - Hmg-Coa&Calcium Channel Blocker Cb					
<i>amlodipine-atorvastatin</i>	1				QL
Anti-Inflammatory - Antimitotics					
LODOCO	X				
Contraception/Oxytocics					
Contraceptives,Injectable					
DEPO-SUBQ PROVERA 104	0				QL
<i>medroxyprogesterone</i>	0				QL
Contraceptives,Oral					
<i>aurovela 24 fe</i>	0				
<i>aurovela fe 1.5/30 (28)</i>	0				
<i>aurovela fe 1-20 (28)</i>	0				

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Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
<i>blisovi 24 fe</i>	0				
<i>blisovi fe 1.5/30 (28)</i>	0				
<i>blisovi fe 1/20 (28)</i>	0				
<i>charlotte 24 fe</i>	0				
<i>drospirenone-ethinyl estradiol</i>	0				
<i>feirza</i>	0				
<i>finzala</i>	0				
<i>gemmily</i>	0				
<i>hailey 24 fe</i>	0				
<i>hailey fe 1.5/30 (28)</i>	0				
<i>hailey fe 1/20 (28)</i>	0				
<i>jasmiel (28)</i>	0				
<i>junel fe 1.5/30 (28)</i>	0				
<i>junel fe 1/20 (28)</i>	0				
<i>junel fe 24</i>	0				
<i>larin 24 fe</i>	0				
<i>larin fe 1.5/30 (28)</i>	0				
<i>larin fe 1/20 (28)</i>	0				
LO LOESTRIN FE	0				
<i>loryna (28)</i>	0				
<i>lo-zumandimine (28)</i>	0				
<i>mibelas 24 fe</i>	0				
<i>microgestin fe 1.5/30 (28)</i>	0				
<i>microgestin fe 1/20 (28)</i>	0				
<i>nikki (28)</i>	0				

Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
<i>norethindrone-e.estradiol-iron</i>	0				
SLYND	0				QL
<i>syeda</i>	0				
<i>tarina 24 fe</i>	0				
<i>tarina fe 1-20 eq (28)</i>	0				
<i>tilia fe</i>	0				
<i>tri-legest fe</i>	0				
<i>vestura (28)</i>	0				
<i>xarah fe</i>	0				
<i>zumandimine (28)</i>	0				
Cough And Cold					
Antitussives,Non-Narcotic					
<i>benzonatate</i>	1				
Non-Narc Antituss-1St Gen. Antihistamine-Decongest					
<i>bromfed dm</i>	1				
<i>brompheniramine-pseudoeph-dm</i>	1				
Non-Narc Antitussive-1St Gen Antihistamine Comb.					
<i>promethazine-dm</i>	1				
Dermatology - Acne					
Acne Agents,Topical					
AZELEX	3		PA		
Rosacea Agents, Topical					
<i>azelaic acid</i>	1				
FINACEA	2				

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Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
<i>metronidazole</i>	1				
NORITATE	X				
Vitamin A Derivatives					
ALTRENO	3				
<i>tretinoin</i>	1				
Dermatology - Antiinfective					
Topical Antibiotics					
<i>clindamycin phosphate topical foam</i>	1				
<i>clindamycin phosphate topical gel</i>	1				
<i>clindamycin phosphate topical gel, once daily</i>	1				
<i>clindamycin phosphate topical lotion</i>	1				
<i>clindamycin phosphate topical solution</i>	1				QL
<i>clindamycin phosphate topical swab</i>	1				
<i>mupirocin</i>	1				QL
Topical Antifungal/Anti-inflammatory, Steroid Agent					
<i>clotrimazole-betamethasone</i>	1				
Topical Antifungals					
<i>ciclopirox topical gel</i>	1				
<i>ciclopirox topical shampoo</i>	1				
<i>ciclopirox topical solution</i>	1				QL
<i>ciclopirox topical suspension</i>	1				QL

Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
<i>ketokonazole topical cream</i>	1				QL
<i>ketokonazole topical foam</i>	X				
<i>ketokonazole topical shampoo</i>	1				QL
<i>ketodan</i>	X				
<i>klayesta</i>	1				
<i>nyamyc</i>	1				
<i>nystatin topical cream</i>	1				
<i>nystatin topical ointment</i>	1				QL
<i>nystatin topical powder</i>	1				
<i>nystop</i>	1				
Topical Antivirals					
<i>acyclovir topical cream</i>	X				
<i>acyclovir topical ointment</i>	1				
Dermatology - Antiinflammatory					
Topical Anti-Inflammatory Steroidal					
<i>ala-cort</i>	1				
<i>ala-scalp</i>	1				
<i>clobetasol scalp</i>	1				
<i>clobetasol topical cream 0.025 %</i>	X				
<i>clobetasol topical cream 0.05 %</i>	1				
<i>clobetasol topical foam</i>	1				
<i>clobetasol topical gel</i>	1				
<i>clobetasol topical lotion</i>	1				

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Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
<i>clobetasol topical ointment</i>	1				
<i>clobetasol topical shampoo</i>	1				
<i>clobetasol topical spray,non-aerosol</i>	1				
<i>clobetasol-emollient</i>	1				
<i>fluticasone propionate</i>	1				
<i>hydrocortisone topical cream</i>	1				
<i>hydrocortisone topical cream with perineal applicator</i>	1				
<i>hydrocortisone topical gel</i>	X				
<i>hydrocortisone topical lotion 2 %</i>	1				
<i>hydrocortisone topical lotion 2.5 %</i>	1				
<i>hydrocortisone topical ointment</i>	1				
HYDROXYM	X				
<i>mometasone</i>	1				
<i>procto-med hc</i>	1				
<i>proctosol hc</i>	1				
<i>proctozone-hc</i>	1				
QUINIXIL	X				
<i>triamcinolone acetonide topical aerosol</i>	1				
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %</i>	1				
<i>triamcinolone acetonide topical cream 0.5 %</i>	1			QL	
<i>triamcinolone acetonide topical lotion</i>	1				
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1				

Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
<i>triamcinolone acetonide topical ointment 0.05 %</i>	X				
<i>trianex</i>	X				
<i>triderm</i>	1				QL
Topical Anti-Inflammatory, Nsaids					
<i>diclofenac sodium topical drops</i>	1				QL
<i>diclofenac sodium topical solution in metered-dose pump</i>	1				QL
DICLOFONO	X				
FROTEK	X				
VENNGEL II	X				
Dermatology - Miscellaneous					
Topical Antineoplastic & Premalignant Lesion Agnts					
<i>bexarotene</i>	1	SP	PA		
<i>diclofenac sodium</i>	1				
<i>fluorouracil topical cream 0.5 %</i>	1		PA		
<i>fluorouracil topical cream 5 %</i>	1				
<i>fluorouracil topical solution</i>	1				
KLISYRI (250 MG)	3				QL
KLISYRI (350 MG)	3				QL
PANRETIN	3	SP			QL
TOLAK	2				
VALCHLOR	2	SP	PA		
Topical Local Anesthetics					
<i>dermacinrx lidocan</i>	1				QL
<i>lidocaine</i>	1				QL

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Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
<i>lidocan iii</i>	1				QL
<i>lidocan iv</i>	1				QL
<i>lidocan v</i>	1				QL
LIDTOPIC	3				
ZTLIDO	X				
Topical Preparations,Miscellaneous					
KEFUNOVA	3				
Dermatology - Psoriasis/Eczema					
Topical Agents,Miscellaneous					
MUSCUSOLICE	3				
SIVORA	3				
Topical Immunosuppressive Agents					
HOVYN	3				
NUJO	3				
<i>tacrolimus</i>	1				
Diabetes					
Antihypergly, (Dpp-4) Inhibitor & Biguanide Comb.					
<i>alogliptin-metformin</i>	X				
JANUMET	2				QL
JANUMET XR	2				QL
JENTADUETO XR	X				
<i>saxagliptin-metformin</i>	X				
<i>sitagliptin-metformin</i>	X				

Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
ZITUVIMET	X				
ZITUVIMET XR	X				
Antihypergly,Dpp-4 Enzyme Inhib &Thiazolidinedione					
<i>alogliptin-pioglitazone</i>	X				
Antihypergly,Incretin Mimetic(Glp-1 Recep.Agonest)					
<i>exenatide</i>	1		PA		QL
<i>liraglutide</i>	1		PA		QL
OZEMPIC	2		PA		QL
RYBELSUS	2		PA		QL
TRULICITY	2		PA		QL
Antihyperglycemic-Sod/Gluc Cotransport2(Sglt2)Inhib					
BRENZAVVY	X				
<i>dapagliflozin</i>	1				QL
INPEFA	X				
INVOKANA	X				
JARDIANCE	2				QL
STEGLATRO	X				
Antihyperglycemic - Incretin Mimetics Combination					
MOUNJARO	2		PA		QL
Antihyperglycemic, Dpp-4 Inhibitors					
<i>alogliptin</i>	X				

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Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
BRYNOVIN	X				
JANUVIA	2				QL
saxagliptin	X				
sitagliptin	X				
TRADJENTA	X				
Antihyperglycemic, Insulin-Release Stimulant Type					
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1				
glimepiride oral tablet 3 mg	X				
glipizide oral tablet 10 mg, 5 mg	1				
glipizide oral tablet 15 mg	X				
glipizide oral tablet 2.5 mg	1				QL
glipizide oral tablet extended release 24hr	1				
Antihyperglycemic, Insulin-Response Enhancer (N-S)					
pioglitazone	1				
Antihyperglycemic, SglT-2 & Dpp-4 Inhibitor Comb.					
GLYXAMBI	2				QL
STEGLUJAN	X				
Antihyperglycemic,Biguanide Type(Non-Sulfonylurea)					
metformin oral solution	1		PA		QL
metformin oral tablet 1,000 mg, 500 mg, 850 mg	1				
metformin oral tablet 625 mg, 750 mg	X				

Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
metformin oral tablet extended release 24 hr	1				
metformin oral tablet extended release 24hr	X				
metformin oral tablet,er gast.retention 24 hr	X				
Antihyperglycemic,Insulin & Glp-1 Receptor Agonist					
SOLIQUA 100/33	2				QL
XULTOPHY 100/3.6	2				QL
Antihyperglycemic-SglT2 Inhibitor & Biguanide Comb					
dapagliflozin-metformin	1				QL
INVOKAMET	X				
INVOKAMET XR	X				
SEGLUROMET	X				
SYNJARDY	2				QL
SYNJARDY XR	2				QL
XIGDUO XR	2				QL
Antihypergly-SglT-2 Inhib,Dpp-4 Inhib,Biguanide Cb					
TRIJARDY XR	2				QL
Insulins					
ADMELOG SOLOSTAR U-100 INSULIN	X				
ADMELOG U-100 INSULIN LISPRO	X				
AFREZZA	3		PA		
APIDRA SOLOSTAR U-100 INSULIN	X				

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Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits	Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
APIDRA U-100 INSULIN	X					LYUMJEV KWIKPEN U-100 INSULIN	2				QL
BASAGLAR KWIKPEN U-100 INSULIN	X					LYUMJEV KWIKPEN U-200 INSULIN	2				QL
FIASP FLEXTOUCH U-100 INSULIN	2				QL	LYUMJEV TEMPO PEN(U-100)INSULN	X				
FIASP PENFILL U-100 INSULIN	2				QL	LYUMJEV U-100 INSULIN	2				QL
FIASP U-100 INSULIN	2				QL	MERILOG	X				
HUMALOG KWIKPEN INSULIN	2				QL	MERILOG SOLOSTAR	X				
HUMALOG MIX 50-50 KWIKPEN	2				QL	NOVOLIN R FLEXPEN	2				QL
HUMALOG MIX 75-25(U-100)INSULN	2				QL	NOVOLIN R REGULAR U100 INSULIN	2				QL
HUMALOG U-100 INSULIN	2				QL	NOVOLOG FLEXPEN U-100 INSULIN	2				QL
HUMULIN R REGULAR U-100 INSULN	2				QL	NOVOLOG MIX 70-30 U-100 INSULN	2				QL
HUMULIN R U-500 (CONC) KWIKPEN	2				QL	NOVOLOG MIX 70-30FLEXPEN U-100	2				QL
<i>insulin asp prt-insulin aspart</i>	X					NOVOLOG PENFILL U-100 INSULIN	2				QL
<i>insulin degludec</i>	1				QL	NOVOLOG U-100 INSULIN ASPART	2				QL
<i>insulin glargine u-300 conc</i>	X					REZVOGLAR KWIKPEN	3				QL
<i>insulin glargine-yfgn</i>	2				QL	TOUJEO MAX U-300 SOLOSTAR	2				QL
<i>insulin lispro</i>	1				QL	TOUJEO SOLOSTAR U-300 INSULIN	2				QL
<i>insulin lispro protamin-lispro</i>	1				QL	TRESIBA FLEXTOUCH U-100	2				QL
KIRSTY	X					TRESIBA FLEXTOUCH U-200	2				QL
KIRSTY PEN	X										
LANTUS U-100 INSULIN	2				QL						

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Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
TRESIBA U-100 INSULIN	2				QL
Ear - General Disorders					
Ear Preparations Anti-Inflammatory					
<i>fluocinolone acetonide oil</i>	1				
Ear Preparations, Antibiotics					
<i>ciprofloxacin hcl</i>	1				
<i>ofloxacin</i>	1				
Electrolyte Regulation					
Electrolyte Depleters					
<i>kionex</i>	1				
LOKELMA	2				QL
<i>sodium polystyrene sulfonate</i>	1				
<i>sps (with sorbitol) oral</i>	1				
SPS (WITH SORBITOL) RECTAL	3				
VELTASSA	3		PA		
Potassium Replacement					
<i>klor-con m10</i>	1				
<i>klor-con m15</i>	1				
<i>klor-con m20</i>	1				
POKONZA	X				
<i>potassium chloride</i>	1				
Endocrine Disorder - Fertility					
Drugs To Treat Impotency					
<i>avanafil</i>	1				QL
CAVERJECT	3				QL

Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
CAVERJECT IMPULSE	3				QL
EDEX	3				QL
<i>sildenafil</i>	1				QL
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1				QL
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1		PA		QL
TRI-MIX (PAPAVRN-PHNTLMN-PGE1)	3				
Fertility Stimulating Preparations, Non-Fsh					
<i>clomiphene citrate</i>	1				
<i>milophene</i>	1				
Follicle Stim./Luteinizing Hormones					
MENOPUR	2	SP			
Follicle-Stimulating Hormone (Fsh)					
FOLLISTIM AQ	3	SP			
GONAL-F	2	SP			
GONAL-F RFF REDI-JECT	2	SP			
Human Chorionic Gonadotropin (Hcg)					
CHORIONIC GONADOTROPIN, HUMAN	3				
NOVAREL	2				
OVIDREL	2				
PREGNYL	3				
Pregnancy Facilitating/Maintaining Agent, Hormonal					
CRINONE	2				
<i>progesterone micronized</i>	1				
Endocrine Disorder - Other					

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Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
Bone Formation Stim. Agents - Parathyroid Hormone					
<i>teriparatide</i>	1	SP	PA		
Bone Formation Stimulating Agts - Pth Rel Peptides					
TYMLOS	2	SP	PA		
Bone Resorption Inhibitor & Vitamin D Combinations					
FOSAMAX PLUS D	3				QL
Bone Resorption Inhibitors					
<i>alendronate oral solution</i>	1				QL
<i>alendronate oral tablet</i>	1				
BINOSTO	X				
<i>ibandronate</i>	1				
<i>risedronate</i>	1				QL
Growth Hormone Releasing Hormone (Ghrh) & Analogs					
EGRIFTA SV	3	SP	PA		
EGRIFTA WR	3	SP	PA		
Growth Hormones					
GENOTROPIN	2	SP	PA		
GENOTROPIN MINIQUICK	2	SP	PA		
HUMATROPE	X				
NGENLA	X				

Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
NORDITROPIN FLEXPRO	2	SP	PA		
NUTROPIN AQ NUSPIN	X				
OMNITROPE	3	SP	PA		
SEROSTIM	X				
SKYTROFA	2	SP	PA		
SOGROYA	2	SP	PA		
ZOMACTON	X				
Insulin-Like Growth Factor-1 (Igf-1) Hormones					
INCRELEX	3	SP	PA		
Lhrh(Gnrh) Antagonist, Pituitary Suppressant Agents					
<i>cetorelix</i>	1	SP			
<i>ganirelix</i>	1	SP			
Menopausal Sympt Supp-Sel Estrogen Recep Modulator					
OSPHENA	X				
Parathyroid Hormones					
YORVIPATH	3	SP	PA		
Pituitary Suppressive Agents					
<i>danazol</i>	1				
Endocrine Disorder - Thyroid					
Thyroid Hormones					
ARMOUR THYROID	X				
<i>euthyrox</i>	1				

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Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
<i>levothyroxine oral capsule</i>	1				QL
<i>levothyroxine oral tablet</i>	1				
<i>liomny</i>	1				
<i>liothyronine</i>	1				
THYQUIDITY	3		PA		QL
<i>thyroid (pork)</i>	X				
TIROSINT	3				QL
TIROSINT-SOL	3		PA		
Eye - General Disorders					
Eye Antibiotic, Glucocorticoid And Nsaid Comb.					
<i>prednisoln sp-moxiflox-bromfen</i>	1				
Eye Antihistamines					
<i>azelastine</i>	1				QL
<i>bepotastine besilate</i>	X				
<i>epinastine</i>	1				QL
<i>olopatadine</i>	1				QL
ZERVIAE	X				
Eye Antiinflammatory Agents					
ACUVAIL (PF)	3				QL
DEXTENZA	3				
<i>diclofenac sodium</i>	1				QL
<i>difluprednate</i>	1				QL
EYSUVIS	2				QL
FLAREX	X				
<i>fluorometholone</i>	1				QL

Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
FML FORTE	X				
INVELTYS	X				
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	1				
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	1				QL
LOTEMAX	2				QL
LOTEMAX SM	2				QL
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	1				QL
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	1				QL
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	1				QL
MAXIDEX	3				QL
PRED MILD	X				
<i>prednisolone acetate</i>	1				QL
<i>prednisolone sod ph-bromfenac</i>	1				
<i>prednisolone sodium phosphate</i>	1				QL
Ophthalmic Antibiotics					
AZASITE	X				
CILOXAN	2				
<i>ciprofloxacin hcl</i>	1				
<i>erythromycin</i>	1				
<i>levofloxacin</i>	1				
<i>ofloxacin</i>	1				
<i>polymyxin b sulf-trimethoprim</i>	1				
Ophthalmic Mast Cell Stabilizers					

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Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
<i>cromolyn</i>	1				QL
Eye - Glaucoma					
Miotics/Other Intraoc. Pressure Reducers					
<i>latanoprost</i>	1				
XELPROS	3				QL
Gout And Related Diseases					
Colchicine					
<i>colchicine oral capsule</i>	1				QL
<i>colchicine oral tablet</i>	1				
GLOPERBA	3		PA		QL
Hyperuricemia Tx - Purine Inhibitors					
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1				
<i>allopurinol oral tablet 200 mg</i>	X				
Hematological Disorders					
Anticoagulants,Coumarin Type					
<i>jantoven</i>	1				
<i>warfarin</i>	1				
Citrates As Anticoagulants					
ACD-A	3				
<i>sodium citrate</i>	1				
<i>sodium citrate in 0.9 % nacl</i>	1				
Direct Factor Xa Inhibitors					
ELIQUIS	2				QL

Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
ELIQUIS DVT-PE TREAT 30D START	2				QL
ELIQUIS SPRINKLE	2				QL
<i>rivaroxaban</i>	1				QL
SAVAYSA	X				
XARELTO	2				QL
XARELTO DVT-PE TREAT 30D START	2				QL
Hematinics,Other					
ARANESP (IN POLYSORBATE)	X				
EPOGEN	X				
MIRCERA	3	SP	PA		
PROCRIT	X				
RETACRIT	2	SP	PA		
Heparin And Related Preparations					
<i>enoxaparin subcutaneous solution</i>	1				QL
<i>enoxaparin subcutaneous syringe</i>	1				
<i>fondaparinux</i>	1				QL
FRAGMIN	3				QL
<i>heparin (porcine)</i>	1				
<i>heparin (porcine) in 0.9% nacl</i>	1				
<i>heparin, porcine (pf)</i>	1				
Hypoxia Inducible Factor Prolyl Hydroxylase Inh.					
VAFSEO	3		PA		

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Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
Leukocyte (Wbc) Stimulants					
FILKRI	X	SP			
FULPHILA	2	SP	PA		
GRANIX	X				
LEUKINE	3	SP	PA		
NEULASTA	X				
NEULASTA ONPRO	X				
NEUPOGEN	X				
NIVESTYM	2	SP	PA		
NYPOZI	X				
NYVEPRIA	X				
RELEUKO	X				
UDENYCA	X				
UDENYCA AUTOINJECTOR	X				
UDENYCA ONBODY	3	SP	PA		
ZARXIO	X				
ZIEXTENZO	2	SP	PA		
Platelet Aggregation Inhibitors					
<i>adult aspirin regimen</i>	0				
<i>aspirin</i>	0				
<i>aspirin childrens</i>	0				
<i>bayer low dose aspirin</i>	0				
<i>clopidogrel oral tablet 300 mg</i>	1				QL
<i>clopidogrel oral tablet 75 mg</i>	1				
<i>st joseph aspirin</i>	0				

Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
<i>st. joseph aspirin</i>	0				
Sickle Cell Anemia Agents					
DROXIA	3				
SIKLOS ORAL TABLET 1,000 MG	3				
SIKLOS ORAL TABLET 100 MG	3				QL
XROMI	3		PA		
Thrombin Inhibitors, Selective, Direct, & Reversible					
<i>dabigatran etexilate</i>	1				QL
PRADAXA	X				
Thrombopoietin Receptor Agonists					
ALVAIZ	3	SP	PA		
DOPTELET (10 TAB PACK)	2	SP	PA		
DOPTELET (15 TAB PACK)	2	SP	PA		
DOPTELET (30 TAB PACK)	2	SP	PA		
DOPTELET SPRINKLE	2	SP	PA		
<i>eltrombopag olamine</i>	1	SP	PA		
MULPLETA	3	SP	PA		
Hormonal Deficiency					
Androgen/Estrogen Preps For Female Sexual Dysfunc					
INTRAROSA	X				
Androgenic Agents					
JATENZO	X				
KYZATREX	X				
METHITEST	3		PA		
<i>methyltestosterone</i>	1		PA		

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Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
NATESTO	X				
<i>testosterone</i>	1		PA		QL
<i>testosterone cypionate</i>	1		PA		QL
<i>testosterone enanthate</i>	1		PA		QL
TLANDO	3		PA		QL
XYOSTED	3		PA		QL
Estrogen & Progestin With Antimineralocorticoid Cb					
ANGELIQ	3				
Estrogen & Selective Estrogen Recept Mod(Serm)Comb					
DUAVEE	2				
Estrogen And Progestin Combinations					
BIJUVA	2				QL
Estrogen/Androgen Combinations					
<i>estrogens-methyltestosterone</i>	1				
Estrogenic Agents					
<i>abigale</i>	1				
<i>abigale lo</i>	1				
CLIMARA PRO	X				
COMBIPATCH	2				QL
<i>conjugated estrogens</i>	1				
DEPO-ESTRADIOL	3				
<i>dotti</i>	1				QL

Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
ELESTRIN	3				QL
<i>estradiol oral</i>	1				
<i>estradiol transdermal gel in metered-dose pump</i>	1				
<i>estradiol transdermal gel in packet</i>	1				QL
<i>estradiol transdermal patch semiweekly</i>	1				QL
<i>estradiol transdermal patch weekly</i>	1				QL
<i>estradiol valerate</i>	1				
<i>estradiol-norethindrone acet</i>	1				
EVAMIST	3				QL
<i>fyavolv</i>	1				
<i>jinteli</i>	1				
<i>lyllana</i>	1				QL
MENEST	X				
MENOSTAR	3				QL
<i>mimvey</i>	1				
<i>norethindrone ac-eth estradiol</i>	1				
PREMPHASE	2				
PREMPRO	2				
Progestational Agents					
CRINONE	2				
<i>medroxyprogesterone</i>	1				
<i>progesterone micronized</i>	1				

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Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
Immunization					
Covid-19 Vaccines					
COMIRNATY 2025-26 (12Y UP)(PF)	0				
MNEXSPIKE 2025-2026 (PF)	0				
SPIKEVAX 2025-2026(12Y UP)(PF)	0				
Gram Positive Cocci Vaccines					
CAPVAXIVE	0				
PREVNAR 20 (PF)	0				
Influenza Virus Vaccines					
AFLURIA 2025-2026 (3YR UP)(PF)	0				
FLUAD 2025-2026 (65 YR UP)(PF)	0				
FLUARIX 2025-2026 (PF)	0				
FLUBLOK 2025-2026 (PF)	0				
FLUCELVAX 2025-2026 (PF)	0				
FLULAVAL 2025-2026 (PF)	0				
FLUZONE 2025-2026 (PF)	0				
FLUZONE HIGH-DOSE 2025-26 (PF)	0				
Vaccine/Toxoid Preparations,Combinations					
ADACEL(TDAP ADOLESN/ADULT)(PF)	0				
BOOSTRIX TDAP	0				
Viral/Tumorigenic Vaccines					
SHINGRIX (PF)	0				
Immunosuppression/Modulation					

Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
Immunomodulators					
BESREMI	3	SP	PA		
<i>imiquimod topical cream in metered-dose pump</i>	X				
<i>imiquimod topical cream in packet 3.75 %</i>	X				
<i>imiquimod topical cream in packet 5 %</i>	1				
ZYCLARA	X				
Infectious Disease - Bacterial					
Absorbable Sulfonamides					
<i>sulfamethoxazole-trimethoprim</i>	1				
<i>sulfatrim</i>	1				
Cephalosporins - 1St Generation					
<i>cephalexin</i>	1				
Cephalosporins - 2Nd Generation					
<i>cefuroxime axetil</i>	1				
Cephalosporins - 3Rd Generation					
<i>cefdinir</i>	1				
Macrolides					
<i>azithromycin</i>	1				
<i>ery-tab</i>	1				
<i>erythromycin</i>	1				
Nitrofurantoin Derivatives					
<i>nitrofurantoin monohyd/m-cryst</i>	1				
Penicillins					
<i>amoxicillin</i>	1				

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Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
<i>amoxicillin-pot clavulanate</i>	1				
AUGMENTIN	X				
Quinolones					
<i>ciprofloxacin hcl</i>	1				
<i>levofloxacin</i>	1				
<i>ofloxacin</i>	1				
Tetracyclines					
DORYX MPC	X				
<i>doxycycline hyclate oral capsule</i>	1				
<i>doxycycline hyclate oral tablet 100 mg</i>	1				
<i>doxycycline hyclate oral tablet 150 mg</i>	1				
<i>doxycycline hyclate oral tablet 50 mg</i>	1				
<i>doxycycline hyclate oral tablet 75 mg</i>	1				
<i>doxycycline hyclate oral tablet, delayed release (dr/ec)</i>	X				
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1				
<i>doxycycline monohydrate oral capsule 150 mg</i>	1				
<i>doxycycline monohydrate oral capsule 75 mg</i>	1				
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphasic</i>	1		PA		

Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1				
<i>doxycycline monohydrate oral tablet 100 mg</i>	1				QL
<i>doxycycline monohydrate oral tablet 150 mg</i>	1				
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	1				
<i>mondoxyne nl</i>	1				
Infectious Disease - Fungal					
Antifungal Agents					
<i>fluconazole</i>	1				
<i>ketokonazole</i>	1				
Antifungal Antibiotics					
<i>nystatin</i>	1				
Infectious Disease - Miscellaneous					
Lincosamides					
<i>clindamycin hcl</i>	1				
Infectious Disease - Parasitic					
Anaerobic Antiprotozoal-Antibacterial Agents					
LIKMEZ	3		PA		
<i>metronidazole oral capsule</i>	1				
<i>metronidazole oral tablet 125 mg</i>	X				
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1				

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Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
Antimalarial Drugs					
<i>hydroxychloroquine</i>	1				QL
SOVUNA	3				QL
Infectious Disease - Viral					
Antivirals, General					
<i>acyclovir</i>	1				
<i>oseltamivir</i>	1				
<i>valacyclovir</i>	1				
Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog					
DESCOVY ORAL TABLET 120-15 MG	2	SP			QL
DESCOVY ORAL TABLET 200-25 MG	0				QL
Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor					
BIKTARVY	2	SP			QL
Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo					
VOSEVI	2	SP	PA		
Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo.					
EPCLUSA	2	SP	PA		
HARVONI	2	SP	PA		
<i>ledipasvir-sofosbuvir</i>	X	SP			
<i>sofosbuvir-velpatasvir</i>	X	SP			
Hep C Virus,Nucleotide Analog Ns5b Polymerase Inh					
SOVALDI	3	SP	PA		

Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb					
MAVYRET	3	SP	PA		
ZEPATIER	X				
Inflammatory Disease					
Anti-Arthritic, Folate Antagonist Agents					
RASUVO (PF)	2				QL
Anti-Inflammatory Tumor Necrosis Factor Inhibitor					
ABRILADA(CF)	X	SP			
ABRILADA(CF) PEN	X	SP			
<i>adalimumab-aacf</i>	X	SP			
<i>adalimumab-aacf(cf) pen crohns</i>	X	SP			
<i>adalimumab-aacf(cf) pen ps-uv</i>	X	SP			
<i>adalimumab-aaty</i>	2	SP	PA		
<i>adalimumab-aaty(cf) ai crohns</i>	2	SP	PA		
<i>adalimumab-adaz subcutaneous pen injector</i>	X	SP			
<i>adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml</i>	3	SP	PA		
<i>adalimumab-adaz subcutaneous syringe 20 mg/0.2 ml, 40 mg/0.4 ml</i>	X	SP			
<i>adalimumab-adbm</i>	X	SP			
<i>adalimumab-bwwd</i>	X	SP			
<i>adalimumab-fkjp</i>	X	SP			
<i>adalimumab-ryvk subcutaneous auto-injector, kit 80 mg/0.8 ml</i>	2	SP	PA		
<i>adalimumab-ryvk subcutaneous syringe kit</i>	X	SP			

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<i>adalimumab-ryvk(cf) 40 mg/0.4 ml autoinjector suv</i>	X	SP				HYRIMOZ PEN PSORIASIS STARTER	X	SP			
<i>adalimumab-ryvk(cf) 40 mg/0.4 ml autoinjector suv, p/f, outer</i>	2	SP	PA			HYRIMOZ(CF) PEDI CROHN STARTER	X	SP			
AMJEVITA(CF)	X	SP				SIMLANDI(CF)	X	SP			
AMJEVITA(CF) AUTOINJECTOR	X	SP				SIMLANDI(CF) AUTOINJECTOR	X	SP			
CIMZIA	3	SP	PA			SIMPONI	3	SP	PA		
CIMZIA POWDER FOR RECONST	3	SP	PA			YUFLYMA(CF)	X				
CIMZIA STARTER KIT	3	SP	PA			YUSIMRY(CF) PEN	X	SP			
ENBREL	2	SP	PA			ZYMFENTRA	X				
ENBREL MINI	2	SP	PA			Glucocorticoids					
ENBREL SURECLICK	2	SP	PA			ALKINDI SPRINKLE	3	SP	PA		
HADLIMA	X	SP				<i>budesonide oral capsule, delayed, extend. release</i>	1				
HADLIMA PUSHTOUCH	X	SP				<i>budesonide oral tablet, delayed and ext. release</i>	1				
HADLIMA(CF)	X	SP				DEXAMETHASONE INTENSOL	3				
HADLIMA(CF) PUSHTOUCH	X	SP				<i>dexamethasone oral elixir</i>	1				
HUMIRA	X	SP				<i>dexamethasone oral solution</i>	1				
HUMIRA PEN	X	SP				<i>dexamethasone oral tablet</i>	1				
HUMIRA(CF)	X	SP				<i>dexamethasone oral tablets, dose pack</i>	X				
HUMIRA(CF) PEN	X	SP				EOHILIA	X				
HUMIRA(CF) PEN CROHNS-UC-HS	X	SP				HEMADY	X				
HUMIRA(CF) PEN PSOR-UV-ADOL HS	X	SP				<i>hydrocortisone</i>	1				

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Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
KENALOG-80	3				
KHINDIVI	X				
MEDROL	2				
<i>methylprednisolone</i>	1				
<i>prednisone</i>	1				
PREDNISONE INTENSOL	2				
<i>taperdex</i>	X				
TARPEYO	3	SP	PA		
<i>triamcinolone acetonide</i>	1				
Janus Kinase (Jak) Inhibitors					
RINVOQ	2	SP	PA		
RINVOQ LQ	2	SP	PA		
Nasal Nsaids, Cox Non-Selective, Systemic Analgesic					
SPRIX	X				
Nsaids, Cyclooxygenase 2 Inhibitor - Type					
<i>celecoxib</i>	1				
VYSCOXA	3		PA		QL
Nsaids, Cyclooxygenase Inhibitor-Type					
<i>diclofenac sodium</i>	1				
<i>ibu</i>	1				
<i>ibuprofen oral suspension</i>	1				
<i>ibuprofen oral tablet 300 mg</i>	X				
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1				
<i>ketorolac injection</i>	1				

Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
<i>ketorolac intramuscular</i>	1				
<i>ketorolac oral</i>	1				QL
<i>meloxicam oral suspension</i>	X				
<i>meloxicam oral tablet</i>	1				
<i>naproxen oral suspension</i>	X				
<i>naproxen oral tablet</i>	1				
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1				
TRESNI	X				
Lower Gastrointestinal Disorders - Bowel Inflammat					
Drug Tx-Chronic Inflamm. Colon Dx, 5-Aminosalicilat					
<i>balsalazide</i>	1				
DIPENTUM	X				
<i>mesalamine oral capsule (with del rel tablets)</i>	X				
<i>mesalamine oral capsule, extended release</i>	1				
<i>mesalamine oral capsule, extended release 24hr</i>	1				
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	1				
PENTASA	3				
<i>sulfasalazine</i>	1				
Irritable Bowel Agents, Guanylate Cyclase-C Agonist					
LINZESS	2				QL
Rectal/Lower Bowel Prep., Glucocort. (Non-Hemorr)					
<i>budesonide</i>	1				

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Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
<i>hydrocortisone</i>	1				
Lower Gastrointestinal Disorders - Other					
Laxatives And Cathartics					
CLENPIQ	0				QL
<i>constulose</i>	1				
<i>gavilyte-g</i>	0				QL
<i>gavilyte-n</i>	0				QL
<i>lactulose oral packet</i>	X				
<i>lactulose oral solution</i>	1				
<i>lubiprostone</i>	1				QL
<i>peg 3350-electrolytes</i>	0				QL
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	0				QL
<i>peg-electrolyte soln</i>	0				QL
PLENVU	0				QL
<i>sodium,potassium,mag sulfates</i>	0				QL
SUFLAVE	0				QL
SUTAB	0				QL
Miscellaneous Agents					
Anaphylaxis Therapy Agents					
AUVI-Q	2				QL
<i>epinephrine</i>	1				QL
NEFFY	2				QL
Cxcr4 Chemokine Receptor Antagonist					

Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
XOLREMDI	3	SP	PA		
Neoplastic Disease					
Alkylating Agents					
<i>cyclophosphamide</i>	1	SP			
<i>hydroxyurea</i>	1				
LEUKERAN	2	SP			
<i>lomustine</i>	1	SP	PA		
MYLERAN	2	SP			
<i>temozolomide</i>	1	SP	PA		
Antiandrogenic Agents					
<i>abiraterone</i>	1	SP	PA		
<i>abirtega</i>	1	SP	PA		
<i>bicalutamide</i>	1				
ERLEADA	2	SP	PA		
<i>nilutamide</i>	1	SP			QL
NUBEQA	2	SP	PA		
XTANDI	2	SP	PA		
YONSA	3	SP	PA		
Antibiotic Antineoplastics					
JELMYTO	3	SP	PA		
Antimetabolites					
<i>capecitabine</i>	1	SP	PA		
INQOVI	2	SP	PA		

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Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
JYLAMVO	3		PA		
LONSURF	2	SP	PA		
<i>mercaptopurine oral suspension</i>	1	SP			
<i>mercaptopurine oral tablet</i>	1				
<i>methotrexate sodium</i>	1				
<i>methotrexate sodium (pf)</i>	1				
ONUREG	2	SP	PA		
TABLOID	2	SP			
TREXALL	2				
XATMEP	3		PA		QL
Antineoplastic Aromatase Inhibitors					
<i>anastrozole</i>	0				
<i>exemestane</i>	0				
<i>letrozole</i>	1				
Antineoplastic - Braf Kinase Inhibitors					
BRAFTOVI	2	SP	PA		
OJEMDA	3	SP	PA		
TAFINLAR	2	SP	PA		
ZELBORAF	2	SP	PA		
Antineoplastic - Hedgehog Pathway Inhibitor					
DAURISMO	2	SP	PA		
ERIVEDGE	2	SP	PA		
ODOMZO	2	SP	PA		
Antineoplastic - Janus Kinase (Jak) Inhibitors					
JAKAFI	2	SP	PA		QL

Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
JAKAFI XR	X	SP			
Antineoplastic - Kras Protein Inhibitor					
KRAZATI	2	SP	PA		
LUMAKRAS	2	SP	PA		
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors					
COTELLIC	2	SP	PA		
GOMEKLI	3	SP	PA		
KOSELUGO	2	SP	PA		
MEKINIST	2	SP	PA		
MEKTOVI	2	SP	PA		
Antineoplastic - Mtor Kinase Inhibitors					
<i>everolimus (antineoplastic)</i>	1	SP	PA		
<i>torpenz</i>	1	SP	PA		
<i>yulithira</i>	1	SP	PA		
Antineoplastic - Topoisomerase I Inhibitors					
HYCANTIN	2	SP			
Antineoplastic Immunomodulator Agents					
<i>lenalidomide</i>	1	SP	PA		
<i>pomalidomide</i>	1	SP	PA		
REVLIMID	2	SP	PA		
Antineoplastic Systemic Enzyme Inhibitors					
ALECENSA	2	SP	PA		
ALUNBRIG	2	SP	PA		
AUGTYRO	2	SP	PA		
AYVAKIT	2	SP	PA		

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Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits	Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
BALVERSA	2	SP	PA			<i>imatinib</i>	1	SP	PA		
BOSULIF	2	SP	PA			IMBRUVICA	2	SP	PA		
BRUKINSA	2	SP	PA			IMKELDI	3	SP	PA		
CABOMETYX	2	SP	PA			INLYTA	2	SP	PA		
CALQUENCE (ACALABRUTINIB MAL)	2	SP	PA			INREBIC	3	SP	PA		QL
CAPRELSA	3	SP	PA			ITOVEBI	2	SP	PA		
COMETRIQ	2	SP	PA			IWILFIN	2	SP	PA		
COPIKTRA	3	SP	PA			JAYPIRCA	3	SP	PA		
DANZITEN	2	SP	PA			KISQALI	2	SP	PA		
<i>dasatinib</i>	1	SP	PA			KOMZIFTI	3	SP	PA		QL
ENSACOVE	2	SP	PA			<i>lapatinib</i>	1	SP	PA		
<i>erlotinib</i>	1	SP	PA			LAZCLUZE	3	SP	PA		
FOTIVDA	2	SP	PA			LENVIMA	2	SP	PA		
FRUZAQLA	2	SP	PA			LORBRENA	3	SP	PA		
GAVRETO	2	SP	PA			LYNPARZA	2	SP	PA		
<i>gefitinib</i>	1	SP	PA			NERLYNX	2	SP	PA		
GILOTRIF	2	SP	PA			<i>nilotinib hcl</i>	1	SP	PA		
HERNEXEOS	3	SP	PA		QL	NINLARO	2	SP	PA		
HYRNUO	3	SP	PA		QL	OGSIVEO	3	SP	PA		
IBRANCE	3	SP	PA			OJJAARA	2	SP	PA		
IBTROZI	2	SP	PA			<i>pazopanib</i>	1	SP	PA		
ICLUSIG	2	SP	PA			PEMAZYRE	2	SP	PA		
						PHYRAGO	X				

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Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
PIQRAY	2	SP	PA		
QINLOCK	2	SP	PA		
RETEVMO	2	SP	PA		
REVUFORJ	3	SP	PA		
ROMVIMZA	3	SP	PA		
ROZLYTREK	2	SP	PA		
RUBRACA	3	SP	PA		
RYDAPT	2	SP	PA		
SCSEMBLIX	2	SP	PA		
<i>sofafenib</i>	1	SP	PA		
STIVARGA	2	SP	PA		
<i>sunitinib malate</i>	1	SP	PA		
TABRECTA	2	SP	PA		
TAGRISSE	2	SP	PA		
TALZENNA	2	SP	PA		
TEPMETKO	2	SP	PA		
TRUQAP	2	SP	PA		
TUKYSA	2	SP	PA		
TURALIO	2	SP	PA		
VANFLYTA	2	SP	PA		
VERZENIO	2	SP	PA		
VITRAKVI	2	SP	PA		
VIZIMPRO	3	SP	PA		
VONJO	3	SP	PA		QL
XALKORI	X				

Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
XOSPATA	2	SP	PA		
ZEJULA	2	SP	PA		
ZYDELIG	2	SP	PA		
ZYKADIA	2	SP	PA		
Antineoplastic,Histone Deacetylase Inhibitors,Hdis					
ZOLINZA	2	SP	PA		QL
Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors					
VENCLEXTA	2	SP	PA		
VENCLEXTA STARTING PACK	2	SP	PA		
Antineoplastic-Enzyme Inhib, Antiandrogen Comb.					
AKEEGA	3	SP	PA		
Antineoplastic-Hypoxia Inducible Factor (Hif) Inh					
WELIREG	2	SP	PA		
Antineoplastic-Isocitrate Dehydrogenase Inhibitors					
IDHIFA	3	SP	PA		
REZLIDHIA	2	SP	PA		
TIBSOVO	2	SP	PA		
VORANIGO	2	SP	PA		
Antineoplastics,Miscellaneous					
<i>etoposide</i>	1				
LYSODREN	2	SP			
MATULANE	2	SP			
RYLAZE	3	SP	PA		
<i>tretinoin (antineoplastic)</i>	1	SP			
Antineoplastic-Select Inhib Of Nuclear Exp (Sine)					

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Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
XPOVIO	2	SP	PA		
Photoactivated, Antineopls. & Premalignant Lesions					
AMELUZ	3				
LEVULAN	3				
Selective Estrogen Receptor Modulators (Serm)					
INLURIYO	3	SP	PA		QL
ORSERDU	3	SP	PA		
Selective Retinoid X Receptor Agonists (Rxr)					
<i>bexarotene</i>	1	SP	PA		
Neurological Disease - Miscellaneous					
Agents To Treat Multiple Sclerosis					
AVONEX	2	SP	PA		
BAFIERTAM	X				
BETASERON	2	SP	PA		
<i>cladribine(multiple sclerosis)</i>	X				
COPAXONE	2	SP	PA		
<i>dimethyl fumarate</i>	1	SP	PA		
<i> fingolimod</i>	1	SP	PA		
GILENYA	3	SP	PA		
<i>glatiramer</i>	1	SP	PA		
<i>glatopa</i>	1	SP	PA		
KESIMPTA PEN	2	SP	PA		

Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
MAVENCLAD (10 TABLET PACK)	2	SP	PA		
MAVENCLAD (4 TABLET PACK)	2	SP	PA		
MAVENCLAD (5 TABLET PACK)	2	SP	PA		
MAVENCLAD (6 TABLET PACK)	2	SP	PA		
MAVENCLAD (7 TABLET PACK)	2	SP	PA		
MAVENCLAD (8 TABLET PACK)	2	SP	PA		
MAVENCLAD (9 TABLET PACK)	2	SP	PA		
MAYZENT	2	SP	PA		
MAYZENT STARTER(FOR 1MG MAINT)	2	SP	PA		
MAYZENT STARTER(FOR 2MG MAINT)	2	SP	PA		
PLEGRIDY	2	SP	PA		
PONVORY	X				
PONVORY 14-DAY STARTER PACK	X				
REBIF (WITH ALBUMIN)	2	SP	PA		
REBIF REBIDOSE	2	SP	PA		
REBIF TITRATION PACK	2	SP	PA		
TASCENSO ODT	3	SP	PA		
<i>teriflunomide</i>	1	SP	PA		
VUMERITY	2	SP	PA		
Neuropathic Agents					
<i>pregabalin</i>	1				QL

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Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
Postherpetic Neuralgia Agents					
<i>gabapentin</i>	X				
Oral/Pharyngeal Disorders					
Dental Aids And Preparations					
<i>chlorhexidine gluconate</i>	1				
<i>oralone</i>	1				
<i>periogard</i>	1				
<i>triamcinolone acetonide</i>	1				
Nose Preparations, Miscellaneous (Rx)					
<i>ipratropium bromide</i>	1				
Periodontal Collagenase Inhibitors					
<i>doxycycline hyclate</i>	1				
Other Drugs					
Antineoplastic - Glucocorticoid Receptor Antag.					
LIFYORLI	X	SP			
Antineoplastic - Systemic Enzyme Inhibitors Combs					
AVMAPKI-FAKZYNJA	3	SP	PA		
Antineoplastic Systemic Enzyme Activators					
MODEYSO	3	SP	PA		QL
Antipsychotics, Muscarinic Agonist/Antagonist Comb					
COBENFY	3				QL
COBENFY STARTER PACK	3				
Pain Management - Analgesics					
Analgesic/Antipyretics, Salicylates					

Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
<i>aspirin</i>	0				
<i>bayer aspirin</i>	0				
<i>ecotrin</i>	0				
Analgesics,Narcotics					
<i>oxycodone oral capsule</i>	1				
<i>oxycodone oral concentrate</i>	1		PA		
<i>oxycodone oral solution</i>	1				
<i>oxycodone oral tablet</i>	1				
<i>oxycodone oral tablet, oral only</i>	1				
OXYCONTIN	X				
ROXYBOND	3				
<i>tramadol oral capsule,er biphas 24 hr 17-83</i>	X				
<i>tramadol oral capsule,er biphas 24 hr 25-75</i>	X				
<i>tramadol oral solution</i>	1		PA		
<i>tramadol oral tablet 100 mg, 25 mg, 75 mg</i>	X				
<i>tramadol oral tablet 50 mg</i>	1				QL
<i>tramadol oral tablet extended release 24 hr</i>	1				QL
<i>tramadol oral tablet, er multiphas 24 hr</i>	1				QL
Antimigraine Preparations					
AIMOVIG AUTOINJECTOR	2		PA		QL
AJOVY AUTOINJECTOR	2		PA		QL
AJOVY SYRINGE	2		PA		QL
<i>almotriptan malate</i>	1				QL

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Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
BREKIYA	X				
<i>diclofenac potassium</i>	X				
<i>dihydroergotamine injection</i>	1				QL
<i>dihydroergotamine nasal</i>	1				QL
<i>eletriptan</i>	1				QL
ELYXYB	3		PA		
EMGALITY PEN	2		PA		QL
EMGALITY SYRINGE	2		PA		QL
ERGOMAR	X				
<i>frovatriptan</i>	1				QL
MIGERGOT	X				
MIGRANOW	X				
<i>naratriptan</i>	1				QL
NURTEC ODT	2		PA		QL
ONZETRA XSAIL	X				
QULIPTA	2		PA		QL
REYVOW	2		PA		QL
<i>rizatriptan</i>	1				QL
<i>sumatriptan</i>	1				QL
<i>sumatriptan succinate</i>	1				QL
<i>sumatriptan-naproxen</i>	X				
SYMBRAVO	X				
TOSYMRA	X				

Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
TRUDHESA	X				
UBRELVY	2		PA		QL
ZAVZPRET	X				
ZEMBRACE SYMTOUCH	X				
<i>zolmitriptan</i>	1				QL
<i>zomig</i>	1				QL
Calcitonin Gene-Related Peptide (Cgrp) Inhibitors					
EMGALITY SYRINGE	2		PA		QL
Narcotic Analgesic & Non-Salicylate Analgesic Comb					
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i>	1				QL
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	1				
<i>acetaminophen-codeine oral tablet</i>	1				QL
<i>endocet</i>	1				QL
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 7.5-325 mg/15 ml</i>	1				QL
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml</i>	X				
<i>hydrocodone-acetaminophen oral tablet</i>	1				QL
<i>oxycodone-acetaminophen</i>	1				QL
PROLATE	X				

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Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
Narcotic Withdrawal Therapy Agents					
<i>buprenorphine-naloxone sublingual film</i>	1				
<i>buprenorphine-naloxone sublingual tablet</i>	1				QL
ZUBSOLV	2				QL
Seizure Disorder					
Anticonvulsant - Benzodiazepine Type					
<i>clonazepam</i>	1				
<i>diazepam</i>	1				
VALTOCO	2		PA		QL
Anticonvulsants					
ELEPSIA XR	X				
<i>gabapentin oral capsule</i>	1				
<i>gabapentin oral solution</i>	1		PA		QL
<i>gabapentin oral tablet</i>	1				
LAMICTAL XR STARTER (BLUE)	3				
LAMICTAL XR STARTER (GREEN)	3				
LAMICTAL XR STARTER (ORANGE)	3				
<i>lamotrigine</i>	1				
<i>levetiracetam oral solution</i>	1				
<i>levetiracetam oral tablet</i>	1				
<i>levetiracetam oral tablet extended release 24 hr</i>	1				
<i>levetiracetam oral tablet for suspension</i>	X				
<i>oxcarbazepine oral suspension</i>	1				

Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
<i>oxcarbazepine oral tablet</i>	1				
<i>oxcarbazepine oral tablet extended release 24 hr</i>	1				QL
<i>pregabalin oral capsule</i>	1				
<i>pregabalin oral solution</i>	1		PA		QL
RELGAABI ORAL CAPSULE 200 MG	X				
<i>relgaabi oral capsule 300 mg, 400 mg</i>	1				
SPRITAM	X				
SUBVENITE ORAL SUSPENSION	3		PA		
<i>subvenite oral tablet</i>	X				
<i>topiramate oral capsule, sprinkle</i>	1				
<i>topiramate oral capsule, extended release 24hr</i>	1				QL
<i>topiramate oral capsule, sprinkle, er 24hr</i>	1				QL
<i>topiramate oral solution</i>	1		PA		
<i>topiramate oral tablet</i>	1				
Skeletal Muscle Disorder					
Skeletal Muscle Relaxants					
ATMEKSI	3		PA		QL
<i>baclofen oral solution</i>	1		PA		
<i>baclofen oral suspension</i>	X				
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1				
<i>baclofen oral tablet 15 mg</i>	X				
<i>cyclobenzaprine oral capsule, extended release 24hr</i>	X				

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Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
<i>cyclobenzaprine oral tablet</i>	1				
<i>methocarbamol oral tablet 1,000 mg</i>	X				
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1				
ONTRALFY	X				
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	1				
<i>tizanidine oral capsule 8 mg</i>	X				
<i>tizanidine oral tablet</i>	1				
TONMYA	X				
ZANAFLEX	X				
Smoking Cessation					
Smoking Deterrents, Other					
<i>bupropion hcl (smoking deter)</i>	0				
Upper Gastrointestinal Disorders - Digestive					
Pancreatic Enzymes					
CREON	2				
PANCREAZE	X				
PERTZYE	X				
VIOKACE	X				
ZENPEP	2				
Upper Gastrointestinal Disorders - Spastic Disease					
Anticholinergics/Antispasmodics					

Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
<i>dicyclomine oral capsule</i>	1				
<i>dicyclomine oral solution</i>	1				
<i>dicyclomine oral tablet 20 mg</i>	1				
<i>dicyclomine oral tablet 40 mg</i>	X				
Upper Gastrointestinal Disorders - Ulcer Disease					
Histamine H2-Receptor Inhibitors					
<i>famotidine</i>	1				
Proton-Pump Inhibitors					
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec)</i>	1				
<i>esomeprazole magnesium oral granules dr for susp in packet</i>	1				QL
<i>lansoprazole</i>	1				
<i>omeprazole</i>	1				
<i>pantoprazole oral granules dr for susp in packet</i>	1				
<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	1				
Urinary Tract - Functional Disorders					
Benign Prostatic Hypertrophy/Micturition Agents					
<i>finasteride</i>	1				
<i>tamsulosin</i>	1				
Overactive Bladder Agents, Beta-3 Adrenergic Recep					
<i>mirabegron</i>	X				

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Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON	2				
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	1				QL
Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)					
<i>phenazopyridine</i>	1				
Vaginal Disorders					
Vaginal Antibiotics					
CLEOCIN	3				QL
<i>clindamycin phosphate</i>	1				
CLINDESSE	3				
<i>metronidazole</i>	1				
NUVESSA	3				
XACIATO	X				
Vaginal Estrogen For Sexual Dysfunction					
IMVEXXY MAINTENANCE PACK	3				QL
IMVEXXY STARTER PACK	3				QL
Vaginal Estrogen Preparations					
<i>estradiol</i>	1				
ESTRING	X				
FEMRING	X				
PREMARIN	2				
<i>yuvafem</i>	1				
Vitamin And/Or Mineral Deficiency					
Folic Acid Preparations					
<i>folic acid injection</i>	1				

Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
<i>folic acid oral solution</i>	X				
<i>folic acid oral tablet 1 mg</i>	1				
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	0				
<i>purevita folic acid</i>	0				
QUIOFIC	X				
Weight Reduction					
Anorexic Agents					
<i>benzphetamine</i>	1				QL
<i>diethylpropion</i>	1				QL
<i>lomaira</i>	1				QL
<i>phendimetrazine tartrate</i>	1				QL
<i>phentermine</i>	1				QL
<i>phentermine-topiramate</i>	1		PA		
PLENITY	X				
PLENITY (WELCOME KIT)	X				
Anti-Obesity - Incretin Mimetics Combination					
ZEPBOUND	2		PA		QL
ZEPBOUND KWIKPEN	X				
Anti-Obesity - Opioid Antag/Norepi & Da Reup Inhib					
CONTRACE	X				
Anti-Obesity Glucagon-Like Peptide-1 Recep Agonist					
FOUNDAYO	2				
<i>liraglutide (weight loss)</i>	1		PA		QL
WEGOVY HD	2		PA		QL

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JULY 1, 2026**

Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
WEGOVY ORAL	2				
WEGOVY SUBCUTANEOUS	2		PA		QL

Drug	Tier Status	Specialty	Prior	Step Therapy	Quantity Limits
Fat Absorption Decreasing Agents					
<i>orlistat</i>	1		PA		

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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	Tier 3	ST: TRIAL OF DESLORATADINE OR LEVOCERTIRIZINE TABLET REQUIRED
Allergenic Extracts, Therapeutics		
GRASTEK	Tier 2	PA
ODACTRA	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	Tier 2	PA
PALFORZIA (LEVEL 0)	Tier 2	PA; SP
PALFORZIA (LEVEL 1)	Tier 2	PA; SP
PALFORZIA (LEVEL 2)	Tier 2	PA; SP
PALFORZIA (LEVEL 3)	Tier 2	PA; SP
PALFORZIA (LEVEL 4)	Tier 2	PA; SP
PALFORZIA (LEVEL 5)	Tier 2	PA; SP
PALFORZIA (LEVEL 6)	Tier 2	PA; SP
PALFORZIA (LEVEL 7)	Tier 2	PA; SP
PALFORZIA (LEVEL 8)	Tier 2	PA; SP
PALFORZIA (LEVEL 9)	Tier 2	PA; SP
PALFORZIA (LEVEL 10)	Tier 2	PA; SP
PALFORZIA (LEVEL 11 UP-DOSE)	Tier 2	PA; SP
PALFORZIA INITIAL (1-3 YRS)	Tier 2	PA; SP
PALFORZIA INITIAL (4-17 YRS)	Tier 2	PA; SP
PALFORZIA LEVEL 11 MAINTENANCE	Tier 2	PA; SP
RAGWITEK	Tier 2	PA
Antihistamines - 1St Generation		
<i>carbinoxamine maleate oral liquid</i> (Carbzah)	Tier 1	Age (Min 2 Years)

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Drug	Status	Notes
<i>carbinoxamine maleate oral suspension, extended rel 12 hr</i> (Karbinal ER)	Tier 1	ST: TRIAL OF IMMEDIATE-RELEASE CARBINOXAMINE MALEATE ORAL SOLUTION REQUIRED.; QL (960 ML per 30 days); Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	Age (Min 2 Years)
CARBZAH (carbinoxamine maleate)	Tier 1	Age (Min 2 Years)
<i>clemastine oral tablet</i> (Clemsza)	Tier 1	
CLEMSZA (clemastine)	Tier 1	
<i>cyproheptadine</i>	Tier 1	
DIPHEN ORAL ELIXIR (diphenhydramine hcl)	Tier 1	
<i>diphenhydramine hcl oral elixir</i> (Diphen)	Tier 1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet</i>	Tier 1	
<i>hydroxyzine pamoate</i>	Tier 1	
KARBINAL ER (carbinoxamine maleate)	Tier 3	ST: TRIAL OF IMMEDIATE-RELEASE CARBINOXAMINE MALEATE ORAL SOLUTION REQUIRED.; QL (960 ML per 30 days); Age (Min 2 Years)
<i>promethazine injection solution</i> (Phenergan)	Tier 1	
<i>promethazine oral</i>	Tier 1	
Antihistamines - 2Nd Generation		
<i>cetirizine oral solution 1 mg/ml</i> (Allergy Relief (cetirizine))	Tier 1	

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Drug	Status	Notes
<i>desloratadine oral tablet</i> (Clarinet)	Tier 1	
<i>desloratadine oral tablet, disintegrating</i>	Tier 1	ST: TRIAL OF DESLORATADINE OR LEVOCERTIRIZINE TABLET REQUIRED.
<i>levocetirizine oral solution</i> (Xyzal)	Tier 1	ST: TRIAL OF DESLORATADINE OR LEVOCERTIRIZINE TABLET REQUIRED.
<i>levocetirizine oral tablet</i> (24HR Allergy Relief)	Tier 1	
Nasal Antihistamine		
<i>azelastine nasal</i> (Astepro Allergy)	Tier 1	
<i>olopatadine nasal</i>	Tier 1	
Nasal Antihistamine & Anti-Inflam. Steroid Comb.		
<i>azelastine-fluticasone</i> (Dymista)	Tier 1	ST: TRIAL OF FLUTICASONE OR FLUNISOLIDE (NASAL FORMULATION) IN THE PAST 120 DAYS; QL (23 GM per 30 days)
Nasal Anti-Inflammatory Steroids		
<i>flunisolide</i>	Tier 1	QL (25 ML per 30 days)
<i>fluticasone propionate nasal</i> (24 Hour Allergy Relief)	Tier 1	
<i>mometasone nasal</i> (Allergy Nasal (mometasone))	Tier 1	
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	Tier 2	ST: TRIAL OF NASAL FLUNISOLIDE OR FLUTICASONE REQUIRED; QL (6.8 GM per 30 days)

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Drug	Status	Notes
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 2	ST: TRIAL OF NASAL FLUNISOLIDE OR FLUTICASONE REQUIRED; QL (10.6 GM per 30 days)
XHANCE	Tier 2	ST: TRIAL OF ONE OF THE FOLLOWING INTRANASAL CORTICOSTEROIDS : MOMETASONE, FLUTICASONE PROPIONATE, OR FLUNISOLIDE IN THE PAST 120 DAYS; QL (32 ML per 30 days)
Antiemesis/Antivertigo		
Antiemetic, Cannabinoid-Type		
<i>dronabinol oral capsule</i> (Marinol)	Tier 1	QL (2 EA per 1 day)
SYNDROS (dronabinol)	Tier 3	ST: TRIAL OF GENERIC DRONABINOL CAPSULES IN THE PAST 120 DAYS; QL (60 ML per 30 days)
Antiemetic/Antivertigo Agents		
AKYNZEO (NETUPITANT)	Tier 2	QL (1 EA per 21 days)
<i>aprepitant oral capsule 125 mg</i>	Tier 1	QL (1 EA per 21 days)
<i>aprepitant oral capsule 40 mg</i>	Tier 1	QL (1 EA per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	Tier 1	QL (2 EA per 21 days)
<i>aprepitant oral capsule, dose pack</i> (Emend)	Tier 1	QL (3 EA per 21 days)
COMPRO (prochlorperazine)	Tier 1	
<i>doxylamine-pyridoxine (vit b6)</i> (Diclegis)	Tier 1	QL (120 EA per 30 days)

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Drug	Status	Notes
EMEND ORAL SUSPENSION FOR RECONSTITUTION	Tier 2	PA; QL (3 EA per 21 days)
<i>granisetron hcl oral</i>	Tier 1	ST: TRIAL OF ONDANSETRON TABLETS OR ODT REQUIRED.; QL (10 EA per 21 days)
<i>meclizine oral tablet 12.5 mg</i>	Tier 1	
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))	Tier 1	
<i>meclizine oral tablet, chewable</i> (Antivert)	Tier 1	
<i>ondansetron hcl oral solution</i>	Tier 1	QL (150 ML per 21 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 1	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	Tier 1	
<i>prochlorperazine</i> (Compro)	Tier 1	
<i>prochlorperazine maleate</i> (Compazine)	Tier 1	
<i>promethazine rectal</i> (Promethegan)	Tier 1	
PROMETHEGAN (promethazine)	Tier 1	
SANCUSO	Tier 3	ST: TRIAL OF ONDANSETRON TABLETS OR ODT REQUIRED.; QL (1 EA per 21 days)
<i>scopolamine base</i> (Transderm-Scop)	Tier 1	
<i>trimethobenzamide oral</i>	Tier 1	
VARUBI	Tier 2	QL (2 EA per 21 days)
Asthma And Copd		
Anticholinergic, Orally Inhaled Short Acting		
ATROVENT HFA (ipratropium bromide)	Tier 2	QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation solution</i>	Tier 1	

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Drug	Status	Notes
Anticholinergics, Orally Inhaled Long Acting		
INCRUSE ELLIPTA (umeclidinium)	Tier 2	QL (30 EA per 30 days)
SPIRIVA RESPIMAT	Tier 2	QL (4 GM per 30 days)
<i>tiotropium bromide</i> (Spiriva with HandiHaler)	Tier 1	QL (30 EA per 30 days)
YUPELRI	Tier 3	QL (90 ML per 30 days)
Beta-Adrenergic Agents		
<i>albuterol sulfate oral syrup</i>	Tier 1	
<i>albuterol sulfate oral tablet</i>	Tier 1	
<i>terbutaline oral</i>	Tier 1	
Beta-Adrenergic Agents, Inhaled, Short Acting		
<i>albuterol sulfate inhalation hfa aerosol inhaler</i> (Ventolin HFA)	Tier 1	6.7gm/Pkg; QL (20.1 GM per 30 days)
<i>albuterol sulfate inhalation solution for nebulization</i>	Tier 1	
<i>levalbuterol hcl</i>	Tier 1	
<i>levalbuterol tartrate</i> (Xopenex HFA)	Tier 1	
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting		
STRIVERDI RESPIMAT	Tier 2	QL (4 GM per 30 days)
Beta-Adrenergic Agents, Orally Inhaled, Long Acting		
<i>arformoterol</i> (Brovana)	Tier 1	ST: TRIAL OF SEREVENT, STRIVERDI, OR PERFORMIST IN THE PAST 120 DAYS; QL (120 ML per 30 days)
<i>formoterol fumarate</i> (Perforomist)	Tier 1	QL (120 ML per 30 days)

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Drug	Status	Notes
SEREVENT DISKUS	Tier 2	QL (60 EA per 30 days)
Beta-Adrenergic And Anticholinergic Combinations		
ANORO ELLIPTA (umeclidinium-vilanterol)	Tier 2	QL (60 EA per 30 days)
COMBIVENT RESPIMAT	Tier 2	4gm/Pkg
<i>ipratropium-albuterol</i>	Tier 1	
STIOLTO RESPIMAT	Tier 2	QL (4 GM per 30 days)
Beta-Adrenergic And Glucocorticoid Combinations		
ADVAIR HFA (fluticasone propion-salmeterol)	Tier 2	QL (12 GM per 30 days)
AIRSUPRA	Tier 2	10.7gm/Pkg; QL (32.1 GM per 30 days)
BREO ELLIPTA (fluticasone furoate-vilanterol)	Tier 2	QL (60 EA per 30 days)
BREYNA (budesonide-formoterol)	Tier 1	QL (30.9 GM per 30 days)
<i>budesonide-formoterol</i> (Breyna)	Tier 1	QL (30.9 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	Tier 2	QL (39 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION	Tier 2	QL (13 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i>	Tier 1	QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i> (Wixela Inhub)	Tier 1	QL (60 EA per 30 days)
WIXELA INHUB (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 (fluticasone furoate)	Tier 2	QL (30 EA per 30 days)
ASMANEX HFA	Tier 2	QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	Tier 2	QL (1 EA per 30 days)
<i>budesonide inhalation</i> (Pulmicort)	Tier 1	QL (120 ML per 30 days)
<i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation</i>	Tier 1	QL (60 EA per 30 days)
<i>fluticasone propionate inhalation blister with device 250 mcg/actuation</i>	Tier 1	QL (120 EA per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	Tier 1	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	Tier 1	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Tier 1	QL (21.2 GM per 30 days)
QVAR REDHALER	Tier 2	QL (21.2 GM per 30 days)
Interleukin-4(IL-4) Receptor Alpha Antagonist, Mab		
DUPIXENT PEN	Tier 2	PA; SP

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Drug	Status	Notes
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		
FASENRA	Tier 2	PA; SP
FASENRA PEN	Tier 2	PA; SP
Leukotriene Receptor Antagonists		
<i>montelukast</i> (Singulair)	Tier 1	
<i>zafirlukast</i>	Tier 1	
Mast Cell Stabilizers		
<i>cromolyn oral</i> (Gastrocrom)	Tier 1	
Mast Cell Stabilizers, Orally Inhaled		
<i>cromolyn inhalation</i>	Tier 1	
Monoclonal Antibodies To Immunoglobulin E(Ige)		
XOLAIR	Tier 2	PA; SP
Monoclonal Antibody - Interleukin-5 Antagonists		
NUCALA	Tier 2	PA; SP
Phosphodiesterase-4 (Pde4) Inhibitors		
JASCAYD	Tier 2	PA; SP; QL (2 EA per 1 day)
OHTUVAYRE	Tier 3	PA; SP
<i>roflumilast</i> (Daliresp)	Tier 1	QL (1 EA per 1 day)
Respiratory Aids, Devices, Equipment		
ACE AEROSOL CLOUD ENHANCER (inhalational spacing device)	Tier 3	
AEROBIKA OSCILLATING PEP SYSTM	Tier 3	
AEROCHAMBER MECHANICAL VENT (inhalational spacing device)	Tier 3	

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Drug	Status	Notes
AEROCHAMBER MINI (inhalational spacing device)	Tier 3	
AEROCHAMBER MV (inhalational spacing device)	Tier 3	
AEROCHAMBER PLUS FLOW-VU (inhalational spacing device)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,L MSK	Tier 3	
AEROCHAMBER PLUS FLOW-VU,M MSK	Tier 3	
AEROCHAMBER PLUS FLOW-VU,S MSK	Tier 3	
AEROCHAMBER PLUS Z STAT (inhalational spacing device)	Tier 3	
AEROCHAMBER PLUS Z STAT LG MSK	Tier 3	
AEROCHAMBER PLUS Z STAT MD MSK	Tier 3	
AEROCHAMBER PLUS Z STAT SM MSK	Tier 3	
AEROCHAMBER Z-STAT PLUS-FLW SG (inhalational spacing device)	Tier 3	
AEROCHAMBER2GO (inhalational spacing device)	Tier 3	
AEROECLIPSE II NEBULIZER (nebulizers)	Tier 3	
AEROECLIPSE XL NEBULIZER (nebulizers)	Tier 3	
AERONEB GO NEBULIZER (nebulizers)	Tier 3	
AEROTRACH PLUS (inhalational spacing device)	Tier 3	

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Drug		Status	Notes
AEROVENT PLUS	(inhalational spacing device)	Tier 3	
ALTERA NEBULIZER HANDSET	(nebulizers)	Tier 3	
ALTERA NEBULIZER SYSTEM	(nebulizers)	Tier 3	
ASTHMAPACK CHILDREN'S		Tier 3	
AURA PORTANEB	(nebulizers)	Tier 3	
BREATHERITE MDI SPACER	(inhalational spacing device)	Tier 3	
BREATHERITE SPACER-MASK, NEO.		Tier 3	
BREATHERITE SPACER-MASK,ADULT		Tier 3	
BREATHERITE SPACER-MASK,CHILD		Tier 3	
BREATHERITE SPACER-MASK,INFANT		Tier 3	
BREATHERITE SPACER-MASK,S.CHLD		Tier 3	
BREATHERITE VALVED MDI CHAMBER	(inhalational spacing device)	Tier 3	
BREATHERITE VALVED MDI SPACER	(inhalational spacing device)	Tier 3	
CLEVER CHOICE CHAMBER-LRG MASK		Tier 3	
CLEVER CHOICE CHAMBER-MED MASK		Tier 3	
CLEVER CHOICE CHAMBER-SM MASK		Tier 3	
CLEVER CHOICE NEBULIZER	(nebulizer and compressor)	Tier 3	
CLEVER CHOICE WHISPER AIRE PED	(nebulizer and compressor)	Tier 3	
COMFORTSEAL LARGE MASK		Tier 3	
COMFORTSEAL MEDIUM MASK		Tier 3	
COMFORTSEAL SMALL MASK		Tier 3	

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Drug	Status	Notes
COMPACT SPACE CHAMBER (inhalational spacing device)	Tier 3	
COMPACT SPACE CHAMBER-LRG MASK	Tier 3	
COMPACT SPACE CHAMBER-MED MASK	Tier 3	
COMPACT SPACE CHAMBER-SM MASK	Tier 3	
COMP-AIR NEBULIZER COMPRESSOR (nebulizer and compressor)	Tier 3	
DEVILBISS DISPOSABLE NEBULIZER (nebulizers)	Tier 3	
DEVILBISS PULMO-AIDE COMPRESSOR	Tier 3	
DEVILBISS PULMOMATE COMPRESSOR	Tier 3	
DEVILBISS TRAVELER COMPRESSOR (nebulizer and compressor)	Tier 3	
EASIVENT HOLDING CHAMBER (inhalational spacing device)	Tier 3	
EASIVENT MASK LARGE	Tier 3	
EASIVENT MASK MEDIUM	Tier 3	
EASIVENT MASK SMALL	Tier 3	
EASY NEB COMPRESSOR NEBULIZER (nebulizer and compressor)	Tier 3	
EBASE CONTROLLER	Tier 3	
FLEXICHAMBER (inhalational spacing device)	Tier 3	
FLEXICHAMBER-LG CHILD MASK	Tier 3	
FLEXICHAMBER-SM ADULT MASK	Tier 3	

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

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Drug		Status	Notes
MICROSPACER	(inhalational spacing device)	Tier 3	
MINI PLUS NEBULIZER	(nebulizers)	Tier 3	
MINI WRIGHT PEAK FLOW METER	(peak flow meter)	Tier 3	
<i>nebulizer and compressor</i>	(Clever Choice Nebulizer)	Tier 3	
OMBRA COMPRESSOR SYSTEM	(nebulizer and compressor)	Tier 3	
OPTICHAMBER ADULT MASK-LARGE		Tier 3	
OPTICHAMBER DIAMOND LG MASK		Tier 3	
OPTICHAMBER DIAMOND VHC	(inhalational spacing device)	Tier 3	
OPTICHAMBER DIAMOND-MED MSK		Tier 3	
OPTICHAMBER DIAMOND-SML MASK		Tier 3	
PARI LC SPRINT NEBULIZER SET	(nebulizers)	Tier 3	
PARI LC SPRINT SINUS	(nebulizers)	Tier 3	
PARI TREK S COMBO PACK	(nebulizer and compressor)	Tier 3	
PARI TREK S COMPACT COMPRESSOR	(nebulizer and compressor)	Tier 3	
PEDIATRIC BEAR NEBULIZER	(nebulizer and compressor)	Tier 3	
PEDIATRIC COMP-AIR COMPRES NEB	(nebulizer and compressor)	Tier 3	
PFLEX INSPIRATORY TRAINER		Tier 3	
POCKET CHAMBER	(inhalational spacing device)	Tier 3	
PRIMEAIRE	(inhalational spacing device)	Tier 3	

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Drug		Status	Notes
PROCARE COMPRESSOR NEBULIZER	(nebulizer and compressor)	Tier 3	
PROCARE PEDIATRIC NEBULIZER	(nebulizer and compressor)	Tier 3	
PROCARE SPACER WITH ADULT MASK		Tier 3	
PROCARE SPACER WITH CHILD MASK		Tier 3	
PROCHAMBER	(inhalational spacing device)	Tier 3	
PRODIGY MINI-MIST NEBULIZER	(nebulizers)	Tier 3	
PRONEB MAX COMPRESSOR-LC PLUS	(nebulizer and compressor)	Tier 3	
PRONEB MAX COMPRESSOR-LC SPRINT	(nebulizer and compressor)	Tier 3	
PROVENT		Tier 3	
PROVENT STARTER		Tier 3	
PULMO-AIDE COMPRESSOR		Tier 3	
PULMONEB LT COMPRESSOR NEBUL	(nebulizer and compressor)	Tier 3	
PUREAIR MINI NEBULIZER	(nebulizer and compressor)	Tier 3	
QUAKE VIBRATORY PEP		Tier 3	
RITEFLO AEROCHAMBER	(inhalational spacing device)	Tier 3	
SAMI THE SEAL	(nebulizer and compressor)	Tier 3	
SIDESTREAM	(nebulizers)	Tier 3	
SIDESTREAM NEBULIZER	(nebulizers)	Tier 3	
SIDESTREAM PLUS	(nebulizers)	Tier 3	
SILICONE MASK - INFANT		Tier 3	
SINUSTAR NEBULIZER	(nebulizers)	Tier 3	

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Drug	Status	Notes
SMARTNEB COMPRESSOR NEBULIZER (nebulizer and compressor)	Tier 3	
SOOTHENEB COMPRESSOR NEBULIZER (nebulizer and compressor)	Tier 3	
SOOTHENEB MESH NEBULIZER (nebulizers)	Tier 3	
SPACE CHAMBER (inhalational spacing device)	Tier 3	
SPACE CHAMBER WITH LARGE MASK	Tier 3	
SPACE CHAMBER WITH MEDIUM MASK	Tier 3	
SPACE CHAMBER WITH SMALL MASK	Tier 3	
SUNRISE COMPRESSOR-NEBULIZER	Tier 3	
THRESHOLD IMT TRAINER	Tier 3	
THRESHOLD PEP DEVICE	Tier 3	
TRUZONE PEAK FLOW METER (peak flow meter)	Tier 3	
VIOS AEROSOL DELIVERY SYSTEM (nebulizer and compressor)	Tier 3	
VORTEX HOLDING CHAMBER (inhalational spacing device)	Tier 3	
VORTEX VHC PEDIATRIC MASK	Tier 3	
WILLIS THE WHALE COMPRESSOR NEB (nebulizer and compressor)	Tier 3	
Thymic Stromal Lymphopoietin (Tslp) Inhibitors		
TEZSPIRE	Tier 2	PA; SP
Xanthines		
<i>caffeine citrate oral</i>	Tier 1	

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Drug	Status	Notes
THEO-24	Tier 2	
<i>theophylline oral elixir</i>	Tier 1	
<i>theophylline oral solution</i>	Tier 1	
<i>theophylline oral tablet extended release 12 hr</i>	Tier 1	
<i>theophylline oral tablet extended release 24 hr</i>	Tier 1	
Autonomic Nervous System Disorders		
Alzheimer's Therapy, Nmda Receptor Antagonists		
<i>memantine oral capsule, sprinkle, er 24hr</i> (Namenda XR)	Tier 1	ST: TRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS; QL (30 EA per 30 days)
<i>memantine oral solution</i>	Tier 1	QL (300 ML per 30 days)
<i>memantine oral tablet</i>	Tier 1	QL (60 EA per 30 days)
<i>memantine oral tablets, dose pack</i>	Tier 1	QL (49 EA per 28 days)
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	Tier 2	ST: TRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS; QL (28 EA per 28 days)
Alzheimer's Thx, Nmda Recept Antag & Cholines Inhib		
<i>memantine-donepezil</i> (Namzaric)	Tier 1	ST: TRIAL OF DONEPEZIL AND MEMANTINE IN THE PAST 365 DAYS.; QL (1 EA per 1 day)
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 7-10 MG	Tier 3	ST: TRIAL OF DONEPEZIL AND MEMANTINE IN THE PAST 365 DAYS.; QL (1 EA per 1 day)
Amyloid Directed Monoclonal Antibody		

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Drug	Status	Notes
LEQEMBI IQLIK	Tier 3	PA; SP
Cholinesterase Inhibitors		
<i>donepezil</i> (Aricept)	Tier 1	
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	Tier 1	QL (30 EA per 30 days)
<i>galantamine oral solution</i>	Tier 1	PA; QL (200 ML per 30 days)
<i>galantamine oral tablet</i>	Tier 1	QL (60 EA per 30 days)
<i>pyridostigmine bromide oral syrup</i> (Mestinon)	Tier 1	
<i>pyridostigmine bromide oral tablet</i> (Mestinon)	Tier 1	
<i>pyridostigmine bromide oral tablet extended release 105 mg</i>	Tier 3	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan)	Tier 1	
<i>rivastigmine</i> (Exelon Patch)	Tier 1	QL (30 EA per 30 days)
<i>rivastigmine tartrate</i>	Tier 1	
ZUNVEYL	Tier 3	ST: TRIAL OF GENERIC GALANTAMINE TABS OR GALANTAMINE ER CAPS IN THE PAST 120 DAYS; QL (2 EA per 1 day)
Neonatal Fc Receptor (Fcrn) Inhibitors		
VYVGART HYTRULO SUBCUTANEOUS SYRINGE	Tier 3	PA; SP
Behavioral Health - Antidepressants		
Alpha-2 Receptor Antagonist Antidepressants		
<i>mirtazapine</i> (Remeron)	Tier 1	

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Drug	Status	Notes
Antidepressant - Nmda Receptor Antagonist		
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	Tier 2	PA; SP
Antidepressant - Postpartum Depression (Ppd)		
ZURZUVAE	Tier 2	PA; SP
Maois - Non-Selective & Irreversible		
MARPLAN	Tier 3	
<i>phenelzine</i> (Nardil)	Tier 1	
<i>tranylcypromine</i> (Parnate)	Tier 1	
Monoamine Oxidase(Mao) Inhibitors		
EMSAM	Tier 3	ST: TRIAL OF PHENELZINE, TRANYLCYPROMINE, OR MARPLAN IN THE PREVIOUS 120 DAYS; QL (1 EA per 1 day)
Ndma Receptor Antagonist And Ndri Comb		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC	Tier 3	
Norepinephrine And Dopamine Reuptake Inhib (Ndris)		
<i>bupropion hcl oral tablet</i>	Tier 1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	Tier 1	
<i>bupropion hcl oral tablet extended release 24 hr 450 mg</i>	Tier 1	ST: TRIAL OF BUPROPION HCL ER (XL), BUPROPION HCL, OR BUPROPION HCL ER (SR) IN THE PAST 120 DAYS; QL (1 EA per 1 day)

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Drug	Status	Notes
<i>bupropion hcl oral tablet sustained-release 12 hr</i> (Wellbutrin SR)	Tier 1	
Selective Serotonin Reuptake Inhibitor (Ssrís)		
<i>citalopram oral solution</i>	Tier 1	
<i>citalopram oral tablet</i> (Celexa)	Tier 1	
<i>escitalopram oxalate oral solution</i>	Tier 1	
<i>escitalopram oxalate oral tablet</i> (Lexapro)	Tier 1	
<i>fluoxetine</i> (Prozac)	Tier 1	
<i>fluvoxamine oral capsule, extended release 24hr</i>	Tier 1	ST: TRIAL OF PAROXETINE, FLUOXETINE, CITALOPRAM, SERTRALINE, ESCITALOPRAM, OR FLUVOXAMINE IR REQUIRED.; QL (2 EA per 1 day)
<i>fluvoxamine oral tablet</i>	Tier 1	
<i>paroxetine hcl</i> (Paxil)	Tier 1	
<i>sertraline oral concentrate</i> (Zoloft)	Tier 1	
<i>sertraline oral tablet</i> (Zoloft)	Tier 1	
Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)		
<i>nefazodone</i>	Tier 1	
RALDESY	Tier 3	PA
<i>trazodone</i>	Tier 1	

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Drug	Status	Notes
Serotonin-Norepinephrine Reuptake-Inhib (Snris)		
<i>desvenlafaxine</i>	Tier 1	ST: TRIAL OF 2 OF THE FOLLOWING: GENERIC PAROXETINE HCL, VENLAFAXINE ER OR IR, FLUOXETINE, CITALOPRAM, SERTRALINE, ESCITALOPRAM, MIRTAZAPINE, OR BUPROPRION IN THE PAST 365 DAYS.; QL (1 EA per 1 day)
<i>desvenlafaxine succinate</i> (Pristiq)	Tier 1	
DRIZALMA SPRINKLE	Tier 3	ST: TRIAL OF GENERIC DULOXETINE IN THE PAST 120 DAYS; QL (1 EA per 1 day)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	Tier 1	
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	Tier 1	ST: TRIAL OF GENERIC DULOXETINE TWO 20MG CAPSULES REQUIRED.; QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	Tier 2	QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	Tier 2	QL (1 EA per 1 day)
<i>venlafaxine</i> (Effexor XR)	Tier 1	

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Drug	Status	Notes
<i>venlafaxine besylate</i>	Tier 1	ST: TRIAL OF ONE OF THE FOLLOWING: BUPROPION, CITALOPRAM, ESCITALOPRAM, FLUOXETINE, MIRTAZAPINE, PAROXETINE, SERTRALINE, VENLAFAXINE, DESVENLAFAXINE, FLUVOXAMINE, OR DULOXETINE IN THE PAST 120 DAYS; QL (2 EA per 1 day)
Ssri & 5HT1a Partial Agonist Antidepressant		
<i>vilazodone</i> (Viibryd)	Tier 1	
Ssri & Serotonin Receptor Modulator Antidepressant		
TRINTELLIX	Tier 2	QL (1 EA per 1 day)
Tricyclic Antidepressant/Benzodiazepine Combinatns		
<i>amitriptyline-chlordiazepoxide</i>	Tier 1	
Tricyclic Antidepressant/Phenothiazine Combinatns		
<i>perphenazine-amitriptyline</i>	Tier 1	
Tricyclic Antidepressants & Rel. Non-Sel. Ru-Inhib		
<i>amitriptyline</i>	Tier 1	

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Drug	Status	Notes
<i>amoxapine</i>	Tier 1	
<i>clomipramine</i> (Anafranil)	Tier 1	
<i>desipramine</i> (Norpramin)	Tier 1	
<i>doxepin oral capsule</i>	Tier 1	
<i>doxepin oral concentrate</i>	Tier 1	
<i>imipramine hcl</i>	Tier 1	
<i>imipramine pamoate</i>	Tier 1	
<i>nortriptyline</i>	Tier 1	
<i>protriptyline</i>	Tier 1	
<i>trimipramine</i>	Tier 1	
Behavioral Health - Other		
Adrenergics, Aromatic, Non-Catecholamine		
<i>amphetamine sulfate</i> (Evekeo)	Tier 1	QL (4 EA per 1 day)
ARYNTA	Tier 3	PA; QL (7 ML per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule)	Tier 1	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i> (Dexedrine Spansule)	Tier 1	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral solution</i> (ProCentra)	Tier 1	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i> (Zenzedi)	Tier 1	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 7.5 mg</i> (Zenzedi)	Tier 1	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (4 EA per 1 day)

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Drug	Status	Notes
<i>dextroamphetamine sulfate oral tablet 20 mg</i> (Zenzedi)	Tier 1	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 30 mg</i> (Zenzedi)	Tier 1	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr</i> (Mydayis)	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet</i> (Adderall)	Tier 1	QL (2 EA per 1 day)
<i>lisdexamfetamine</i> (Vyvanse)	Tier 1	QL (1 EA per 1 day)
<i>methamphetamine</i> (Desoxyn)	Tier 1	QL (150 EA per 30 days)

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Drug	Status	Notes
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (dextroamphetamine sulfate)	Tier 3	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (4 EA per 1 day)
Anti-Alcoholic Preparations		
<i>acamprosate</i>	Tier 1	
<i>disulfiram</i>	Tier 1	
Anti-Anxiety - Benzodiazepines		
<i>alprazolam</i> (Xanax)	Tier 1	
ALPRAZOLAM INTENSOL	Tier 2	
<i>chlordiazepoxide hcl</i>	Tier 1	
<i>clorazepate dipotassium</i>	Tier 1	
DIAZEPAM INTENSOL (diazepam)	Tier 1	
<i>diazepam oral concentrate</i> (Diazepam Intensol)	Tier 1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Tier 1	
<i>diazepam oral tablet</i> (Valium)	Tier 1	
LORAZEPAM INTENSOL (lorazepam)	Tier 1	
<i>lorazepam oral</i> (Ativan)	Tier 1	
<i>oxazepam</i>	Tier 1	
Anti-Anxiety Drugs		
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>meprobamate</i>	Tier 1	
Anti-Mania Drugs		
EQUETRO	Tier 3	
<i>lithium carbonate</i> (Lithobid)	Tier 1	

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Drug	Status	Notes
<i>lithium citrate</i>	Tier 1	
Anti-Narcolepsy & Anti-Cataplexy, Sedative-Type Agt		
LUMRYZ	Tier 3	PA; SP
LUMRYZ STARTER PACK	Tier 3	PA; SP
<i>sodium oxybate</i> (Xyrem)	Tier 3	PA; SP
XYWAV	Tier 3	PA; SP
Antipsych, Dopamine Antag., Diphenylbutylpiperidines		
<i>pimozide</i>	Tier 1	
Antipsychotic-Atypical, D3/D2 Partial Ag-5Ht Mixed		
VRAYLAR ORAL CAPSULE	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	QL (2.4 ML per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 960 MG/3.2 ML	Tier 2	QL (3.2 ML per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG	Tier 2	QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 400 MG	Tier 2	QL (2 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG	Tier 2	QL (1 EA per 26 days)

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Drug	Status	Notes
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 400 MG	Tier 2	QL (2 EA per 26 days)
<i>aripiprazole oral solution</i>	Tier 1	ST: TRIAL OF TWO GENERIC SSRIS, SNRIS OR ATYPICAL ANTI- PSYCHOTICS REQUIRED.
<i>aripiprazole oral tablet</i> (Abilify)	Tier 1	
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	Tier 1	ST: TRIAL OF TWO GENERIC SSRIS, SNRIS OR ATYPICAL ANTI- PSYCHOTICS REQUIRED.; QL (3 EA per 1 day)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	Tier 1	ST: TRIAL OF TWO GENERIC SSRIS, SNRIS OR ATYPICAL ANTI- PSYCHOTICS REQUIRED.; QL (2 EA per 1 day)
ARISTADA INITIO	Tier 2	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	Tier 2	QL (3.9 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	Tier 2	QL (1.6 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	Tier 2	QL (2.4 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	Tier 2	QL (3.2 ML per 14 days)
OIPZA	Tier 3	ST: TRIAL OF GENERIC ARIPIPRAZOLE TABLETS IN THE PAST 120 DAYS

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Drug	Status	Notes
REXULTI ORAL TABLET	Tier 2	QL (1 EA per 1 day)
Antipsychotics, Dopamine & Serotonin Antagonists		
ADASUVE	Tier 2	SP
<i>loxapine succinate</i>	Tier 1	
Antipsychotics, Atypical, Dopamine, & Serotonin Antag		
<i>asenapine maleate</i> (Saphris)	Tier 1	QL (2 EA per 1 day)
CAPLYTA	Tier 2	QL (1 EA per 1 day)
<i>clozapine oral tablet</i> (Clozaril)	Tier 1	
<i>clozapine oral tablet, disintegrating</i>	Tier 1	QL (3 EA per 1 day)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	Tier 3	QL (1.5 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	Tier 3	QL (1 ML per 21 days)
FANAPT	Tier 3	ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (2 EA per 1 day)
FANAPT TITRATION PACK A	Tier 3	ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (8 EA per 28 days)

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Drug	Status	Notes
FANAPT TITRATION PACK B	Tier 3	ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (12 EA per 28 days)
FANAPT TITRATION PACK C	Tier 3	ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (8 EA per 28 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	Tier 2	QL (3.5 ML per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	Tier 2	QL (5 ML per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	Tier 2	QL (0.75 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	Tier 2	QL (1 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	Tier 2	QL (1.5 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	Tier 2	QL (0.25 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	Tier 2	QL (0.5 ML per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	Tier 2	QL (0.88 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	Tier 2	QL (1.32 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	Tier 2	QL (1.75 ML per 70 days)

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Drug	Status	Notes
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	Tier 2	QL (2.63 ML per 70 days)
<i>lurasidone</i> (Latuda)	Tier 1	
LYBALVI	Tier 3	ST: TRIAL OF ONE GENERIC ATYPICAL ANTIPSYCHOTIC IN THE PAST 365 DAYS; QL (1 EA per 1 day)
<i>olanzapine oral</i> (Zyprexa)	Tier 1	
<i>paliperidone oral tablet extended release</i> 24hr 1.5 mg	Tier 1	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release</i> (Invega) 24hr 3 mg, 9 mg	Tier 1	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release</i> (Invega) 24hr 6 mg	Tier 1	QL (2 EA per 1 day)
PERSERIS	Tier 3	QL (1 EA per 28 days)
<i>quetiapine</i> (Seroquel)	Tier 1	
<i>risperidone microspheres</i> (Risperdal Consta)	Tier 1	QL (1 EA per 14 days)
<i>risperidone oral solution</i> (Risperdal)	Tier 1	
<i>risperidone oral tablet</i> (Risperdal)	Tier 1	
<i>risperidone oral tablet, disintegrating</i>	Tier 1	
RYKINDO (risperidone microspheres)	Tier 2	QL (1 EA per 14 days)
SECUADO	Tier 3	ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (1 EA per 1 day)

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Drug	Status	Notes
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	Tier 2	QL (0.28 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	Tier 2	QL (0.35 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	Tier 2	QL (0.42 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	Tier 2	QL (0.56 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	Tier 2	QL (0.7 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	Tier 2	QL (0.14 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	Tier 2	QL (0.21 ML per 28 days)
VERSACLOZ	Tier 3	ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (18 ML per 1 day)
<i>ziprasidone hcl</i> (Geodon)	Tier 1	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	Tier 3	QL (1 EA per 14 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	Tier 3	QL (1 EA per 28 days)
Antipsychotics,Dopamine Antagonists, Thioxanthenes		

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Drug	Status	Notes
<i>thiothixene</i>	Tier 1	
Antipsychotics,Dopamine Antagonists,Butyrophenones		
<i>haloperidol</i>	Tier 1	
<i>haloperidol lactate oral</i>	Tier 1	
Antipsychotics,Dopamine Antagonist,Dihydroindolones		
<i>molindone oral tablet 10 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>molindone oral tablet 25 mg</i>	Tier 1	QL (9 EA per 1 day)
<i>molindone oral tablet 5 mg</i>	Tier 1	
Anti-Psychotics,Phenothiazines		
<i>chlorpromazine oral</i>	Tier 1	
<i>fluphenazine hcl oral</i>	Tier 1	
<i>perphenazine</i>	Tier 1	
<i>thioridazine</i>	Tier 1	
<i>trifluoperazine</i>	Tier 1	
Barbiturates		
<i>phenobarbital</i>	Tier 1	
Hsdd Agents-Mixed Serotonin Agonist/Antagonists		
ADDYI	Tier 3	PA
VYLEESI	Tier 3	PA
Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists		
HETLIOZ LQ	Tier 3	PA; SP

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Drug	Status	Notes
<i>ramelteon</i> (Rozerem)	Tier 1	ST: TRIAL OF ZOLPIDEM IR (AMBIEN), ZALEPLON (SONATA) OR ESZOPICLONE (LUNESTA) REQUIRED WITHIN THE PAST 120 DAYS
<i>tasimelteon</i> (Hetlioz)	Tier 1	PA; SP
Narcolepsy And Sleep Disorder Therapy Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i> (Nuvigil)	Tier 1	QL (1 EA per 1 day)
<i>armodafinil oral tablet 50 mg</i> (Nuvigil)	Tier 1	QL (3 EA per 1 day)
<i>modafinil</i> (Provigil)	Tier 1	QL (2 EA per 1 day)
SUNOSI	Tier 2	PA
Narcolepsy Tx-H3- Recept.Antagonist/Inverse Agonist		
WAKIX	Tier 3	PA; SP
Narcotic Antagonists		
KLOXXADO	Tier 2	QL (4 EA per 30 days)
LOTREXONE	Tier 3	
<i>naloxone injection syringe</i>	Tier 1	
NALTREX	Tier 3	
<i>naltrexone</i>	Tier 1	
OPVEE	Tier 3	QL (4 EA per 30 days)
ZIMHI	Tier 3	QL (2 ML per 30 days)
ZURNAI	Tier 3	QL (2 ML per 30 days)
Sedative-Hypnotics - Benzodiazepines		
<i>estazolam</i>	Tier 1	
<i>flurazepam</i>	Tier 1	
<i>midazolam oral</i>	Tier 1	

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Drug	Status	Notes
<i>quazepam</i> (Doral)	Tier 1	ST: TRIAL OF 1 OF THE FOLLOWING ORAL GENERICS: ZOLPIDEM TABLETS, ZALEPLON, ESZOPICLONE, TEMAZEPAM OR FLURAZEPAM WITHIN THE PAST 120 DAYS.
<i>temazepam</i> (Restoril)	Tier 1	
<i>triazolam</i> (Halcion)	Tier 1	
Sedative-Hypnotics, Non-Barbiturate		
BELSOMRA	Tier 2	ST: TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (1 EA per 1 day)
DAYVIGO	Tier 2	ST: TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (1 EA per 1 day)

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Drug	Status	Notes
doxepin oral tablet 3 mg (Silenor)	Tier 1	ST: TRIAL OF ZOLPIDEM, ZALEPLON, ESZOPICLONE, DOXEPIN SOLUTION, OR DOXEPIN 10MG CAPSULE REQUIRED. TRIAL OF ZOLPIDEM, ZALEPLON, ESZOPICLONE, DOXEPIN SOLUTION, OR DOXEPIN 10MG CAPSULE REQUIRED; QL (1 EA per 1 day)
doxepin oral tablet 6 mg (Silenor)	Tier 1	ST: TRIAL OF ZOLPIDEM, ZALEPLON, ESZOPICLONE, DOXEPIN SOLUTION, OR DOXEPIN 10MG CAPSULE REQUIRED.; QL (1 EA per 1 day)
eszopiclone (Lunesta)	Tier 1	QL (1 EA per 1 day)
QUVIVIQ	Tier 3	ST: TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (1 EA per 1 day)
zaleplon	Tier 1	QL (1 EA per 1 day)
zolpidem oral tablet (Ambien)	Tier 1	QL (1 EA per 1 day)
zolpidem oral tablet, ext release multiphase (Ambien CR)	Tier 1	QL (1 EA per 1 day)
zolpidem sublingual	Tier 1	ST: TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (1 EA per 1 day)

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Drug	Status	Notes
Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)		
NUPLAZID	Tier 3	PA; SP
Ssri & Antipsych, Atyp, Dopamine & Serotonin Antag Comb		
<i>olanzapine-fluoxetine</i>	Tier 1	QL (1 EA per 1 day)
Tx For Adhd - Selective Alpha-2A Receptor Agonist		
<i>clonidine hcl oral tablet extended release 12 hr</i>	Tier 1	
<i>guanfacine oral tablet extended release 24 hr</i> (Intuniv ER)	Tier 1	
ONYDA XR	Tier 3	ST: TRIAL OF CLONIDINE 0.1 MG ER TABLETS IN THE PAST 120 DAYS; QL (4 ML per 1 day)
Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy		
AZSTARYS	Tier 2	ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/ AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (1 EA per 1 day)
<i>dexmethylphenidate oral capsule, er biphasic 50-50</i> (Focalin XR)	Tier 1	QL (1 EA per 1 day)
<i>dexmethylphenidate oral tablet</i> (Focalin)	Tier 1	QL (2 EA per 1 day)

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Drug	Status	Notes
JORNAY PM	Tier 2	ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/ AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (1 EA per 1 day)
<i>methylphenidate</i> (Daytrana)	Tier 1	ST: TRIAL OF ORAL METHYLPHENIDATE CD, ER OR LA FORMULATION OR METHYLPHENIDATE SUSPENSION/SOLUTION REQUIRED.; QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i> (Metadate CD)	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i> (Metadate CD)	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 40 mg, 60 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 20 mg</i> (Ritalin LA)	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral solution</i> (Methylin)	Tier 1	
<i>methylphenidate hcl oral tablet</i> (Ritalin)	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)	Tier 1	QL (1 EA per 1 day)

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Drug	Status	Notes
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta)	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral tablet, chewable 10 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>methylphenidate hcl oral tablet, chewable 2.5 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	Tier 3	ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/ AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	Tier 3	ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/ AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (2 EA per 1 day)

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Drug	Status	Notes
QUILLIVANT XR 25 MG/5 ML SUSP	Tier 3	120mL Bottle; ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/ AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (240 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP	Tier 3	150mL Bottle; ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/ AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (300 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP	Tier 3	180mL Bottle; ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/ AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (360 ML per 30 days)

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Drug	Status	Notes
QUILLIVANT XR 25 MG/5 ML SUSP	Tier 3	60mL Bottle; ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/ AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (60 ML per 30 days)
Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type		
<i>atomoxetine</i>	Tier 1	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	Tier 3	ST: TRIAL OF ATOMOXETINE, CLONIDINE ER (KAPVAY), GUANFACINE ER (INTUNIV), GENERIC IR METHYLPHENIDATE, DEXMETHYLPHENIDATE OR DEXTROAMPHETAMINE/ AMPHETAMINE IN THE PAST 120 DAYS; QL (1 EA per 1 day)

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Drug	Status	Notes
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	Tier 3	ST: TRIAL OF ATOMOXETINE, CLONIDINE ER (KAPVAY), GUANFACINE ER (INTUNIV), GENERIC IR METHYLPHENIDATE, DEXMETHYLPHENIDATE OR DEXTROAMPHETAMINE/ AMPHETAMINE IN THE PAST 120 DAYS; QL (2 EA per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	Tier 3	ST: TRIAL OF ATOMOXETINE, CLONIDINE ER (KAPVAY), GUANFACINE ER (INTUNIV), GENERIC IR METHYLPHENIDATE, DEXMETHYLPHENIDATE OR DEXTROAMPHETAMINE/ AMPHETAMINE IN THE PAST 120 DAYS; QL (3 EA per 1 day)

Cardiovascular Disease - Arrhythmia

Antiarrhythmics

<i>amiodarone oral</i> (Pacerone)	Tier 1	
<i>disopyramide phosphate oral capsule</i> (Norpace)	Tier 1	
<i>dofetilide</i> (Tikosyn)	Tier 1	
<i>flecainide</i>	Tier 1	
<i>mexiletine</i>	Tier 1	
MULTAQ	Tier 2	
NORPACE CR (disopyramide phosphate)	Tier 2	
PACERONE ORAL TABLET 100 MG, 200 MG (amiodarone)	Tier 1	

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Drug	Status	Notes
<i>propafenone</i>	Tier 1	
<i>quinidine gluconate oral</i>	Tier 1	
<i>quinidine sulfate oral tablet</i>	Tier 1	
Cardiovascular Disease - Cardiac Stimulant		
Adrenergic Agents, Catecholamines		
<i>epinephrine injection syringe 0.1 mg/ml</i>	Tier 1	
Digitalis Glycosides		
<i>digoxin oral solution</i>	Tier 3	
<i>digoxin oral tablet 125 mcg (0.125 mg), (Lanoxin) 250 mcg (0.25 mg)</i>	Tier 1	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg) (Lanoxin)</i>	Tier 1	PA
LANOXIN ORAL TABLET 125 MCG (digoxin) (0.125 MG), 250 MCG (0.25 MG)	Tier 3	
LANOXIN ORAL TABLET 62.5 MCG (digoxin) (0.0625 MG)	Tier 3	PA
Cardiovascular Disease - Hypertension		
Ace Inhibitor/Calcium Channel Blocker Combination		
<i>amlodipine-benazepril (Lotrel)</i>	Tier 1	
<i>trandolapril-verapamil</i>	Tier 1	
Ace Inhibitor/Thiazide & Thiazide-Like Diuretic		
<i>benazepril-hydrochlorothiazide (Lotensin HCT)</i>	Tier 1	
<i>captopril-hydrochlorothiazide</i>	Tier 1	
<i>enalapril-hydrochlorothiazide (Vaseretic)</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide</i>	Tier 1	

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Drug		Status	Notes
<i>lisinopril-hydrochlorothiazide</i>	(Zestoretic)	Tier 1	
<i>quinapril-hydrochlorothiazide</i>		Tier 1	
Alpha/Beta-Adrenergic Blocking Agents			
<i>carvedilol</i>	(Coreg)	Tier 1	
<i>carvedilol phosphate</i>	(Coreg CR)	Tier 1	QL (1 EA per 1 day)
<i>labetalol oral</i>		Tier 1	
Alpha-Adrenergic Blocking Agents			
CARDURA XL		Tier 3	
<i>doxazosin</i>	(Cardura)	Tier 1	
<i>phenoxybenzamine</i>		Tier 1	PA; SP
<i>prazosin</i>		Tier 1	
<i>terazosin</i>		Tier 1	
TEZRULY		Tier 3	PA
Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb			
<i>amlodipine-valsartan-hcthiazid</i>	(Exforge HCT)	Tier 1	
<i>olmesartan-amlodipin-hcthiazid</i>	(Tribenzor)	Tier 1	
Angiotensin Receptor Antag./Thiazide Diuretic Comb			
<i>candesartan-hydrochlorothiazid</i>	(Atacand HCT)	Tier 1	
<i>irbesartan-hydrochlorothiazide</i>	(Avalide)	Tier 1	
<i>losartan-hydrochlorothiazide</i>	(Hyzaar)	Tier 1	
<i>olmesartan-hydrochlorothiazide</i>	(Benicar HCT)	Tier 1	
<i>telmisartan-hydrochlorothiazid</i>	(Micardis HCT)	Tier 1	
<i>valsartan-hydrochlorothiazide</i>	(Diovan HCT)	Tier 1	
Angiotensin Receptor Antgnst & Calc.Channel Blockr			
<i>amlodipine-olmesartan</i>	(Azor)	Tier 1	
<i>amlodipine-valsartan</i>	(Exforge)	Tier 1	

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Drug	Status	Notes
<i>telmisartan-amlodipine</i>	Tier 1	
Antihypertensives, Ace Inhibitors		
<i>benazepril</i> (Lotensin)	Tier 1	
<i>captopril</i>	Tier 1	
<i>enalapril maleate oral solution</i> (Epaned)	Tier 1	PA
<i>enalapril maleate oral tablet</i> (Vasotec)	Tier 1	
<i>fosinopril</i>	Tier 1	
<i>lisinopril</i> (Zestril)	Tier 1	
<i>moexipril</i>	Tier 1	
<i>perindopril erbumine</i>	Tier 1	
QBRELIS	Tier 3	PA
<i>quinapril</i>	Tier 1	
<i>ramipril</i> (Altace)	Tier 1	
<i>trandolapril</i>	Tier 1	
Antihypertensives, Angiotensin Receptor Antagonist		
ARB LI	Tier 3	PA
<i>azilsartan medoxomil</i> (Edarbi)	Tier 1	ST: TRIAL OF ACE INHIBITOR, ACE-I COMBO, ARB, OR ARB COMBO REQUIRED
<i>candesartan</i> (Atacand)	Tier 1	
<i>irbesartan</i> (Avapro)	Tier 1	
<i>losartan</i> (Cozaar)	Tier 1	
<i>olmesartan</i> (Benicar)	Tier 1	
<i>telmisartan</i> (Micardis)	Tier 1	

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Drug	Status	Notes
<i>valsartan oral tablet</i> (Diovan)	Tier 1	
Antihypertensives, Ganglionic Blockers		
VECAMYL	Tier 3	PA; SP
Antihypertensives, Miscellaneous		
<i>metyrosine</i>	Tier 1	PA; SP
Antihypertensives, Sympatholytic		
<i>clonidine</i> (Catapres-TTS-1)	Tier 1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1	
<i>guanfacine oral tablet</i>	Tier 1	
JAVADIN	Tier 3	PA; QL (120 ML per 1 day)
<i>methyldopa</i>	Tier 1	
Antihypertensives, Vasodilators		
<i>hydralazine oral</i>	Tier 1	
<i>minoxidil oral</i>	Tier 1	
Antihypertensives, Endothelin Receptor Antagonists		
TRYVIO	Tier 3	PA; SP
VANRAFIA	Tier 2	PA; SP
Beta-Adrenergic Blocking Agents		
<i>acebutolol</i>	Tier 1	
<i>atenolol</i> (Tenormin)	Tier 1	
<i>betaxolol oral</i>	Tier 1	
<i>bisoprolol fumarate</i>	Tier 1	

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Drug	Status	Notes
HEMANGEOL	Tier 3	ST: TRIAL OF GENERIC PROPRANOLOL ORAL SOLUTION REQUIRED WITHIN THE PAST 120 DAYS FOR PATIENTS 1 YEAR AND OLDER, TRIAL OF PROPRANOLOL SOLUTION REQUIRED.; QL (360 ML per 30 days)
KAPSPARGO SPRINKLE	Tier 3	
LOPRESSOR ORAL SOLUTION	Tier 3	PA
<i>metoprolol succinate</i> (Toprol XL)	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	Tier 1	
<i>metoprolol tartrate oral tablet 12.5 mg</i> (Lopressor)	Tier 3	QL (4 EA per 1 day)
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	Tier 1	
<i>nadolol</i>	Tier 1	
<i>nebivolol</i> (Bystolic)	Tier 1	
<i>pindolol</i>	Tier 1	
<i>propranolol oral</i> (Inderal LA)	Tier 1	
SOTALOL AF (sotalol)	Tier 1	
<i>sotalol oral</i> (Sotalol AF)	Tier 1	
SOTYLIZE	Tier 3	250mL Bottle; ST: TRIAL OF SOTALOL TABLETS REQUIRED WITHIN THE PAST 120 DAYS; QL (64 ML per 1 day)
<i>timolol maleate oral</i>	Tier 1	

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Drug	Status	Notes
Beta-Adrenergic Blocking Agents/Thiazide & Related		
<i>atenolol-chlorthalidone</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz</i>	Tier 1	
Calcium Channel Blocking Agents		
<i>amlodipine</i> (Norvasc)	Tier 1	
CARDAMYST	Tier 3	QL (2 EA per 1 FILL)
CARTIA XT (diltiazem hcl)	Tier 1	
CONJUPRI ORAL TABLET 2.5 MG (levamlodipine)	Tier 3	PA
<i>diltiazem hcl oral</i> (Cardizem)	Tier 1	
DILT-XR (diltiazem hcl)	Tier 1	
<i>felodipine</i>	Tier 1	
<i>isradipine</i>	Tier 1	
<i>levamlodipine</i> (Conjupri)	Tier 1	PA
MATZIM LA (diltiazem hcl)	Tier 1	
<i>nicardipine oral</i>	Tier 1	
<i>nifedipine</i> (Procardia XL)	Tier 1	
<i>nimodipine oral capsule</i>	Tier 1	
<i>nimodipine oral solution</i>	Tier 1	PA; SP
<i>nisoldipine</i> (Sular)	Tier 1	
NORLIQVA	Tier 3	PA
NYMALIZE	Tier 3	PA
TIADYLT ER (diltiazem hcl)	Tier 1	
<i>verapamil oral</i>	Tier 1	
Loop Diuretics		
<i>bumetanide oral</i>	Tier 1	
<i>ethacrynic acid</i> (Edecrin)	Tier 1	PA
FUROSCIX	Tier 3	PA; SP

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Drug	Status	Notes
<i>furosemide oral</i> (Lasix)	Tier 1	
<i>toremide oral</i>	Tier 1	
Potassium Sparing Diuretics		
<i>amiloride</i>	Tier 1	
<i>eplerenone</i> (Inspra)	Tier 1	
KERENDIA	Tier 3	PA
<i>spironolactone oral suspension</i> (CaroSpir)	Tier 1	PA
<i>spironolactone oral tablet</i> (Aldactone)	Tier 1	
<i>triamterene</i> (Dyrenium)	Tier 1	
Potassium Sparing Diuretics In Combination		
<i>amiloride-hydrochlorothiazide</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz</i>	Tier 1	
<i>triamterene-hydrochlorothiazid</i>	Tier 1	
Pulm Anti-Htn, Soluble Guanylate Cyclase Stimulator		
ADEMPAS	Tier 2	PA; SP
Pulm. Anti-Htn, Sel. C-Gmp Phosphodiesterase T5 Inhib		
ALYQ (tadalafil (pulm. hypertension))	Tier 1	PA; SP; QL (2 EA per 1 day)
<i>sildenafil (pulm. hypertension) oral</i> (Revatio)	Tier 1	PA
<i>tadalafil (pulm. hypertension)</i> (Alyq)	Tier 1	PA; SP; QL (2 EA per 1 day)
Pulmonary Anti-Htn, Endothelin Receptor Antagonist		
<i>ambrisentan</i> (Letairis)	Tier 1	PA; SP

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Drug	Status	Notes
<i>bosentan</i> (Tracleer)	Tier 1	PA; SP
OPSUMIT (macitentan)	Tier 2	PA; SP
Pulmonary Antihyper Agent, Actria-Fc		
WINREVAIR	Tier 2	PA; SP
Pulmonary Antihypertensives, Prostacyclin-Type		
ORENITRAM	Tier 2	PA; SP
ORENITRAM MONTH 1 TITRATION KT	Tier 2	PA; SP
ORENITRAM MONTH 2 TITRATION KT	Tier 2	PA; SP
ORENITRAM MONTH 3 TITRATION KT	Tier 2	PA; SP
REMODULIN INJECTION SOLUTION 1 (treprostinil sodium) MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	Tier 3	PA; SP
<i>treprostinil sodium</i> (Remodulin)	Tier 1	PA; SP
TYVASO	Tier 2	PA; SP
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 32-64 MCG, 48 MCG, 48-64 MCG, 64 MCG, 80 MCG	Tier 2	PA; SP
TYVASO INSTITUTIONAL START KIT	Tier 2	PA; SP
TYVASO REFILL KIT	Tier 2	PA; SP
TYVASO STARTER KIT	Tier 2	PA; SP
UPTRAVI ORAL	Tier 2	PA; SP
YUTREPIA	Tier 2	PA; SP
Pulmonary Htn-Endothelin Recept Antg-Cgmp Pde5 Inh		
OPSYNVI	Tier 2	PA; SP
Renin Inhibitor, Direct		
<i>aliskiren</i> (Tekturna)	Tier 1	
Thiazide And Related Diuretics		

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Drug	Status	Notes
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	
DIURIL	Tier 3	
HEMICLOR	Tier 3	
<i>hydrochlorothiazide</i>	Tier 1	
<i>indapamide</i>	Tier 1	
INZIRQO	Tier 3	PA
<i>metolazone</i>	Tier 1	
THALITONE	Tier 3	
Vasodilators, Combination		
<i>isosorbide-hydralazine</i> (BiDil)	Tier 1	
Cardiovascular Disease - Lipid Irregularity		
Antihyperlip.Hmg Coa Reduct Inhib&Cholest.Ab.Inhib		
<i>ezetimibe-rosuvastatin</i> (Roszet)	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	Tier 1	
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	Tier 1	
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	Tier 1	
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	Tier 1	PA; QL (1 EA per 1 day)
ROSZET (ezetimibe-rosuvastatin)	Tier 3	QL (1 EA per 1 day)
Antihyperlipidemic - Apo B-100 Synthesis Inhibitor		
REDEMPLO	Tier 3	PA; SP; QL (0.5 ML per 90 days)

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Drug	Status	Notes
TRYNGOLZA	Tier 3	PA; SP
Antihyperlipidemic - Atp Citrate Lyase Inhibitor		
NEXLETOL	Tier 2	ST: TRIAL OF GENERIC STATIN IN THE PREVIOUS 120 DAYS
Antihyperlipidemic - Hmg Coa Reductase Inhibitors		
ATORVALIQ	Tier 3	PA
<i>atorvastatin oral tablet 10 mg, 20 mg</i> (Lipitor)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
<i>atorvastatin oral tablet 40 mg, 80 mg</i> (Lipitor)	Tier 1	
FLOLIPID (simvastatin)	Tier 3	PA
<i>fluvastatin oral capsule 20 mg</i>	\$0	ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)

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Drug	Status	Notes
<i>fluvastatin oral capsule 40 mg</i>	\$0	ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN; \$0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>fluvastatin oral tablet extended release 24 hr</i> (Lescol XL)	\$0	ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)

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Drug	Status	Notes
<i>lovastatin oral tablet 10 mg, 20 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
<i>lovastatin oral tablet 40 mg</i>	\$0	\$0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
<i>pitavastatin calcium</i> (Livalo)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>pravastatin oral tablet 10 mg, 80 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS

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

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Drug	Status	Notes
<i>simvastatin oral tablet 5 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
<i>simvastatin oral tablet 80 mg</i>	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
JUXTAPID ORAL CAPSULE 2 MG	Tier 3	PA
Antihyperlipidemic - Pcsk9 Inhibitors		
REPATHA PUSHTRONEX	Tier 2	ST: TRIAL OF GENERIC STATIN IN THE PREVIOUS 120 DAYS; QL (10.5 ML per 84 days)
REPATHA SURECLICK	Tier 2	ST: TRIAL OF GENERIC STATIN IN THE PREVIOUS 120 DAYS; QL (6 ML per 84 days)
REPATHA SYRINGE	Tier 2	ST: TRIAL OF GENERIC STATIN IN THE PREVIOUS 120 DAYS; QL (6 ML per 84 days)
Antihyperlipidemic-Acly And Choles Absorp Inhib		
NEXLIZET	Tier 2	ST: TRIAL OF GENERIC STATIN IN THE PREVIOUS 120 DAYS
Bile Salt Sequestrants		
<i>cholestyramine (with sugar)</i> (Questran)	Tier 1	
CHOLESTYRAMINE LIGHT (cholestyramine)	Tier 1	

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<i>colesevelam</i> (WelChol)	Tier 1	
<i>colestipol</i> (Colestid)	Tier 1	
PREVALITE (cholestyramine)	Tier 1	
Lipotropics		
<i>ezetimibe</i> (Zetia)	Tier 1	QL (1 EA per 1 day)
<i>fenofibrate</i> (Lipofen)	Tier 1	
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	Tier 1	
<i>fenofibrate nanocrystallized</i>	Tier 1	
<i>fenofibric acid</i> (Fibricor)	Tier 1	
<i>fenofibric acid (choline)</i>	Tier 1	
<i>gemfibrozil</i> (Lopid)	Tier 1	
<i>icosapent ethyl oral capsule 0.5 gram</i> (Vascepa)	Tier 1	QL (8 EA per 1 day)
<i>icosapent ethyl oral capsule 1 gram</i> (Vascepa)	Tier 1	QL (4 EA per 1 day)
<i>niacin oral tablet 500 mg</i> (Niacor)	Tier 1	
<i>niacin oral tablet extended release 24 hr</i>	Tier 1	
NIACOR (niacin)	Tier 1	
<i>omega-3 acid ethyl esters</i> (Lovaza)	Tier 1	ST: TRIAL OF GENERIC FENOFIBRATE IN THE PAST 120 DAYS; QL (4 EA per 1 day)
Cardiovascular Disease - Miscellaneous Agents		
Adrenergic Vasopressor Agents		
<i>droxidopa</i> (Northera)	Tier 1	PA; SP
<i>midodrine</i>	Tier 1	

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Drug	Status	Notes
Angiotensin Recept-Nepriylsin Inhibitor Comb(Arni)		
ENTRESTO SPRINKLE	Tier 3	QL (8 EA per 1 day)
<i>sacubitril-valsartan oral tablet 24-26 mg</i> (Entresto)	Tier 1	QL (6 EA per 1 day)
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i> (Entresto)	Tier 1	QL (2 EA per 1 day)
Antianginal & Anti-Ischemic Agents, Non-Hemodynamic		
<i>ranolazine</i>	Tier 1	
Antianginal, Heart Rate Reducing, I(F) Inhibitor		
CORLANOR ORAL SOLUTION	Tier 2	QL (15 ML per 1 day)
<i>ivabradine</i> (Corlanor)	Tier 1	ST: TRIAL OF METOPROLOL SUCCINATE, BISOPROLOL, OR CARVEDILOL REQUIRED IN THE PAST 120 DAYS.; QL (2 EA per 1 day)
Antihyperlip - Hmg-Coa&Calcium Channel Blocker Cb		
<i>amlodipine-atorvastatin</i> (Caduet)	Tier 1	QL (1 EA per 1 day)
Cardiac Myosin Inhibitor		
CAMZYOS	Tier 2	PA; SP
Protein Stabilizers		
ATTRUBY	Tier 3	PA; SP
VYNDAMAX	Tier 2	PA; SP
VYNDAQEL	Tier 3	PA; SP
Soluble Guanylate Cyclase (Sgc) Stimulator		
VERQUVO	Tier 3	PA
Cardiovascular Disease - Vasodilation		
Vasodilators, Coronary		

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Drug	Status	Notes
<i>isosorbide dinitrate oral tablet</i> (Isordil)	Tier 1	
<i>isosorbide mononitrate</i>	Tier 1	
NITRO-BID (nitroglycerin)	Tier 2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 2	
<i>nitroglycerin sublingual</i> (Nitrostat)	Tier 1	
<i>nitroglycerin transdermal</i> (Nitro-Bid)	Tier 1	
<i>nitroglycerin translingual</i> (Nitrolingual)	Tier 1	
NITROMIST (nitroglycerin)	Tier 3	
NITRO-TIME (nitroglycerin)	Tier 1	
Vasodilators, Peripheral		
<i>ergoloid</i>	Tier 1	
<i>papaverine injection solution</i>	Tier 1	
Contraception/Oxytocics		
Contraceptives, Intravaginal, Systemic		
ANNOVERA	\$0	
ELURYNG (etonogestrel-ethinyl estradiol)	\$0	
ENILLORING (etonogestrel-ethinyl estradiol)	\$0	
<i>etonogestrel-ethinyl estradiol</i> (EluRyng)	\$0	
HALOETTE (etonogestrel-ethinyl estradiol)	\$0	
Contraceptives, Implantable		
NEXPLANON	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1 IN 365 DAYS

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Drug	Status	Notes
Contraceptives,Injectable		
DEPO-SUBQ PROVERA 104	\$0	\$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (0.65 ML per 84 days)
<i>medroxyprogesterone intramuscular</i> (Depo-Provera)	\$0	\$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
Contraceptives,Intravaginal		
PHEXX	\$0	
VAGINAL CONTRACEPTIVE FILM	\$0	
VCF CONTRACEPTIVE FILM	\$0	
VCF CONTRACEPTIVE GEL	\$0	
Contraceptives,Oral		
AFIRMELLE (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
AFTER PILL (levonorgestrel)	\$0	
AFTERA (levonorgestrel)	\$0	
ALTAVERA (28) (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
ALYACEN 1/35 (28) (norethindrone-ethin estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
ALYACEN 7/7/7 (28)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
AMETHIA (l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
AMETHYST (28) (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
APRI (desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
ARANELLE (28)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS

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Drug	Status	Notes
ASHLYNA (l norgest/e.estradiol- e.estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
AUBRA (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
AUBRA EQ (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA 1.5/30 (21) (norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA 1/20 (21) (norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA 24 FE (norethindrone-e.estradiol- iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA FE 1.5/30 (28) (norethindrone-e.estradiol- iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA FE 1-20 (28) (norethindrone-e.estradiol- iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
AVERI	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
AVIANE (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
AYUNA (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
AZURETTE (28) (desog- e.estradiol/e.estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
BALZIVA (28)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
BLISOVI 24 FE (norethindrone-e.estradiol- iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
BLISOVI FE 1.5/30 (28) (norethindrone-e.estradiol- iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS

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Drug		Status	Notes
BLISOVI FE 1/20 (28)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
BRIELLYN		\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
CAMILA	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
CAMRESE	(l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
CAMRESE LO	(l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
CAZIAN (28)		\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
CHARLOTTE 24 FE	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
CHATEAL EQ (28)	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
CRYSSELLE (28)	(norgestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
CYRED	(desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
CYRED EQ	(desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
DASETTA 1/35 (28)	(norethindrone-ethin estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
DASETTA 7/7/7 (28)		\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
DAYSEE	(l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
DEBLITANE	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>desog-e.estradiol/e.estradiol</i>	(Azurette (28))	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS

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Drug	Status	Notes
DOLISHALE (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>drospirenone-e.estradiol-lm.fa</i> (Beyaz)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>drospirenone-ethinyl estradiol</i> (Jasmiel (28))	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
ECONTRA EZ (levonorgestrel)	\$0	
ECONTRA ONE-STEP (levonorgestrel)	\$0	
ELINEST (norgestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
ELLA	\$0	
EMZAHH (norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
ENPRESSE (levonorg-eth estrad triphasic)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
ENSKYCE (desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
ERRIN (norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
ESTARYLLA (norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35 (28))	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
FALMINA (28) (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
FEIRZA (norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
FEMLYV	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS

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FINZALA	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
GALBRIELA	(noreth-ethinyl estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
GEMMILY	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
HAILEY	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
HAILEY 24 FE	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
HAILEY FE 1.5/30 (28)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
HAILEY FE 1/20 (28)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
HEATHER	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
ICLEVIA	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
INCASSIA	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
INTROVALE	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
ISIBLOOM	(desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
JAIMIESS	(l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
JASMIEL (28)	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
JENCYCLA	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
JOLESSA	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)

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JOYEAUX (levonorgest-eth.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (28 EA per 28 days)
JULEBER (desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
JUNEL 1.5/30 (21) (norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
JUNEL 1/20 (21) (norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
JUNEL FE 1.5/30 (28) (norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
JUNEL FE 1/20 (28) (norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
JUNEL FE 24 (norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
KAITLIB FE (noreth-ethinyl estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
KALLIGA (desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
KARIVA (28) (desog-e.estradiol/e.estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
KELNOR 1/35 (28) (ethynodiol diac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
KURVELO (28) (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i> (Camrese Lo)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
LARIN 1.5/30 (21) (norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS

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Drug		Status	Notes
LARIN 1/20 (21)	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LARIN 24 FE	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LARIN FE 1.5/30 (28)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LARIN FE 1/20 (28)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LESSINA	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LEVONEST (28)	(levonorg-eth estrad triphasic)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>levonorgest-eth.estradiol-iron</i>	(Joyeaux)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (28 EA per 28 days)
<i>levonorgestrel</i>	(After Pill)	\$0	
<i>levonorgestrel-ethinyl estrad oral tablet</i>	(Afirmelle)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month</i>	(Iclevia)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
<i>levonorg-eth estrad triphasic</i>	(Enpresse)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LO LOESTRIN FE		\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LOJAIMIESS	(l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
LORYNA (28)	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LOW-OGESTREL (28)	(norgestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LO-ZUMANDIMINE (28)	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS

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LUIZZA (norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LUTERA (28) (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LYLEQ (norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LYZA (norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
MARLISSA (28) (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
MELEYA (norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
MIBELAS 24 FE (norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
MICROGESTIN 1.5/30 (21) (norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
MICROGESTIN 1/20 (21) (norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
MICROGESTIN FE 1.5/30 (28) (norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
MICROGESTIN FE 1/20 (28) (norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
MILI (norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
MINZOYA (levonorgest-eth.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (28 EA per 28 days)
MONO-LINYAH (norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
MY CHOICE (levonorgestrel)	\$0	

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Drug	Status	Notes
MY WAY (levonorgestrel)	\$0	
NATAZIA	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
NECON 0.5/35 (28)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
NEW DAY (levonorgestrel)	\$0	
NEXTSTELLIS	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (1 EA per 1 day)
NIKKI (28) (drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
NORA-BE (norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4) (Galbriela)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone (contraceptive) (Camila)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg (Aurovela 1.5/30 (21))	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg (Aurovela 1/20 (21))	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone-e.estradiol-iron oral capsule (Gemmyly)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
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 28 IN 21 DAYS
norethindrone-e.estradiol-iron oral tablet, chewable (Charlotte 24 Fe)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
norgestimate-ethinyl estradiol (Estarylla)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
NORTREL 0.5/35 (28)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
NORTREL 1/35 (21)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS

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Drug	Status	Notes
NORTREL 1/35 (28) (norethindrone-ethin estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
NORTREL 7/7/7 (28)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
NYLIA 1/35 (28) (norethindrone-ethin estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
NYLIA 7/7/7 (28)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
OPCICON ONE-STEP (levonorgestrel)	\$0	
OPILL	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
OPTION-2 (levonorgestrel)	\$0	
ORQUIDEA (norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
PHILITH	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
PIMTREA (28) (desog-e.estradiol/e.estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
PORTIA 28 (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
RECLIPSEN (28) (desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
RIVELSA (l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
ROSYRAH (l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
SETLAKIN (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)

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Drug		Status	Notes
SHAROBEL	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
SIMLIYA (28)	(desog- e.estradiol/e.estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
SIMPESSE	(l norgest/e.estradiol- e.estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
SLYND		\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (28 EA per 28 days)
SPRINTEC (28)	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
SRONYX	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
SYEDA	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TAKE ACTION	(levonorgestrel)	\$0	
TARINA 24 FE	(norethindrone-e.estradiol- iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TARINA FE 1/20 (28)	(norethindrone-e.estradiol- iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TARINA FE 1-20 EQ (28)	(norethindrone-e.estradiol- iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TILIA FE	(norethindrone-e.estradiol- iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-ESTARYLLA	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LEGEST FE	(norethindrone-e.estradiol- iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LINYAH	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LO-ESTARYLLA	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LO-MARZIA	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS

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Drug	Status	Notes
TRI-LO-MILI (norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LO-SPRINTEC (norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-MILI (norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-SPRINTEC (28) (norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-VYLIBRA (norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-VYLIBRA LO (norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TULANA (norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TURQOZ (28) (norgestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TYBLUME	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TYDEMY (drospirenone-e.estradiol- lm.fa)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
VALTYA (ethynodiol diac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
VELIVET TRIPHASIC REGIMEN (28)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
VESTURA (28) (drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
VIENVA (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
VIORELE (28) (desog- e.estradiol/e.estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS

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Drug	Status	Notes
VOLNEA (28) (desog-e.estradiol/e.estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
VYFEMLA (28)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
VYLIBRA (norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
WERA (28)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
WYMZYA FE (noreth-ethinyl estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
XARAH FE (norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
XELRIA FE (noreth-ethinyl estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
ZARAH (drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
ZOVIA 1-35 (28) (ethynodiol diac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
ZUMANDIMINE (28) (drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
Contraceptives, Transdermal		
<i>norelgestromin-ethin.estradiol</i> (Xulane)	\$0	
TWIRLA	\$0	
XULANE (norelgestromin-ethin.estradiol)	\$0	
ZAFEMY (norelgestromin-ethin.estradiol)	\$0	
Diaphragms/Cervical Cap		
CAYA CONTOURED	\$0	
FEMCAP	\$0	
Intra-Uterine Devices (IUD's)		
KYLEENA	\$0	
LILETTA	\$0	

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Drug	Status	Notes
MIRENA	\$0	
MIUDELLA	\$0	
PARAGARD T 380A	\$0	
PARAGARD T380A (SINGLE HAND)	\$0	
SKYLA	\$0	
Oxytocics		
CERVIDIL	Tier 3	
<i>methylergonovine oral</i>	Tier 1	QL (28 EA per 30 days)
PREPIDIL	Tier 3	
Cough And Cold		
1St Gen Antihistamine & Decongestant Combinations		
<i>promethazine-phenylephrine</i> (Promethazine VC)	Tier 1	
1St Gen Antihist-Decongest-Anticholinergic Comb		
RESPA-AR	Tier 1	
Antitussives, Non-Narcotic		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	Tier 1	
Narcotic Antituss-1St Gen. Antihistamine-Decongest		
HISTEX-AC	Tier 3	Age (Min 12 Years)
MAR-COF BP	Tier 1	Age (Min 12 Years)
MAXI-TUSS CD	Tier 3	Age (Min 12 Years)
POLY-TUSSIN AC	Tier 3	Age (Min 12 Years)
RYDEX	Tier 1	Age (Min 12 Years)

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Drug	Status	Notes
Narcotic Antituss-Decongestant-Expectorant Comb		
CODITUSSIN DAC	Tier 3	Age (Min 12 Years)
GUAIFENESIN DAC	Tier 1	Age (Min 12 Years)
Narcotic Antitussive-1St Generation Antihistamine		
DURATUSS AC	Tier 3	
<i>hydrocodone-chlorpheniramine</i>	Tier 1	QL (10 ML per 1 day); Age (Min 18 Years)
<i>promethazine-codeine</i>	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
TUXARIN ER	Tier 3	ST: TRIAL OF PROMETHAZINE/CODEINE REQUIRED IN THE PREVIOUS 120 DAYS.; QL (2 EA per 1 day); Age (Min 18 Years)
Narcotic Antitussive-Anticholinergic Comb.		
<i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i>	(Hycodan (with homatropine)) Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
<i>hydrocodone-homatropine oral tablet</i>	(Hycodan (with homatropine)) Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
HYDROMET	(hydrocodone-homatropine) Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
Narcotic Antitussive-Expectorant Combination		
<i>codeine-guaifenesin</i>	(G Tussin AC) Tier 1	Age (Min 12 Years)
CODITUSSIN AC	(codeine-guaifenesin) Tier 1	Age (Min 12 Years)
G TUSSIN AC	(codeine-guaifenesin) Tier 1	Age (Min 12 Years)
GUAIFENESIN AC	(codeine-guaifenesin) Tier 1	Age (Min 12 Years)
MAR-COF CG	Tier 1	Age (Min 12 Years)
MAXI-TUSS AC	(codeine-guaifenesin) Tier 1	Age (Min 12 Years)
NINJACOF-XG	Tier 1	Age (Min 12 Years)

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Drug	Status	Notes
Non-Narc Antituss-1St Gen. Antihistamine-Decongest		
BROMFED DM (brompheniramine- pseudoeph-dm)	Tier 1	
<i>brompheniramine-pseudoeph-dm</i> (Bromfed DM)	Tier 1	
Non-Narc Antitussive-1St Gen Antihistamine Comb.		
<i>promethazine-dm</i>	Tier 1	
Dermatology - Acne		
Acne Agents, Systemic		
ACCUTANE (isotretinoin)	Tier 1	
AMNESTEEM (isotretinoin)	Tier 1	
CLARAVIS (isotretinoin)	Tier 1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (Accutane)	Tier 1	
ZENATANE (isotretinoin)	Tier 1	
Acne Agents, Topical		
ACIOXIAY (azelaic acid-niacinamide)	Tier 3	
ADAINZOXIA (adapalene-benzoyl perox- niacin)	Tier 3	
ADALINA (spironolactone- niacinamide)	Tier 3	
<i>adapalene-benzoyl peroxide</i> (Epiduo)	Tier 1	
ADERMICA (tretinoin-benzoyl-clinda- niac)	Tier 3	
ADERMICA HP	Tier 3	
ADMIRAZOL	Tier 3	

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Drug	Status	Notes
ADMIRAZOL DUAL	Tier 3	
ADMIRAZOL HP	Tier 3	
ADMIRAZOL HP DUAL	Tier 3	
ALIXI	Tier 3	
ALIXI HP	Tier 3	
ALOMIRA (tretinoin-benzoyl-clinda- niac)	Tier 3	
ALOMIRA HP	Tier 3	
ALOMIRA LP (tretinoin-benzoyl-clinda- niac)	Tier 3	
ALURIS (tretinoin-niacinamide)	Tier 3	
ALURIS HP	Tier 3	
ALURIS HP PLUS (tretinoin-hyaluronate- niacin)	Tier 3	
ALURIS LP (tretinoin-niacinamide)	Tier 3	
ALURIS LP PLUS (tretinoin-hyaluronate- niacin)	Tier 3	
ALURIS PLUS (tretinoin-hyaluronate- niacin)	Tier 3	
ALUXOF	Tier 3	
ALUXOF DUAL	Tier 3	
ALUXOF HP	Tier 3	
APEXOL (salicylic acid- sulfacetamide)	Tier 3	
APEXOL HP (salicylic acid- sulfacetamide)	Tier 3	
APHORIA (adapalene-benzoyl perox- niacin)	Tier 3	
APORIX (clindamycin-niacinamide)	Tier 3	
ARTILIS (benzoyl per-clindamycin- niacin)	Tier 1	

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Drug	Status	Notes
ARTILIS HP (benzoyl per-clindamycin-niacin)	Tier 3	
AUGUSTIL (tretinoin-clinda-spiro-niacin)	Tier 3	
AVIDORA (tretinoin-clindamycin-niacin)	Tier 3	
AVIDORA HP	Tier 3	
AWANIS	Tier 3	
AZALTA (tretinoin-spiro-niacin)	Tier 3	
AZALTA HP (tretinoin-spiro-niacin)	Tier 3	
AZELEX	Tier 3	PA
CABTREO	Tier 3	PA
<i>clindamycin-benzoyl peroxide topical gel</i> (Neuac)	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 %</i> (Onexton)	Tier 1	ST: TRIAL OF ONE TOPICAL GENERIC CLINDAMYCIN, ERYTHROMYCIN, METRONIDAZOLE, BENZOYL PEROXIDE, SULFACETAMIDE AND COMBINATIONS, OR AZELAIC ACID GEL IN THE PAST 120 DAYS
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i> (Acanya)	Tier 1	ST: TRIAL OF GENERIC CLINDAMYCIN/BENZOYL PEROXIDE GEL REQUIRED
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	Tier 1	

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Drug	Status	Notes
<i>clindamycin-tretinoin</i> (Veltin)	Tier 1	ST: TRIAL OF ONE TOPICAL GENERIC CLINDAMYCIN, ERYTHROMYCIN, METRONIDAZOLE, BENZOYL PEROXIDE, SULFACETAMIDE AND COMBINATIONS, OR AZELAIC ACID GEL IN THE PAST 120 DAYS
<i>dapsone topical</i> (Aczone)	Tier 1	
DEOXIA (clindamycin-niacinamide)	Tier 3	
DEOXIADEMTAR (tretinoin-clinda-spiro-niacin)	Tier 3	
DEOXIATAR	Tier 3	
DEOXIAVAR	Tier 3	
DIADIMAXIA (dapsone-spiro-niacin)	Tier 3	
DIAOXIA (dapsone-niacinamide)	Tier 3	
DIASAXIATAR	Tier 3	
DIASDIMAXIA (dapsone-spiro-niacin)	Tier 3	
DIASOXIA (dapsone-niacinamide)	Tier 3	
DIMOXIA (spiro-niacinamide)	Tier 3	
DRAXACE (salicylic acid-sulfacetamide)	Tier 3	
DRAXACEY (salicylic acid-sulfacetamide)	Tier 3	
DRIXECE (salicylic acid-sulfacetamide)	Tier 3	
IDYYXIATAR	Tier 3	
INZDEAXIATAR (tretinoin-benzoyl-clinda-niac)	Tier 3	

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INZDEAXIAVAR	Tier 3	
INZDEOXIA	Tier 3	(benzoyl per-clindamycin-niacin)
LOUNZDOMDIOXIATAR	Tier 3	
MELZARA	Tier 3	
NEUAC	Tier 1	(clindamycin-benzoyl peroxide)
NEUAC KIT	Tier 3	
ONZDEAXIADEMTAR	Tier 3	
ONZDEAXIADEMVAR	Tier 3	
ONZDEAXIATAR	Tier 3	(tretinoin-benzoyl-clindamycin-niacin)
ONZDEAXIAVAR	Tier 3	(tretinoin-benzoyl-clindamycin-niacin)
ONZDEAXIAZAR	Tier 3	
ONZDEOXIA	Tier 3	(benzoyl per-clindamycin-niacin)
OXIATAR	Tier 3	(tretinoin-hyaluronate-niacin)
OXIAVARRY	Tier 3	(tretinoin-hyaluronate-niacin)
OXIAVARY	Tier 3	
OXIAZAR	Tier 3	(tretinoin-hyaluronate-niacin)
RUMILO	Tier 3	(azelaic acid-niacinamide)
SAROXIA	Tier 3	(tretinoin-niacinamide)
SIRVANA	Tier 3	
SORIXIA	Tier 3	(tretinoin-niacinamide)

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Drug		Status	Notes
<i>sulfacetamide sodium (acne)</i>	(Klaron)	Tier 1	
TARDEOXIA	(tretinoin-clindamycin-niacin)	Tier 3	
TARDIMAXIA	(tretinoin-spiro-nolact-niacin)	Tier 3	
TAROXIA	(tretinoin-niacinamide)	Tier 3	
UNZDOMDIOXIAZAR		Tier 3	
VARDIMAXIA	(tretinoin-spiro-nolact-niacin)	Tier 3	
VAROXIA	(tretinoin-niacinamide)	Tier 3	
Keratolytic-Glucocorticoid Combinations			
VANOXIDE-HC		Tier 2	
Rosacea Agents, Topical			
AVEIDA		Tier 3	
AVEIDAOXIA	(ivermectin-metronidazole-niacin)	Tier 3	
<i>azelaic acid</i>		Tier 1	
BAXONIL		Tier 3	
<i>brimonidine topical</i>	(Mirvaso)	Tier 1	
DAZAVEIDAOXIA		Tier 3	
DAZOMON		Tier 3	
FINACEA TOPICAL FOAM		Tier 2	
IDARAN		Tier 3	
<i>ivermectin topical cream</i>	(Soolantra)	Tier 1	ST: TRIAL OF FINACEA GEL OR FOAM REQUIRED
<i>metronidazole topical</i>	(Metrogel)	Tier 1	
REMYDA		Tier 3	
RENSOTI		Tier 3	
RESTIMO		Tier 3	

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Drug	Status	Notes
ROCELIX	Tier 3	
ROSADAN TOPICAL CREAM (metronidazole)	Tier 1	
ROSITARA (ivermectin-metronidazol-niacin)	Tier 3	
ROVIS	Tier 3	
Topical Antiandrogenic Agents		
WINLEVI	Tier 3	PA; QL (60 GM per 30 days)
Topical Preparations, Antibacterials		
BASADROX	Tier 3	
DERMAZENE	Tier 3	
<i>hydrocortisone-iodoquinol</i> (Corti-Sav)	Tier 1	
<i>hydrocortisone-iodoquinol-aloe</i> (Vytone)	Tier 1	
IODOFLEX	Tier 3	
IODOSORB	Tier 3	
LUGOLS TOPICAL (iodine-potassium iodide)	Tier 1	
NORMLGEL AG	Tier 3	
<i>silver nitrate topical solution 0.5 %, 25 %, 50 %</i>	Tier 1	
STRONG IODINE TOPICAL (iodine-potassium iodide)	Tier 1	
Vitamin A Derivatives		
<i>adapalene topical cream</i> (Differin)	Tier 1	
<i>adapalene topical gel 0.3 %</i>	Tier 1	
<i>adapalene topical gel with pump</i> (Differin)	Tier 1	
<i>adapalene topical lotion</i> (Differin)	Tier 1	Age (Max 39 Years)
ALTRENO	Tier 3	Age (Max 39 Years)

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Drug	Status	Notes
<i>tretinoin</i> (Atralin)	Tier 1	
<i>tretinoin microspheres topical gel</i>	Tier 1	Age (Max 39 Years)
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	Tier 1	Age (Max 39 Years)
<i>tretinoin microspheres topical gel with pump 0.08 %</i> (Retin-A Micro Pump)	Tier 1	ST: TRIAL OF GENERIC TRETINOIN MICROSPHERES 0.04% AND 0.10% REQUIRED; Age (Max 39 Years)
Vitamin A Derivatives, Topical Acne Agents		
ALVOX (tazarotene-niacinamide)	Tier 3	
ALVOX HP (tazarotene-niacinamide)	Tier 3	
ETHOXIA (tazarotene-niacinamide)	Tier 3	
ITHOXIA (tazarotene-niacinamide)	Tier 3	
Dermatology - Antiinfective		
Topical Antibiotics		
AMZEEQ	Tier 3	ST: TRIAL OF ONE TOPICAL GENERIC CLINDAMYCIN, ERYTHROMYCIN, METRONIDAZOLE, BENZOYL PEROXIDE, SULFACETAMIDE AND COMBINATIONS, OR AZELAIC ACID GEL IN THE PAST 120 DAYS; Age (Min 9 Years)
BATIZIA (mupirocin-lidocaine)	Tier 3	
CENTANY AT	Tier 3	
<i>clindamycin phosphate topical foam</i> (Clindacin)	Tier 1	
<i>clindamycin phosphate topical gel</i>	Tier 1	

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Drug	Status	Notes
<i>clindamycin phosphate topical gel, once daily</i> (Clindagel)	Tier 1	
<i>clindamycin phosphate topical lotion</i> (Cleocin T)	Tier 1	
<i>clindamycin phosphate topical solution</i>	Tier 1	QL (180 ML per 1 FILL)
<i>clindamycin phosphate topical swab</i> (Clindacin ETZ)	Tier 1	
ERY PADS (erythromycin with ethanol)	Tier 1	
<i>erythromycin with ethanol topical gel</i>	Tier 1	
<i>erythromycin with ethanol topical solution</i>	Tier 1	QL (180 ML per 1 FILL)
<i>erythromycin-benzoyl peroxide</i> (Benzamycin)	Tier 1	
<i>gentamicin topical</i>	Tier 1	QL (90 GM per 1 FILL)
<i>mupirocin</i> (Centany)	Tier 1	QL (90 GM per 1 FILL)
<i>mupirocin calcium</i>	Tier 1	QL (90 GM per 1 FILL)
NANRAN (mupirocin-lidocaine)	Tier 3	
XEPI	Tier 3	ST: TRIAL OF MUPIROCIN OINTMENT REQUIRED IN PREVIOUS 120 DAYS
Topical Antifungal/Anti-inflammatory, Steroid Agent		
<i>clotrimazole-betamethasone</i>	Tier 1	
DELIBON (ketoconazole-hydrocortisone)	Tier 3	
DIONARIS (ciclopirox-clobetasol-salicyl)	Tier 3	
DIVENDO (ciclopirox-clobetasol)	Tier 3	
HAXCHLO (ciclopirox-clobetasol)	Tier 3	

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Drug		Status	Notes
HAXCHLODREX	(ciclopirox-clobetasol-salicyl)	Tier 3	
PHEYO	(ketoconazole-hydrocortisone)	Tier 3	
Topical Antifungal-Antibiotic-Anti-Inflamm Steroid			
DAZINIA	(ketoconazole-iodoquinol-hc)	Tier 3	
PHEODOYO	(ketoconazole-iodoquinol-hc)	Tier 3	
Topical Antifungals			
CICLODAN KIT TOPICAL COMBO PACK		Tier 3	
<i>ciclopirox topical cream</i>	(Ciclodan)	Tier 1	QL (180 GM per 1 FILL)
<i>ciclopirox topical gel</i>		Tier 1	
<i>ciclopirox topical shampoo</i>		Tier 1	
<i>ciclopirox topical solution</i>	(Ciclodan)	Tier 1	QL (19.8 ML per 1 FILL)
<i>ciclopirox topical suspension</i>	(Loprox (as olamine))	Tier 1	QL (180 ML per 1 FILL)
<i>ciclopirox-ure-camph-menth-euc</i>	(Ciclodan Kit)	Tier 1	QL (19.8 ML per 1 FILL)
<i>clotrimazole topical</i>	(Antifungal (clotrimazole))	Tier 1	
DAFILOR	(ciclopirox-salicylic acid)	Tier 3	
DENVITA	(ketoconazole-niacinamide)	Tier 3	
DIFMETIOXRIME	(flucona-ibuprof-itracon-terbin)	Tier 3	
<i>econazole nitrate topical cream</i>		Tier 1	QL (170 GM per 1 FILL)
EXELDERM	(sulconazole)	Tier 2	
EXODERM		Tier 1	
FENOVIA	(flucona-ibuprof-itracon-terbin)	Tier 3	
FERVINA		Tier 3	
FIDILA		Tier 3	

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Drug	Status	Notes
FILOMA	Tier 3	
FRIVO (econazole-niacinamide)	Tier 3	
HAXDRAX (ciclopirox-salicylic acid)	Tier 3	
HEXIOUNYL	Tier 3	
HIXDEFRIMA	Tier 3	
IMIOXIA (econazole-niacinamide)	Tier 3	
<i>ketoconazole topical cream</i>	Tier 1	QL (180 GM per 1 FILL)
<i>ketoconazole topical shampoo</i>	Tier 1	QL (360 ML per 1 FILL)
KETODAN KIT	Tier 3	
KLAYESTA (nystatin)	Tier 1	
<i>luliconazole</i> (Luzu)	Tier 1	ST: TRIAL OF KETOCONAZOLE AND CLOTRIMAZOLE CREAM REQUIRED.; QL (60 GM per 28 days)
<i>miconazole nitrate-zinc ox-pet</i> (Vusion)	Tier 1	
<i>naftifine topical cream 1 %</i>	Tier 1	
<i>naftifine topical cream 2 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>naftifine topical gel</i> (Naftin)	Tier 1	
NYAMYC (nystatin)	Tier 1	
<i>nystatin topical cream</i>	Tier 1	
<i>nystatin topical ointment</i>	Tier 1	QL (90 GM per 1 FILL)
<i>nystatin topical powder</i> (Klayesta)	Tier 1	
<i>nystatin-triamcinolone topical cream</i>	Tier 1	
<i>nystatin-triamcinolone topical ointment</i>	Tier 1	QL (180 GM per 1 FILL)

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Drug	Status	Notes
NYSTOP (nystatin)	Tier 1	
<i>oxiconazole</i>	Tier 1	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION	Tier 3	
PHEDRAX	Tier 3	
PHEOXIA (ketoconazole-niacinamide)	Tier 3	
<i>sulconazole</i> (Exelderm)	Tier 1	
<i>tavaborole</i>	Tier 1	PA
Topical Antiparasitics		
<i>malathion</i> (Ovide)	Tier 1	
<i>permethrin</i>	Tier 1	
<i>spinosad</i> (Natroba)	Tier 1	
ULESFIA	Tier 3	
Topical Antivirals		
<i>acyclovir topical ointment</i> (Zovirax)	Tier 1	
Topical Sulfonamides		
ABENOR (sulfacetamide-niacinamide)	Tier 3	
ABENOR HP	Tier 3	
CLEANSING WASH TOPICAL CLEANSER (sulfacetamide sod-sulfur-urea)	Tier 1	
ECEOXIA (sulfacetamide-niacinamide)	Tier 3	
<i>mafenide acetate</i>	Tier 1	
OXIAICE	Tier 3	
<i>silver sulfadiazine</i> (SSD)	Tier 1	
SSD (silver sulfadiazine)	Tier 1	
SSS 10-5 TOPICAL CREAM (sulfacetamide sodium-sulfur)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %</i> (Avar LS)	Tier 1	

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Drug	Status	Notes
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i> (Avar)	Tier 1	QL (1419 GM per 1 FILL)
<i>sulfacetamide sodium-sulfur topical cleanser 8-4 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %</i> (Plexion)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i> (Sumaxin)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4.5 %</i> (Sumadan)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i> (SSS 10-5)	Tier 1	
<i>sulfacetamide sodium-sulfur topical suspension 8-4 %</i> (SulfaCleanse 8-4)	Tier 1	
<i>sulfacetamide sod-sulfur-urea</i>	Tier 1	QL (1419 ML per 1 FILL)
SULFACLEANSE 8-4 (sulfacetamide sodium-sulfur)	Tier 1	
SULFAMYLON TOPICAL CREAM	Tier 3	
SUMADAN XLT (sulfact na-sul-avobnz-otn-ocsa)	Tier 3	
Dermatology - Antiinflammatory		
Interleukin-13 (Il-13) Inhibitors, Mab		
ADBRY	Tier 2	PA; SP
EBGLYSS PEN	Tier 2	PA; SP
EBGLYSS SYRINGE	Tier 2	PA; SP
Interleukin-31(II-31)Receptor Alpha Antagonist,Mab		
NEMLUVIO	Tier 3	PA; SP

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Drug	Status	Notes
Top. Anti-Inflam., Phosphodiesterase-4 (Pde4) Inhib		
EUCRISA	Tier 2	PA; QL (100 GM per 30 days)
ZORYVE TOPICAL CREAM 0.05 %, 0.15 %	Tier 2	PA; QL (60 GM per 30 days)
ZORYVE TOPICAL FOAM	Tier 2	PA; QL (60 GM per 30 days)
Topical Anti-Inflammatory Steroidal		
ACIOXIA	Tier 3	
ALA-CORT TOPICAL CREAM (hydrocortisone)	Tier 1	
ALA-SCALP (hydrocortisone)	Tier 1	ST: TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS
<i>alclometasone</i>	Tier 1	
<i>amcinonide topical cream</i>	Tier 1	ST: TRIAL OF BETAMETHASONE 0.1% OINT, FLUTICASONE 0.005% OINT, TRIAMCINOLONE 0.5% (OINT, CREAM), OR MOMETASONE 0.1% OINT IN THE PAST 120 DAYS.
<i>betamethasone dipropionate</i>	Tier 1	
<i>betamethasone valerate</i>	Tier 1	
<i>betamethasone, augmented</i> (Diprolene (augmented))	Tier 1	
CAPEX	Tier 3	
CHLOHUX (clobetasol-levocetirizine)	Tier 3	
CHLOOXIA (clobetasol-niacinamide)	Tier 3	
<i>clobetasol scalp</i>	Tier 1	
<i>clobetasol topical cream 0.05 %</i>	Tier 1	

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Drug	Status	Notes
<i>clobetasol topical foam</i>	Tier 1	
<i>clobetasol topical gel</i>	Tier 1	
<i>clobetasol topical lotion</i> (Clobex)	Tier 1	
<i>clobetasol topical ointment</i>	Tier 1	
<i>clobetasol topical shampoo</i> (Clobex)	Tier 1	
<i>clobetasol topical spray, non-aerosol</i> (Clobex)	Tier 1	
<i>clobetasol-emollient</i> (Tovet Emollient)	Tier 1	
<i>clocortolone pivalate</i>	Tier 1	ST: TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS
CLODAN KIT	Tier 3	
CORDRAN TAPE LARGE ROLL	Tier 3	ST: TRIAL OF 1 OF THE FOLLOWING: BETAMETHASONE AUGMENTED (OINT, GEL, LOTION), FLUOCINONIDE 0.1% CREAM, CLOBETASOL (SPRAY, LOTION, GEL, OINT, CRM, SOLN), OR HALOBETASOL 0.05% (CREAM, OINT) IN PAST 120 DAS; QL (2 EA per 30 days)
<i>desonide topical cream</i>	Tier 1	

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Drug	Status	Notes
<i>desonide topical gel</i>	Tier 1	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS
<i>desonide topical lotion</i>	Tier 1	
<i>desonide topical ointment</i>	Tier 1	
<i>desoximetasone topical cream</i> (Topicort)	Tier 1	
<i>desoximetasone topical gel</i> (Topicort)	Tier 1	
<i>desoximetasone topical ointment</i> (Topicort)	Tier 1	
<i>desoximetasone topical spray, non-aerosol</i> (Topicort)	Tier 1	ST: TRIAL OF 1 OF THE FOLLOWING: BETAMETHASONE AUGMENTED 0.05% (CRM, GEL, LTN, OINT), DESOXIMETASONE (CRM, GEL, OINT), FLUOCINONIDE (CRM, GEL), CLOBETASOL (EXCEPT FOAM/SHAMPOO), OR HALOBETASOL (CRM, OINT)
DIVINIX (clobetasol-niacinamide)	Tier 3	
DOMELA (fluocinolone-niacinamide)	Tier 3	
DYNOMA	Tier 3	
<i>fluocinolone</i> (Derma-Smoothe/FS Body Oil)	Tier 1	

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Drug	Status	Notes
<i>fluocinolone and shower cap</i> (Derma-Smoothe/FS Scalp Oil)	Tier 1	
<i>fluocinonide</i> (Vanos)	Tier 1	
FLUOCINONIDE-E (fluocinonide-emollient)	Tier 1	
<i>fluocinonide-emollient</i> (Fluocinonide-E)	Tier 1	
FLUOXIA	Tier 3	
<i>flurandrenolide topical cream</i>	Tier 1	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS
<i>flurandrenolide topical lotion</i>	Tier 1	
<i>flurandrenolide topical ointment</i>	Tier 1	ST: TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS; QL (180 GM per 30 days)
<i>fluticasone propionate topical</i> (Beser)	Tier 1	

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Drug	Status	Notes
<i>halcinonide</i> (Halog)	Tier 1	ST: TRIAL OF ONE OF THE FOLLOWING: BETAMETHASONE 0.05% OINTMENT OR AUGMENTED CREAM, FLUOCINONIDE 0.05% (GEL, OINT, SOLUTION, CREAM), OR DESOXIMETASONE (CREAM, GEL, OINT) IN THE PREVIOUS 120 DAYS.
<i>halobetasol propionate topical cream</i>	Tier 1	
<i>halobetasol propionate topical ointment</i>	Tier 1	
HALOG TOPICAL SOLUTION (halcinonide)	Tier 3	ST: TRIAL OF ONE OF THE FOLLOWING: BETAMETHASONE 0.05% OINTMENT OR AUGMENTED CREAM, FLUOCINONIDE 0.05% (GEL, OINT, SOLUTION, CREAM), OR DESOXIMETASONE (CREAM, GEL, OINT) IN THE PREVIOUS 120 DAYS.
<i>hydrocortisone butyrate topical cream</i>	Tier 1	

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Drug	Status	Notes
<i>hydrocortisone butyrate topical lotion</i>	Tier 1	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS; QL (236 ML per 30 days)
<i>hydrocortisone butyrate topical ointment</i>	Tier 1	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS
<i>hydrocortisone butyrate topical solution</i>	Tier 1	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	Tier 1	
<i>hydrocortisone topical cream 2.5 %</i>	Tier 1	
<i>hydrocortisone topical cream with perineal applicator</i> (Procto-Med HC)	Tier 1	
<i>hydrocortisone topical lotion 2 %</i> (Ala-Scalp)	Tier 1	ST: TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS

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Drug	Status	Notes
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 1	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	Tier 1	
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 1	
<i>hydrocortisone topical solution</i> (Texacort)	Tier 1	ST: TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS
<i>hydrocortisone valerate topical cream</i>	Tier 1	
<i>hydrocortisone valerate topical ointment</i>	Tier 1	ST: TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS
ILEXOR (clobetasol-levocetirizine)	Tier 3	
<i>mometasone topical</i>	Tier 1	
NUCORT (hydrocortisone acet-aloe vera)	Tier 3	
PANDEL	Tier 3	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS; QL (160 GM per 30 days)
<i>prednicarbate topical cream</i>	Tier 1	
PROCTO-MED HC (hydrocortisone)	Tier 1	
PROCTOSOL HC TOPICAL (hydrocortisone)	Tier 1	
PROCTOZONE-HC (hydrocortisone)	Tier 1	

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Drug	Status	Notes
SCALACORT DK	Tier 2	
SERNIVO	Tier 3	ST: TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS
SYNALAR CREAM KIT	Tier 3	QL (375 GM per 30 days)
SYNALAR OINTMENT KIT	Tier 3	QL (375 GM per 30 days)
SYNALAR TS	Tier 3	
TELIORA	Tier 3	
TETOXIA (fluocinolone-niacinamide)	Tier 3	
<i>triamcinolone acetonide topical aerosol</i> (Kenalog)	Tier 1	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide topical cream 0.5 %</i> (Triderm)	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion</i>	Tier 1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	
TRIDERM TOPICAL CREAM 0.5 % (triamcinolone acetonide)	Tier 1	QL (454 GM per 30 days)
Topical Anti-Inflammatory, Nsaids		
<i>diclofenac epolamine</i> (Flector)	Tier 1	
<i>diclofenac sodium topical drops</i>	Tier 1	QL (300 ML per 28 days)
<i>diclofenac sodium topical gel 1 %</i> (Arthritis Pain (diclofenac))	Tier 1	QL (900 GM per 28 days)

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Drug	Status	Notes
<i>diclofenac sodium topical solution in metered-dose pump</i>	Tier 1	ST: TRIAL OF DICLOFENAC 1% GEL OR DICLOFENAC 1.5% DROPS IN THE PAST 120 DAYS; QL (224 GM per 28 days)
KERAXA (diclofenac-hyaluronate-niacin)	Tier 3	
ROAOXIA (diclofenac-hyaluronate-niacin)	Tier 3	
Topical Janus Kinase (Jak) Inhibitors		
OPZELURA	Tier 2	PA; QL (60 GM per 30 days)
Dermatology - Miscellaneous		
Antiperspirants		
DRYSOL (aluminum chloride)	Tier 3	
DRYSOL DAB-O-MATIC (aluminum chloride)	Tier 3	
Antiseborrheic Agents		
OVACE PLUS SHAMPOO (sulfacetamide sodium)	Tier 2	
PLEXION NS (sulfacetamide sodium)	Tier 3	
<i>selenium sulfide topical lotion</i>	Tier 1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	Tier 1	
<i>sulfacetamide sodium topical</i> (Plexion NS)	Tier 1	
Antiseptics, Miscellaneous		
<i>guaiacol</i>	Tier 3	
Emollients		
<i>ammonium lactate</i> (AmLactin)	Tier 1	
KERASTAT TOPICAL GEL	Tier 3	
MB HYDROGEL	Tier 1	
XCLAIR	Tier 3	
Iodine Antiseptics		

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Drug	Status	Notes
BETADINE OPHTHALMIC PREP (povidone-iodine)	Tier 3	
<i>povidone-iodine ophthalmic (eye)</i> (Betadine Ophthalmic Prep)	Tier 1	
Irrigants		
<i>acetic acid irrigation</i>	Tier 1	
<i>lactated ringers irrigation</i>	Tier 3	
<i>neomycin-polymyxin b gu</i>	Tier 1	
PHYSIOLYTE	Tier 3	
PHYSIOSOL IRRIGATION	Tier 3	
<i>ringer's irrigation</i>	Tier 1	
<i>sodium chloride irrigation</i> (Sterile Saline)	Tier 1	
<i>sorbitol irrigation</i>	Tier 1	
<i>sorbitol-mannitol</i>	Tier 1	
VASHE	Tier 3	
<i>water for irrigation, sterile</i> (Curity Sterile Water)	Tier 1	
Irritants/Counter-Irritants		
<i>methyl salicylate</i> (Wintergreen Oil)	Tier 1	
<i>methyl salicylate topical liquid</i>	Tier 1	
WINTERGREEN OIL (methyl salicylate)	Tier 1	
YCANTH	Tier 3	PA
Keratolytics		
<i>benzoyl peroxide topical foam</i> (BenzePrO)	Tier 1	
BPO TOPICAL GEL 8 % (benzoyl peroxide)	Tier 1	
CEM-UREA (urea)	Tier 1	
METDRAY	Tier 3	

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Drug	Status	Notes
NENDRUX	Tier 3	
PACNEX HP	Tier 3	
PACNEX LP	Tier 3	
PODOCON	Tier 1	
<i>podofilox topical gel</i> (Condylox)	Tier 1	ST: TRIAL OF 0.5% PODOFILOX SOLUTION REQUIRED; QL (0.5 GM per 1 day)
<i>podofilox topical solution</i>	Tier 1	QL (0.5 ML per 1 day)
PR BENZOYL PEROXIDE	Tier 1	
PRONAL	Tier 3	
<i>salicylic acid topical cream</i> (Salimez)	Tier 1	
<i>salicylic acid topical cream, extended release</i>	Tier 1	
<i>salicylic acid topical film forming liquid w/appl</i> (Virasal)	Tier 1	
<i>salicylic acid topical film-forming soln er w/ appl</i> (UltraSal-ER)	Tier 1	
<i>salicylic acid topical foam</i>	Tier 1	
<i>salicylic acid topical liquid</i>	Tier 1	
<i>salicylic acid topical lotion</i>	Tier 1	
<i>salicylic acid topical lotion, extended release</i>	Tier 1	
<i>salicylic acid topical ointment</i>	Tier 1	
<i>salicylic acid topical shampoo</i> (Keralyt)	Tier 1	
SALIMEZ FORTE	Tier 3	
<i>silver nitrate applicators</i>	Tier 1	
<i>silver nitrate topical solution 10 %</i>	Tier 1	
URAMAXIN GT TOPICAL KIT, CREAM AND GEL	Tier 3	
URAMAXIN TOPICAL FOAM	Tier 3	

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Drug	Status	Notes
URAMAXIN TOPICAL LOTION (urea)	Tier 3	
UREA NAIL STICK (urea)	Tier 1	
<i>urea topical cream 39 %</i> (Uredeb)	Tier 1	
<i>urea topical cream 40 %</i>	Tier 1	
<i>urea topical cream 45 %</i> (Uramaxin)	Tier 1	
<i>urea topical cream 50 %</i> (Ure-K)	Tier 1	
<i>urea topical foam</i>	Tier 1	
<i>urea topical gel</i> (CEM-Urea)	Tier 1	
<i>urea topical lotion 40 %</i>	Tier 1	
WAYZEN	Tier 3	
WELERIS	Tier 3	
XALIX	Tier 3	
XIRUN	Tier 3	
Oxidizing Agents		
HYPOCYN ANTIPRURITIC	Tier 3	
RENOVAR	Tier 3	
Protectives		
GENADUR (WITH LEXINAL)	Tier 3	
PHARMABASE BARRIER	Tier 1	
PR CREAM	Tier 1	
RECEDO	Tier 3	
VASELINE WHITE PETROLEUM (white petrolatum)	Tier 1	
WOUNDGELHA MATRIX	Tier 3	
<i>zinc oxide topical ointment 20 %</i> (Endit (zinc oxide))	Tier 1	

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Drug	Status	Notes
<i>zinc oxide topical paste</i>	Tier 1	
Topical Anti-Inflammatory Steroid-Local Anesthetic		
ANALPRAM-HC TOPICAL	Tier 2	
EPIFOAM	Tier 3	ST: TRIAL OF HYDROCORTISONE-PRAMOXINE 2.5%-1% CREAM IN THE PAST 120 DAYS
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac topical</i> (Lidocort)	Tier 1	
PRAMOSONE TOPICAL CREAM 1-1 % (hydrocortisone-pramoxine)	Tier 2	ST: TRIAL OF HYDROCORTISONE-PRAMOXINE 2.5%-1% CREAM IN THE PAST 120 DAYS
PRAMOSONE TOPICAL LOTION	Tier 2	
PRAMOSONE TOPICAL OINTMENT 1-1 %	Tier 2	ST: TRIAL OF HYDROCORTISONE-PRAMOXINE 2.5%-1% CREAM IN THE PAST 120 DAYS
PRAMOSONE TOPICAL OINTMENT 2.5-1 % (hydrocortisone-pramoxine)	Tier 2	
Topical Antineoplastic & Premalignant Lesion Agnts		
<i>bexarotene topical</i> (Targretin)	Tier 1	PA; SP
<i>diclofenac sodium topical gel 3 %</i>	Tier 1	
<i>fluorouracil topical cream 0.5 %</i> (Carac)	Tier 1	PA
<i>fluorouracil topical cream 5 %</i> (Efudex)	Tier 1	
<i>fluorouracil topical solution</i>	Tier 1	
KLISYRI (250 MG)	Tier 3	QL (5 EA per 1 FILL)
KLISYRI (350 MG)	Tier 3	QL (5 EA per 1 FILL)

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Drug	Status	Notes
PANRETIN	Tier 3	SP; QL (60 GM per 28 days)
TOLAK	Tier 2	
VALCHLOR	Tier 2	PA; SP
Topical Local Anesthetics		
ANACAINE	Tier 3	
ANASTIA	Tier 3	
CETACAINE	Tier 3	
CRYODOSE TA MEDIUM STREAM SPR	Tier 3	
CRYODOSE TA MIST SPRAY	Tier 3	
DERMACINRX LIDOCAN (lidocaine)	Tier 1	QL (90 EA per 30 days)
DERMACINRX LIDOGEL	Tier 3	
DERMACINRX LIDOREX	Tier 3	
ENZNONUTY	Tier 3	
<i>ethyl chloride</i>	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) (lidocaine-racepinep-tetracaine)	Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 %	Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 %	Tier 3	
<i>lidocaine hcl topical cream 3 %</i> (Dermacinrx Lidocaine)	Tier 1	
<i>lidocaine topical adhesive patch,medicated 5 %</i> (DermacinRx Lidocan)	Tier 1	QL (90 EA per 30 days)
<i>lidocaine topical ointment</i>	Tier 1	QL (240 GM per 30 days)
<i>lidocaine-prilocaine topical cream</i>	Tier 1	

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Drug	Status	Notes
LIDOCAN III (lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOCAN IV (lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOCAN V (lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOPIN TOPICAL CREAM 3.25 %	Tier 3	
LIDTOPIC	Tier 3	
LIDTOPIC MAX	Tier 3	
NOBELA	Tier 3	
NOLIRA	Tier 3	
NUMBONEX	Tier 3	
NYNUTEY	Tier 3	
PRAKETAMIDE	Tier 3	
REGENECARE	Tier 3	
SPRAY AND STRETCH	Tier 3	
TRANZAREL	Tier 3	
Topical Preparations, Miscellaneous		
KEFUNOVA	Tier 3	
Topical/Mucous Membr./Subcut. Enzymes		
NEXOBRID	Tier 3	
SANTYL	Tier 3	PA
Dermatology - Psoriasis/Eczema		
Antipsoriatic Agents, Systemic		
<i>acitretin</i>	Tier 1	
BIMZELX	Tier 2	PA; SP
BIMZELX AUTOINJECTOR	Tier 2	PA; SP
ICOTYDE	Tier 2	PA; SP
<i>methoxsalen</i>	Tier 1	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	Tier 2	PA; SP

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Drug	Status	Notes
SKYRIZI SUBCUTANEOUS SYRINGE	Tier 2	PA; SP
SOTYKTU	Tier 2	PA; SP
SPEVIGO SUBCUTANEOUS	Tier 3	PA; SP
TALTZ AUTOINJECTOR	Tier 2	PA; SP
TALTZ AUTOINJECTOR (2 PACK)	Tier 2	PA; SP
TALTZ AUTOINJECTOR (3 PACK)	Tier 2	PA; SP
TALTZ SYRINGE	Tier 2	PA; SP
Antipsoriatics Agents		
<i>calcipotriene scalp</i>	Tier 1	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
<i>calcipotriene topical cream</i>	Tier 1	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
<i>calcipotriene topical ointment</i>	Tier 1	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
<i>calcitriol topical</i> (Vectical)	Tier 1	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
DIOOXIA	Tier 3	
DRITHOCREME HP	Tier 2	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
PURAZIL	Tier 3	
<i>tazarotene topical cream 0.05 %</i> (Tazorac)	Tier 1	Age (Max 39 Years)
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	Tier 1	
<i>tazarotene topical gel</i> (Tazorac)	Tier 1	Age (Max 39 Years)

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Drug	Status	Notes
VTAMA	Tier 2	PA; QL (60 GM per 30 days)
ZITHRANOL	Tier 3	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
ZORYVE TOPICAL CREAM 0.3 %	Tier 2	PA; QL (60 GM per 30 days)
II-23 Receptor Antagonist, Monoclonal Antibody		
OMVOH PEN	Tier 2	PA; SP
OMVOH SUBCUTANEOUS	Tier 2	PA; SP
SKYRIZI INTRAVENOUS	Tier 2	PA; SP
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR	Tier 2	PA; SP
TREMFYA INTRAVENOUS	Tier 2	PA; SP
TREMFYA ONE-PRESS	Tier 2	PA; SP
TREMFYA PEN	Tier 2	PA; SP
TREMFYA PEN INDUCTION PK(2PEN)	Tier 2	PA; SP
TREMFYA SUBCUTANEOUS SYRINGE	Tier 2	PA; SP
Topical Agents, Miscellaneous		
L-MESITRAN SOFT	Tier 3	
MUSCUSOLICE	Tier 3	
NEURAPTINE	Tier 3	
OCM	Tier 3	
SIVORA	Tier 3	
<i>urea topical cream 20 %</i> (Gormel)	Tier 1	
Topical Immunosuppressive Agents		
ELYZIA (tacrolimus-niacinamide)	Tier 3	
ELYZIA (WITH HYALURONATE) (tacrolimus-hyaluronate-niacin)	Tier 3	
HOVYN	Tier 3	

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Drug	Status	Notes
HYFTOR	Tier 3	PA; SP
NUJO	Tier 3	
NUJU (tacrolimus-vehicle base no.238)	Tier 3	
OXIANUJO (tacrolimus-niacinamide)	Tier 3	
OXIANUJO (WITH HYALURONATE) (tacrolimus-hyaluronate-niacin)	Tier 3	
<i>pimecrolimus</i>	Tier 1	ST: TRIAL OF GENERIC MOMETASONE CREAM OR OINTMENT, CLOBETASOL CREAM OR OINTMENT, HYDROCORTISONE 1% OR 2.5% CREAM OR OINTMENT, OR TRIAMCINOLONE 0.1% OR 0.5% OINTMENT IN THE PAST 120 DAYS
<i>tacrolimus topical</i>	Tier 1	ST: TRIAL OF GENERIC MOMETASONE CREAM OR OINTMENT, CLOBETASOL CREAM OR OINTMENT, HYDROCORTISONE 1% OR 2.5% CREAM OR OINTMENT, OR TRIAMCINOLONE 0.1% OR 0.5% OINTMENT IN THE PAST 120 DAYS
VEVEN (tacrolimus-vehicle base no.238)	Tier 3	

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Drug	Status	Notes
Topical Vit D Analog/Anti-inflammatory, Steroidal		
<i>calcipotriene-betamethasone</i> (Taclonex)	Tier 1	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
DIOCHLOY (clobetasol-calcipotriene)	Tier 3	
ENSTILAR	Tier 2	
PLENURA (clobetasol-calcipotriene)	Tier 3	
Diabetes		
Antihypergly, (Dpp-4) Inhibitor & Biguanide Comb.		
JANUMET (sitagliptin phos-metformin)	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)		
<i>exenatide subcutaneous pen injector 10 mcg/dose (250 mcg/ml) 2.4 ml</i>	Tier 1	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (2.4 ML per 30 days)
<i>exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml</i>	Tier 1	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (1.2 ML per 30 days)

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Drug	Status	Notes
<i>liraglutide</i> (Victoza 2-Pak)	Tier 1	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (9 ML per 30 days)
OZEMPIC ORAL	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (1 EA per 1 day)
OZEMPIC SUBCUTANEOUS	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (3 ML per 28 days)
RYBELSUS	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (1 EA per 1 day)
TRULICITY	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (2 ML per 28 days)
Antihyperglycemc-Sod/Gluc Cotransport2(Sglt2)Inhib		
<i>dapagliflozin</i> (Farxiga)	Tier 1	QL (1 EA per 1 day)

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Drug	Status	Notes
JARDIANCE	Tier 2	QL (1 EA per 1 day)
Antihyperglycemic - Dopamine Receptor Agonists		
CYCLOSET	Tier 3	ST: TRIAL OF METFORMIN(GLUCOPHAGE), METFORMIN ER, GLYBURIDE/METFORMIN (GLUCOVANCE) OR GLIPIZIDE/METFORMIN (METAGLIP) WITHIN THE PAST 180 DAYS; QL (6 EA per 1 day)
Antihyperglycemic - Incretin Mimetics Combination		
MOUNJARO	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (0.5 ML per 7 days)
Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)		
<i>acarbose</i>	Tier 1	
<i>miglitol</i>	Tier 1	
Antihyperglycemic, Dpp-4 Inhibitors		
JANUVIA (sitagliptin phosphate)	Tier 2	QL (1 EA per 1 day)
Antihyperglycemic, Insulin-Release Stimulant Type		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>glipizide oral tablet 2.5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>glipizide oral tablet extended release 24hr</i>	Tier 1	
<i>glyburide</i>	Tier 1	

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<i>glyburide micronized</i>	Tier 1	
<i>nateglinide</i>	Tier 1	
<i>repaglinide</i>	Tier 1	
Antihyperglycemic, Insulin-Response Enhancer (N-S)		
<i>pioglitazone</i> (Actos)	Tier 1	
Antihyperglycemic, SglT-2 & Dpp-4 Inhibitor Comb.		
GLYXAMBI	Tier 2	QL (1 EA per 1 day)
Antihyperglycemic, Biguanide Type (Non-Sulfonylurea)		
<i>metformin oral solution</i> (Riomet)	Tier 1	PA; QL (20 ML per 1 day)
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 1	
<i>metformin oral tablet extended release 24 hr</i>	Tier 1	
Antihyperglycemic, Insulin & Glp-1 Receptor Agonist		
SOLQUA 100/33	Tier 2	QL (15 ML per 25 days)
XULTOPHY 100/3.6	Tier 2	QL (15 ML per 28 days)
Antihyperglycemic, Insulin-Rel Stim. & Biguanide Cmb		
<i>glipizide-metformin</i>	Tier 1	
<i>glyburide-metformin</i>	Tier 1	
Antihyperglycemic, Insulin-Response & Release Comb.		

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Drug	Status	Notes
<i>pioglitazone-glimepiride</i> (DUETACT)	Tier 1	ST: TRIAL OF METFORMIN, PREFERRED SULFONYLUREA OR PREFERRED METFORMIN/SULFONYL UREA COMBO REQUIRED WITHIN THE PAST 120 DAYS; QL (1 EA per 1 day)
Antihyperglycemic-Glucocorticoid Receptor Blocker		
KORLYM (mifepristone)	Tier 2	PA; SP
<i>mifepristone oral tablet 300 mg</i> (Korlym)	Tier 1	PA; SP
Antihyperglycemic-SglT2 Inhibitor & Biguanide Comb		
<i>dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-500 mg, 5-500 mg</i> (Xigduo XR)	Tier 1	QL (1 EA per 1 day)
SYNJARDY	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 (dapagliflozin-metformin)	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 (dapagliflozin-metformin)	Tier 2	QL (2 EA per 1 day)
Antihyperglycm,Insul-Resp.Enhancer & Biguanide Cmb		

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Drug	Status	Notes
<i>pioglitazone-metformin</i> (Actoplus MET)	Tier 1	ST: TRIAL OF METFORMIN, PREFERRED SULFONYLUREA OR PREFERRED METFORMIN/SULFONYL UREA COMBO REQUIRED WITHIN THE PAST 120 DAYS; QL (3 EA per 1 day)
Antihypergly-Sglt-2 Inhib,Dpp-4 Inhib,Biguanide Cb		
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	Tier 2	QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	Tier 2	QL (2 EA per 1 day)
Blood Sugar Diagnostics		
CONTOUR NEXT TEST STRIPS (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
CONTOUR PLUS TEST STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
CONTOUR TEST STRIPS (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE INSULINX STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE LITE STRIPS (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE TEST (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
PRECISION XTRA TEST (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
Diabetic Supplies		
ASSURE TITANIUM GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	

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

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Drug	Status	Notes
BIGFOOT UNITY PEN CAP-TRESIBA	Tier 3	
CEQUR SIMPLICITY	Tier 2	QL (10 EA per 30 days)
CEQUR SIMPLICITY INSERTER	Tier 2	QL (1 EA per 365 days)

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Drug	Status	Notes
GLUCOCOM AUTOLINK	Tier 3	
GUARDIAN 4 GLUCOSE SENSOR	Tier 3	PA
GUARDIAN 4 TRANSMITTER	Tier 3	PA
GUARDIAN LINK 3 TRANSMITTER	Tier 3	PA
GUARDIAN SENSOR 3	Tier 3	PA
ILET INFUSION KIT-FLEX 23"	Tier 3	
ILET INFUSION KIT-INSET 23"	Tier 3	
ILET INFUSION KIT-INSET 32"	Tier 3	
ILET INFUSION-CONTACT DTCH 23"	Tier 3	
ILET INSULIN PUMP	Tier 3	PA
ILET STARTER KIT CONTACT	Tier 3	
ILET STARTER KIT-INSET	Tier 3	
INPEN (FOR HUMALOG) BLUE	Tier 2	
INPEN (FOR HUMALOG) GREY	Tier 2	
INPEN (FOR HUMALOG) PINK	Tier 2	
INPEN (NOVOLOG OR FIASP) BLUE	Tier 2	

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Drug	Status	Notes
INPEN (NOVOLOG OR FIASP) GREY	Tier 2	
INPEN (NOVOLOG OR FIASP) PINK	Tier 2	
MEDTRONIC EXT INFUSION SET 23"	Tier 3	
MEDTRONIC EXT INFUSION SET 32"	Tier 3	
MEDTRONIC EXT INFUSION SET 43"	Tier 3	
MINIMED 780G INSULIN PUMP	Tier 3	PA
MINIMED MIO ADVANCE INF SET23"	Tier 3	
MINIMED MIO ADVANCE INF SET43"	Tier 3	
MINIMED QUICK SET 18"	Tier 3	
MINIMED QUICK SET 23"	Tier 3	
MINIMED QUICK SET 32"	Tier 3	
MINIMED QUICK SET 43"	Tier 3	
MINIMED SILHOUETTE 18"	Tier 3	
MINIMED SILHOUETTE 23"	Tier 3	
MINIMED SILHOUETTE 32"	Tier 3	
MINIMED SILHOUETTE 43"	Tier 3	
MINIMED SURE T 18"	Tier 3	
MINIMED SURE T 23"	Tier 3	
MINIMED SURE T 32"	Tier 3	
NOVOPEN ECHO	Tier 3	
OMNIPOD 5 (G6/LIBRE 2 PLUS)	Tier 2	
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	Tier 2	QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	Tier 2	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS)	Tier 2	QL (1 EA per 365 days)

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Drug	Status	Notes
OMNIPOD DASH INTRO KIT (GEN 4)	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)	Tier 2	
SIMPLERA SENSOR	Tier 3	PA
SIMPLERA SYNC SENSOR	Tier 3	PA
T:FLEX	Tier 3	
T:SLIM X2	Tier 3	
T:SLIM X2 BASAL-IQ INSULIN PMP	Tier 3	PA
T:SLIM X2 CONTROL-IQ	Tier 3	PA
TANDEM MOBI AUTOSOFT 30 KT 23"	Tier 3	
TANDEM MOBI AUTOSOFT XC KIT 5"	Tier 3	
TANDEM MOBI AUTOSOFT XC KT 23"	Tier 3	
TANDEM MOBI AUTOSOFT30 14PK 23	Tier 3	
TANDEM MOBI AUTOSOFTXC 14PK 23	Tier 3	
TANDEM MOBI AUTOSOFTXC 14PK 5"	Tier 3	
TANDEM MOBI SYSTEM	Tier 3	PA
TANDEM MOBI TRUSTEEL KIT 23"	Tier 3	
TANDEM T:SLIM ASFT 30 PK10 23"	Tier 3	
TANDEM T:SLIM ASFT 30 PK14 23"	Tier 3	
TANDEM T:SLIM ASFT XC PK10 23"	Tier 3	
TANDEM T:SLIM ASFT XC PK14 23"	Tier 3	
TANDEM T:SLIM TRUSTL PK10 23"	Tier 3	
TANDEM T:SLIM X2 STARTER KIT	Tier 3	PA
TRUSTEEL INFUSION SET 23"	Tier 3	
TRUSTEEL INFUSION SET 32"	Tier 3	
TWIIST RFL(INFUS-CSST-NDL-SYR)	Tier 2	
TWIIST STARTER KIT	Tier 2	QL (1 EA per 365 days)
VARISOFT INFUSION SET 23"	Tier 3	

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Drug	Status	Notes
VARISOFT INFUSION SET 32"	Tier 3	
VARISOFT INFUSION SET 43"	Tier 3	
V-GO 20	Tier 2	
V-GO 30	Tier 2	
V-GO 40	Tier 2	
Hyperglycemics		
BAQSIMI	Tier 2	QL (4 EA per 1 FILL)
<i>diazoxide</i> (Proglycem)	Tier 1	
GLUCAGON EMERGENCY KIT (HUMAN)	Tier 1	ST: TRIAL OF BAQSIMI OR GVOKE IN THE PAST 120 DAYS; QL (4 EA per 1 FILL)
GVOKE	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE HYOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE HYOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE HYOPEN 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)

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Drug	Status	Notes
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
Insulins		
AFREZZA	Tier 3	PA
FIASP FLEXTOUCH U-100 INSULIN	Tier 2	QL (30 ML per 28 days)
FIASP PENFILL U-100 INSULIN	Tier 2	QL (30 ML per 28 days)
FIASP PUMPCART	Tier 2	QL (40 ML per 28 days)
FIASP U-100 INSULIN	Tier 2	QL (40 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	QL (12 ML per 28 days)
HUMALOG MIX 50-50 KWIKPEN	Tier 2	QL (30 ML per 28 days)
HUMALOG MIX 75-25(U-100)INSULN	Tier 2	QL (40 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	Tier 2	QL (30 ML per 28 days)
HUMULIN 70/30 U-100 INSULIN	Tier 2	QL (40 ML per 28 days)
HUMULIN 70/30 U-100 KWIKPEN	Tier 2	QL (30 ML per 28 days)
HUMULIN N NPH INSULIN KWIKPEN	Tier 2	QL (30 ML per 28 days)
HUMULIN N NPH U-100 INSULIN	Tier 2	QL (40 ML per 28 days)
HUMULIN R REGULAR U-100 INSULN	Tier 2	QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN	Tier 2	QL (24 ML per 28 days)
<i>insulin degludec subcutaneous insulin pen 100 unit/ml (3 ml)</i> (Tresiba FlexTouch U-100)	Tier 1	QL (30 ML per 28 days)
<i>insulin degludec subcutaneous insulin pen 200 unit/ml (3 ml)</i> (Tresiba FlexTouch U-200)	Tier 1	QL (18 ML per 28 days)
<i>insulin degludec subcutaneous solution</i> (Tresiba U-100 Insulin)	Tier 1	QL (40 ML per 28 days)
<i>insulin glargine-yfgn subcutaneous insulin pen</i> (Semglee(insulin glargine-yfgn)Pen)	Tier 2	QL (30 ML per 28 days)
<i>insulin glargine-yfgn subcutaneous solution</i> (Semglee(insulin glargine-yfgn))	Tier 2	QL (40 ML per 28 days)

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Drug		Status	Notes
<i>insulin lispro protamin-lispro</i>	(Humalog Mix 75-25 KwikPen)	Tier 1	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen</i>	(Admelog SoloStar U-100 Insulin)	Tier 1	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen, half-unit</i>	(Humalog Junior KwikPen U-100)	Tier 1	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous solution</i>	(Admelog U-100 Insulin lispro)	Tier 1	QL (40 ML per 28 days)
LYUMJEV KWIKPEN U-100 INSULIN		Tier 2	QL (30 ML per 28 days)
LYUMJEV KWIKPEN U-200 INSULIN		Tier 2	QL (12 ML per 28 days)
LYUMJEV U-100 INSULIN		Tier 2	QL (40 ML per 28 days)
NOVOLIN 70/30 U-100 INSULIN		Tier 2	QL (40 ML per 28 days)
NOVOLIN 70-30 FLEXPEN U-100		Tier 2	QL (30 ML per 28 days)
NOVOLIN N FLEXPEN		Tier 2	QL (30 ML per 28 days)
NOVOLIN N NPH U-100 INSULIN		Tier 2	QL (40 ML per 28 days)
NOVOLIN R FLEXPEN		Tier 2	QL (30 ML per 28 days)
NOVOLIN R REGULAR U100 INSULIN		Tier 2	QL (40 ML per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN	(insulin aspart u-100)	Tier 2	QL (30 ML per 28 days)
NOVOLOG MIX 70-30 U-100 INSULIN	(insulin asp prt-insulin aspart)	Tier 2	QL (40 ML per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100	(insulin asp prt-insulin aspart)	Tier 2	QL (30 ML per 28 days)
NOVOLOG PENFILL U-100 INSULIN	(insulin aspart u-100)	Tier 2	QL (30 ML per 28 days)
NOVOLOG U-100 INSULIN ASPART	(insulin aspart u-100)	Tier 2	QL (40 ML per 28 days)

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Drug	Status	Notes
REZVOGLAR KWIKPEN	Tier 3	ST: TRIAL OF INSULIN GLARGINE-YFGN, TOUJEO OR TRESIBA IN THE PAST 120 DAYS; QL (30 ML per 28 days)
TOUJEO MAX U-300 SOLOSTAR (insulin glargine u-300 conc)	Tier 2	QL (18 ML per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN (insulin glargine u-300 conc)	Tier 2	QL (13.5 ML per 28 days)
TRESIBA FLEXTOUCH U-100 (insulin degludec)	Tier 2	QL (30 ML per 28 days)
TRESIBA FLEXTOUCH U-200 (insulin degludec)	Tier 2	QL (18 ML per 28 days)
TRESIBA U-100 INSULIN (insulin degludec)	Tier 2	QL (40 ML per 28 days)
Ear - General Disorders		
Ear Preparations Anti-Inflammatory		
<i>fluocinolone acetonide oil</i> (DermOtic Oil)	Tier 1	
Ear Preparations, Misc. Anti-Infectives		
<i>acetic acid otic (ear)</i>	Tier 1	
CORTANE-B	Tier 3	
<i>hydrocortisone-acetic acid</i>	Tier 1	
Ear Preparations, Antibiotics		
<i>ciprofloxacin hcl otic (ear)</i> (Cetraxal)	Tier 1	
CORTISPORIN-TC	Tier 3	
<i>neomycin-polymyxin-hc otic (ear)</i>	Tier 1	
<i>ofloxacin otic (ear)</i>	Tier 1	
Otic Preparations, Anti-Inflammatory-Antibiotics		
<i>ciprofloxacin-dexamethasone</i>	Tier 1	
<i>ciprofloxacin-fluocinolone</i> (Otovel)	Tier 1	
<i>ciprofloxacin-hydrocortisone</i> (Cipro HC)	Tier 1	
Electrolyte Regulation		
Arginine Vasopressin (Avp) Receptor Antagonists		

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Drug	Status	Notes
<i>tolvaptan oral tablet 15 mg</i> (Samsca)	Tier 1	SP; QL (30 EA per 365 days)
<i>tolvaptan oral tablet 30 mg</i> (Samsca)	Tier 1	SP; QL (60 EA per 365 days)
Electrolyte Depleters		
<i>calcium acetate(phosphat bind)</i>	Tier 1	
<i>ferric citrate</i> (Auryxia)	Tier 1	ST: TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (12 EA per 1 day)
FOSRENOL ORAL POWDER IN PACKET	Tier 3	ST: TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (3 EA per 1 day)
KIONEX ORAL SUSPENSION (sodium polystyrene sulfonate)	Tier 1	
<i>lanthanum</i> (Fosrenol)	Tier 1	

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Drug	Status	Notes
LOKELMA ORAL POWDER IN PACKET 10 GRAM	Tier 2	QL (34 EA per 30 days)
LOKELMA ORAL POWDER IN PACKET 5 GRAM	Tier 2	QL (1 EA per 1 day)
<i>sevelamer carbonate</i> (Renvela)	Tier 1	
<i>sevelamer hcl</i>	Tier 1	
<i>sodium polystyrene sulfonate</i> (Kionex)	Tier 1	
SPS (WITH SORBITOL) ORAL	Tier 1	
SPS (WITH SORBITOL) RECTAL	Tier 3	
VELPHORO	Tier 2	QL (6 EA per 1 day)
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM	Tier 3	PA
XPHOZAH	Tier 3	ST: TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (2 EA per 1 day)
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	(potassium chloride) Tier 1	
KLOR-CON M15	(potassium chloride) Tier 1	
KLOR-CON M20	(potassium chloride) Tier 1	
<i>potassium chloride oral capsule, extended release</i>	Tier 1	

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Drug	Status	Notes
<i>potassium chloride oral liquid</i>	Tier 1	
<i>potassium chloride oral packet 20 meq</i> (Klor-Con)	Tier 1	
<i>potassium chloride oral tablet extended release</i> (Klor-Con 10)	Tier 1	
<i>potassium chloride oral tablet, er particles/crystals</i> (Klor-Con M10)	Tier 1	
Sodium/Saline Preparations		
BD POSIFLUSH NORMAL SALINE 0.9 (sodium chloride 0.9 % (flush))	Tier 1	
NORMAL SALINE FLUSH (sodium chloride 0.9 % (flush))	Tier 1	
<i>sodium chlor 0.9% bacteriostat</i>	Tier 1	
<i>sodium chloride 0.45 % intravenous</i>	Tier 1	
<i>sodium chloride 0.9 %</i>	Tier 1	
<i>sodium chloride 0.9 % (flush) injection syringe</i> (BD PosiFlush Normal Saline 0.9)	Tier 1	
<i>sodium chloride injection</i>	Tier 1	
Endocrine Disorder - Fertility		
Drugs To Treat Impotency		
<i>avanafil</i> (Stendra)	Tier 1	ST: TRIAL OF GENERIC VIAGRA IN THE PAST 120 DAYS; QL (1 EA per 5 days)
CAVERJECT	Tier 3	QL (1 EA per 5 days)
CAVERJECT IMPULSE	Tier 3	QL (1 EA per 5 days)
EDEX INTRACAVERNOSAL KIT 10 MCG	Tier 3	QL (3 EA per 30 days)

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Drug	Status	Notes
EDEX INTRACAVERNOSAL KIT 20 MCG, 40 MCG	Tier 3	QL (1 EA per 30 days)
IFE-BIMIX 30/1 (papav-phentolamine in water)	Tier 1	
<i>sildenafil</i> (Viagra)	Tier 1	QL (1 EA per 5 days)
<i>tadalafil oral tablet 10 mg, 20 mg</i> (Cialis)	Tier 1	QL (1 EA per 5 days)
<i>tadalafil oral tablet 2.5 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
<i>tadalafil oral tablet 5 mg</i> (Cialis)	Tier 1	PA; QL (1 EA per 1 day)
TRI-MIX (PAPAVRN-PHNTLMN-PGE1)	Tier 3	
Fertility Stimulating Preparations, Non-Fsh		
<i>clomiphene citrate</i> (MiloPhene)	Tier 1	
MILOPHENE (clomiphene citrate)	Tier 1	
Follicle Stim./Luteinizing Hormones		
MENOPUR	Tier 2	SP
Follicle-Stimulating Hormone (Fsh)		
FOLLISTIM AQ	Tier 3	SP; ST: TRIAL OF GONAL-F OR GONAL-F-RFF REQUIRED IN THE PAST 120 DAYS
GONAL-F RFF REDI-JECT	Tier 2	SP
GONAL-F SUBCUTANEOUS RECON SOLN 450 UNIT	Tier 2	SP
Human Chorionic Gonadotropin (Hcg)		
<i>chorionic gonadotropin, human intramuscular</i> (Pregnyl)	Tier 3	ST: TRIAL OF NOVAREL OR OVIDREL REQUIRED IN THE PAST 120 DAYS
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	Tier 2	
OVIDREL	Tier 2	
PREGNYL (chorionic gonadotropin, human)	Tier 3	ST: TRIAL OF NOVAREL OR OVIDREL REQUIRED IN THE PAST 120 DAYS

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Drug	Status	Notes
Pregnancy Facilitating/Maintaining Agent,Hormonal		
CRINONE VAGINAL GEL 8 %	Tier 2	
<i>progesterone micronized vaginal</i> (Endometrin)	Tier 1	
Endocrine Disorder - Other		
Adrenal Steroid Inhibitors		
ISTURISA ORAL TABLET 1 MG, 5 MG	Tier 3	PA; SP
RECORLEV	Tier 3	PA; SP
Adrenocorticotrophic Hormones		
ACTHAR	Tier 3	PA; SP
ACTHAR SELFJECT	Tier 3	PA; SP
CORTROPHIN GEL	Tier 3	PA; SP
Antidiuretic And Vasopressor Hormones		
<i>desmopressin injection</i> (DDAVP)	Tier 1	
<i>desmopressin nasal spray with pump</i>	Tier 1	
<i>desmopressin nasal spray,non-aerosol</i>	Tier 1	
<i>desmopressin oral</i> (DDAVP)	Tier 1	
NOCDURNA (MEN)	Tier 3	QL (1 EA per 1 day)
NOCDURNA (WOMEN)	Tier 3	QL (1 EA per 1 day)
Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.		
ELIGARD	Tier 2	PA; SP
ELIGARD (4 MONTH)	Tier 2	PA; SP
<i>leuprolide subcutaneous kit</i>	Tier 1	PA; SP

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Drug	Status	Notes
Bone Formation Stim. Agents - Parathyroid Hormone		
<i>teriparatide subcutaneous pen injector</i> (Bonsity) <i>20 mcg/dose (560mcg/2.24ml)</i>	Tier 1	PA; SP
Bone Formation Stimulating Agts - Pth Rel Peptides		
TYMLOS	Tier 2	PA; SP
Bone Resorption Inhibitor & Vitamin D Combinations		
FOSAMAX PLUS D	Tier 3	QL (1 EA per 7 days)
Bone Resorption Inhibitors		
<i>alendronate oral solution</i>	Tier 1	QL (75 ML per 7 days)
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg</i>	Tier 1	
<i>alendronate oral tablet 70 mg</i> (Fosamax)	Tier 1	
<i>calcitonin (salmon)</i> (Miacalcin)	Tier 1	
<i>ibandronate oral</i>	Tier 1	
OSENVELT	Tier 2	PA; SP
<i>raloxifene</i> (Evista)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>risedronate oral tablet 150 mg</i> (Actonel)	Tier 1	ST: TRIAL OF GENERIC ALENDRONATE AND IBANDRONATE REQUIRED; QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	Tier 1	ST: TRIAL OF GENERIC ALENDRONATE AND IBANDRONATE REQUIRED; QL (1 EA per 1 day)

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Drug	Status	Notes
<i>risedronate oral tablet 35 mg</i> (Actonel)	Tier 1	ST: TRIAL OF GENERIC ALENDRONATE AND IBANDRONATE REQUIRED; QL (1 EA per 7 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i> (Atelvia)	Tier 1	ST: TRIAL OF GENERIC ALENDRONATE AND IBANDRONATE REQUIRED; QL (1 EA per 7 days)
STOBOCLO	Tier 2	PA; SP
Calcimimetic, Parathyroid Calcium Enhancer		
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	Tier 1	SP
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	Tier 1	SP; QL (4 EA per 1 day)
Growth Hormone Receptor Antagonists		
SOMAVERT	Tier 3	PA; SP
Growth Hormone Releasing Hormone (Ghrh) & Analogs		
EGRIFTA SV	Tier 3	PA; SP
EGRIFTA WR	Tier 3	PA; SP
Growth Hormones		
GENOTROPIN	Tier 2	PA; SP
GENOTROPIN MINIQUICK	Tier 2	PA; SP
NORDITROPIN FLEXPRO	Tier 2	PA; SP
OMNITROPE	Tier 3	PA; SP
SKYTROFA	Tier 2	PA; SP
SOGROYA	Tier 2	PA; SP

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Drug	Status	Notes
Hyperparathyroid Tx Agents - Vitamin D Analog-Type		
<i>doxercalciferol oral</i>	Tier 1	
<i>paricalcitol oral</i> (Zemplar)	Tier 1	
RAYALDEE	Tier 2	QL (2 EA per 1 day)
Insulin-Like Growth Factor-1 (Igf-1) Hormones		
INCRELEX	Tier 3	PA; SP
Leptin Hormone Analogs		
MYALEPT	Tier 3	PA; SP
Lhrh (Gnrh) Antagonist, Estrogen And Progestin Comb		
MYFEMBREE	Tier 2	PA
ORIAHNN	Tier 2	PA
Lhrh(Gnrh) Agonist Analog Pituitary Suppressants		
SYNAREL	Tier 3	PA; SP
Lhrh(Gnrh) Antagonist, Pituitary Suppressant Agents		
<i>cetrotelix</i> (Cetrotide)	Tier 1	SP
FYREMADEL (ganirelix)	Tier 1	SP
<i>ganirelix</i> (Fyremadel)	Tier 1	SP
ORLISSA	Tier 2	PA
Natriuretic Peptides		
VOXZOGO	Tier 3	PA; SP
YUWIWEL SUBCUTANEOUS RECON SOLN 1.3 MG, 2.8 MG	Tier 3	PA; SP; QL (1 EA per 28 days)
YUWIWEL SUBCUTANEOUS RECON SOLN 5.5 MG	Tier 3	PA; SP; QL (2 EA per 28 days)
Parathyroid Hormones		
YORVIPATH	Tier 3	PA; SP
Pituitary Suppressive Agents		

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Drug	Status	Notes
<i>cabergoline</i>	Tier 1	
CRENESSITY	Tier 3	PA; SP
<i>danazol</i>	Tier 1	
Endocrine Disorder - Thyroid		
Antithyroid Preparations		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>propylthiouracil</i>	Tier 1	
Iodine Containing Agents		
LUGOLS ORAL	Tier 3	
<i>potassium iodide oral solution</i> (SSKI)	Tier 1	
SSKI (potassium iodide)	Tier 1	
STRONG IODINE ORAL	Tier 1	
Thyroid Hormones		
EUTHYROX (levothyroxine)	Tier 1	
<i>levothyroxine oral capsule</i> (Tirosint)	Tier 1	ST: TRIAL OF GENERIC LEVOTHYROXINE TABLET IN THE PAST 120 DAYS; QL (2 EA per 1 day)
<i>levothyroxine oral tablet</i> (Levo-T)	Tier 1	
LIOMNY (lithyronine)	Tier 1	
<i>lithyronine oral</i> (Liomny)	Tier 1	
THYQUIDITY	Tier 3	PA; QL (20 ML per 1 day)
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG	Tier 3	ST: TRIAL OF GENERIC LEVOTHYROXINE TABLET IN THE PAST 120 DAYS; QL (2 EA per 1 day)
TIROSINT-SOL	Tier 3	PA

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Drug	Status	Notes
Eye - General Disorders		
Eye Antibiotic, Glucocorticoid And Nsaid Comb.		
<i>prednisoln sp-moxiflox-bromfen</i>	Tier 1	
<i>prednisolon-moxiflox-ketorolac</i>	Tier 1	
Eye Antibiotic-Corticoid Combinations		
<i>neomycin-bacitracin-poly-hc</i> (Neo-Polycin HC)	Tier 1	
<i>neomycin-polymyxin b-dexameth</i> (Maxitrol)	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	Tier 1	
NEO-POLYCYN HC (neomycin-bacitracin-poly-hc)	Tier 1	
PRED-G S.O.P.	Tier 3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	Tier 2	
<i>tobramycin-dexamethasone</i>	Tier 1	
<i>tobramycin-lotepred</i> (Zylet)	Tier 1	
Eye Antihistamines		
<i>azelastine ophthalmic (eye)</i>	Tier 1	QL (12 ML per 30 days)
<i>epinastine</i>	Tier 1	QL (10 ML per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf)	Tier 1	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Advanced Eye Relief (olopatad))	Tier 1	QL (3 ML per 30 days)
Eye Antiinflammatory Agents		
ACUVAIL (PF)	Tier 3	ST: TRIAL OF ILEVRO 0.3% AND ONE OF THE FOLLOWING: DICLOFENAC 0.1% OR KETOROLAC 0.5% IN THE PAST 365 DAYS; QL (60 EA per 15 days)

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Drug	Status	Notes
<i>bromfenac ophthalmic (eye) drops 0.07 %</i> (Prolensa)	Tier 1	ST: TRIAL OF GENERIC KETOROLAC OR DICLOFENAC OPHTHALMIC DROPS IN THE PAST 120 DAYS; QL (3 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.075 %</i> (BromSite)	Tier 1	ST: TRIAL OF GENERIC KETOROLAC OR DICLOFENAC OPHTHALMIC DROPS IN THE PAST 120 DAYS; QL (5 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	Tier 1	ST: TRIAL OF GENERIC KETOROLAC OR DICLOFENAC OPHTHALMIC DROPS IN THE PAST 120 DAYS; QL (3.4 ML per 16 days)
<i>clobetasol ophthalmic (eye)</i> (Byqlovi)	Tier 1	ST: TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS; QL (3.5 ML per 14 days)
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	Tier 1	QL (15 ML per 14 days)
DEXTENZA	Tier 3	
<i>diclofenac sodium ophthalmic (eye)</i>	Tier 1	QL (10 ML per 14 days)
<i>difluprednate</i> (Durezol)	Tier 1	QL (10 ML per 14 days)
EYSUVIS	Tier 2	QL (8.3 ML per 14 days)

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Drug	Status	Notes
<i>fluorometholone</i> (FML Liquifilm)	Tier 1	QL (10 ML per 14 days)
<i>flurbiprofen sodium</i>	Tier 1	
ILEVRO	Tier 2	QL (3.4 ML per 16 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	Tier 1	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	Tier 1	QL (20 ML per 30 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT	Tier 2	QL (7 GM per 14 days)
LOTEMAX SM	Tier 2	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i> (Lotemax)	Tier 1	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i> (Alrex)	Tier 1	ST: TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS; QL (10 ML per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	Tier 1	QL (20 ML per 14 days)
MAXIDEX	Tier 3	ST: TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS; QL (25 ML per 14 days)
<i>prednisolone acetate</i> (Pred Forte)	Tier 1	QL (20 ML per 14 days)
<i>prednisolone sod ph-bromfenac</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	Tier 1	QL (20 ML per 14 days)
Eye Antivirals		

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Drug	Status	Notes
<i>trifluridine</i>	Tier 1	ST: TRIAL OF ORAL ACYCLOVIR, VALACYCLOVIR OR FAMCICLOVIR IN THE PAST 120 DAYS
Eye Local Anesthetics		
AKTEN (PF)	Tier 3	
ALCAINE (proparacaine)	Tier 1	
ALTACAIN (tetracaine hcl)	Tier 1	
ALTAFLUOR BENOX (fluorescein-benoxinate)	Tier 1	
<i>fluorescein-benoxinate</i>	Tier 1	
<i>fluorescein-proparacaine</i>	Tier 1	
IHEEZO (PF)	Tier 3	
<i>proparacaine</i> (Alcaine)	Tier 1	
<i>tetracaine hcl</i> (Altacaine)	Tier 1	
<i>tetracaine hcl (pf) ophthalmic (eye)</i>	Tier 1	
Eye Sulfonamides		
BLEPHAMIDE S.O.P.	Tier 2	
<i>sulfacetamide sodium ophthalmic (eye)</i>	Tier 1	
<i>sulfacetamide-prednisolone</i>	Tier 1	
Eye Vasoconstrictors (Rx Only)		
<i>phenylephrine hcl ophthalmic (eye)</i>	Tier 1	
UPNEEQ (PF)	Tier 3	PA
Nicotinic Recept.Partial Agonist, Alpha4beta2 Spec		
TYRVAYA	Tier 2	PA

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Drug	Status	Notes
Ophthalmic (Eye) Antiparasitics		
XDEMVY	Tier 2	PA; SP
Ophthalmic Antibiotics		
<i>bacitracin ophthalmic (eye)</i>	Tier 1	
<i>bacitracin-polymyxin b</i> (Polycin)	Tier 1	
BESIVANCE (besifloxacin)	Tier 2	
CILOXAN OPHTHALMIC (EYE) OINTMENT	Tier 2	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	Tier 1	
<i>erythromycin ophthalmic (eye)</i>	Tier 1	
<i>gatifloxacin</i>	Tier 1	
<i>gentamicin ophthalmic (eye) drops</i>	Tier 1	
<i>levofloxacin ophthalmic (eye)</i>	Tier 1	
<i>moxifloxacin ophthalmic (eye)</i> (Vigamox)	Tier 1	
<i>neomycin-bacitracin-polymyxin</i> (Neo-Polycin)	Tier 1	
<i>neomycin-polymyxin-gramicidin</i>	Tier 1	
NEO-POLYCIN (neomycin-bacitracin-polymyxin)	Tier 1	
<i>ofloxacin ophthalmic (eye)</i> (Ocuflox)	Tier 1	
POLYCIN (bacitracin-polymyxin b)	Tier 1	
<i>polymyxin b sulf-trimethoprim</i>	Tier 1	
<i>tobramycin ophthalmic (eye)</i>	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT	Tier 2	
Ophthalmic Antifungal Agents		
NATACYN	Tier 3	
Ophthalmic Anti-Inflammatory Immunomodulator-Type		
<i>cyclosporine ophthalmic (eye)</i> (Restasis)	Tier 1	QL (60 EA per 30 days)
RESTASIS (cyclosporine)	Tier 1	QL (60 EA per 30 days)

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Drug	Status	Notes
VERKAZIA	Tier 3	PA
XIIDRA	Tier 2	QL (60 EA per 30 days)
Ophthalmic Human Nerve Growth Factor (Hngf)		
OXERVATE	Tier 3	PA; SP
Ophthalmic Mast Cell Stabilizers		
<i>cromolyn ophthalmic (eye)</i>	Tier 1	QL (50 ML per 30 days)
Eye - Glaucoma		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide</i>	Tier 1	
<i>methazolamide</i>	Tier 1	
Miotics/Other Intraoc. Pressure Reducers		
<i>apraclonidine</i>	Tier 1	
<i>betaxolol ophthalmic (eye)</i>	Tier 1	
BETOPTIC S	Tier 3	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	Tier 1	QL (2.5 ML per 25 days)
<i>brimonidine ophthalmic (eye)</i> (Alphagan P)	Tier 1	
<i>brimonidine-dorzolamide</i>	Tier 1	
<i>brimonidine-dorzol-bimatoprost</i>	Tier 1	
<i>brimonidine-timolol</i> (Combigan)	Tier 1	
<i>brinzolamide</i> (Azopt)	Tier 1	
<i>carteolol</i>	Tier 1	
<i>dorzolamide</i>	Tier 1	
<i>dorzolamide-timolol</i> (Cosopt)	Tier 1	

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Drug	Status	Notes
<i>dorzolamide-timolol (pf) ophthalmic (eye) (Cosopt (PF)) dropperette</i>	Tier 1	ST: TRIAL OF DORZOLAMIDE/TIMOLOL (NON-COSOPT PF FORMULATION) REQUIRED; QL (2 EA per 1 day)
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	Tier 3	
<i>latanoprost</i> (Xalatan)	Tier 1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
LUMIGAN OPHTHALMIC (EYE) DROPS (bimatoprost) 0.01 %	Tier 2	QL (2.5 ML per 25 days)
PHOSPHOLINE IODIDE	Tier 3	SP
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	Tier 1	
<i>pilocarpine hcl ophthalmic (eye) drops 1.25 %</i> (Vuity)	Tier 1	QL (10 ML per 30 days)
QLOSI	Tier 3	ST: TRIAL OF ONE GENERIC PILOCARPINE OPHTHALMIC SOLUTION IN THE PAST 120 DAYS; QL (2 EA per 1 day)
RHOPRESSA	Tier 3	ST: TRIAL OF LATANOPROST AND ONE OF THE FOLLOWING: LUMIGAN 0.01%, COMBIGAN, ALPHAGAN P 0.1%, TRAVATAN Z, AZOPT, OR SIMBRINZA REQUIRED.; QL (2.5 ML per 30 days)

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Drug	Status	Notes
ROCKLATAN	Tier 3	ST: TRIAL OF LATANOPROST AND ONE OF THE FOLLOWING: LUMIGAN 0.01%, COMBIGAN, ALPHAGAN P 0.1%, BRIMONIDINE 0.2%, TRAVATAN Z, AZOPT, OR SIMBRINZA REQUIRED.; QL (2.5 ML per 25 days)
SIMBRINZA	Tier 2	
<i>tafluprost (pf)</i> (Zioptan (PF))	Tier 1	QL (1 EA per 1 day)
<i>timolol</i> (Betimol)	Tier 1	
<i>timolol maleate (pf)</i> (Timoptic Ocudose (PF))	Tier 1	QL (2 EA per 1 day)
<i>timolol maleate ophthalmic (eye)</i> (Istalol)	Tier 1	
<i>timolol-bimatoprost</i>	Tier 1	
<i>timolol-brimon-dorzol-bimatop</i>	Tier 1	
<i>timolol-brimonidine-dorzolamid</i>	Tier 1	
<i>timolol-dorzolamide-bimatopros</i>	Tier 1	
<i>travoprost</i> (Travatan Z)	Tier 1	QL (2.5 ML per 25 days)
VIZZ	Tier 3	ST: TRIAL OF GENERIC PILOCARPINE IN THE PAST 365 DAYS; QL (1 EA per 1 day)
VYZULTA	Tier 3	ST: TRIAL OF GENERIC PROSTAGLANDIN ANALOG AND LUMIGAN IN THE PAST 365 DAYS; QL (2.5 ML per 30 days)

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Drug	Status	Notes
XELPROS	Tier 3	ST: TRIAL OF GENERIC PROSTAGLANDIN ANALOG AND LUMIGAN IN THE PAST 365 DAYS; QL (2.5 ML per 25 days)
YUVEZZI	Tier 3	ST: TRIAL OF GENERIC PILOCARPINE IN THE PAST 365 DAYS
Mydriatics		
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 1 %</i>	Tier 1	
<i>atropine sulfate (pf)</i>	Tier 1	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 % (cyclopentolate)	Tier 3	
CYCLOMYDRIL	Tier 3	
<i>cyclopentolate</i> (Cyclogyl)	Tier 1	
<i>cyclopen-tropic-phenyleph-watr</i>	Tier 1	
<i>cyclopent-tropic-phen-ketr-wat</i>	Tier 1	
<i>cyclop-trop-propa-phen-ket-wat</i>	Tier 1	
HOMATROPAIRE (homatropine hbr)	Tier 1	
MYDCOMBI	Tier 3	
<i>phenyleph-tropicamide in water</i>	Tier 1	
<i>tropicamide</i> (Mydriacyl)	Tier 1	
Ophthalmic Antifibrotic Agents		
<i>mitomycin (pf) in water</i>	Tier 1	SP
MITOSOL	Tier 3	
Eye - Miscellaneous		
Agents For Corneal Collagen Cross-Linking		
PHOTREXA CROSS-LINKING KIT	Tier 3	SP
Artificial Tears		

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Drug	Status	Notes
MIEBO (PF)	Tier 2	
Eye Preparations, Miscellaneous (Otc)		
GELFILM OPHTHALMIC (EYE)	Tier 3	
Ophthalmic Cystine Depleting Agents		
CYSTADROPS	Tier 2	PA; SP
CYSTARAN	Tier 2	PA; SP
Fluid Replacement		
Nucleic Acid/Nucleotide Supplements		
XURIDEN	Tier 2	PA; SP
Gout And Related Diseases		
Colchicine		
<i>colchicine oral capsule</i> (Mitigare)	Tier 1	QL (2 EA per 1 day)
<i>colchicine oral tablet</i> (Colcrys)	Tier 1	
GLOPERBA	Tier 3	PA; QL (10 ML per 1 day)
Hyperuricemia Tx - Purine Inhibitors		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	Tier 1	
<i>allopurinol oral tablet 300 mg</i>	Tier 1	
<i>febuxostat</i> (Uloric)	Tier 1	
Uricosuric Agents		
<i>probenecid</i>	Tier 1	
<i>probenecid-colchicine</i>	Tier 1	
Hematological Disorders		
Agents To Tx Thrombotic Thrombocytopenic Purpura		
CABLIVI INJECTION KIT	Tier 3	PA; SP
Anticoagulants, Coumarin Type		

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Drug	Status	Notes
JANTOVEN (warfarin)	Tier 1	
<i>warfarin</i>	Tier 1	
Antifibrinolytic Agents		
<i>aminocaproic acid oral</i> (Amicar)	Tier 1	
<i>tranexamic acid oral</i>	Tier 1	
Antihemophilic Factors		
ADVATE	Tier 2	SP
ADYNOVATE	Tier 2	SP
AFSTYLA	Tier 2	SP
ALPHANATE	Tier 3	SP
ALTUVIIIIO	Tier 2	SP
ELOCTATE	Tier 2	SP
ESPEROCT	Tier 2	SP
FEIBA NF	Tier 3	SP
HEMOFIL M HIGH	Tier 3	SP
HEMOFIL M LOW	Tier 3	SP
HEMOFIL M MID	Tier 3	SP
HEMOFIL M SUPER HIGH	Tier 3	SP
HUMATE-P	Tier 3	SP
JIVI	Tier 2	SP
KOATE INTRAVENOUS RECON SOLN 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
KOGENATE FS	Tier 2	SP
KOVALTRY	Tier 2	SP
NOVOEIGHT	Tier 2	SP
NOVOSEVEN RT	Tier 3	SP
NUWIQ	Tier 3	SP
OBIZUR	Tier 3	SP

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Drug	Status	Notes
RECOMBINATE	Tier 3	SP
SEVENFACT	Tier 3	SP
WILATE	Tier 3	SP
XYNTHA	Tier 2	SP
XYNTHA SOLOFUSE	Tier 2	SP
Blood Factors,Miscellaneous		
VONVENDI	Tier 3	SP
Citrates As Anticoagulants		
ACD SOLUTION A	Tier 3	
ACD-A	Tier 3	
<i>sodium citrate</i>	Tier 1	
<i>sodium citrate in 0.9 % nacl</i>	Tier 1	
Complement (C3) Inhibitors		
EMPAVELI	Tier 3	PA; SP
Direct Factor Xa Inhibitors		
ELIQUIS DVT-PE TREAT 30D START	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)
ELIQUIS ORAL TABLET FOR SUSPENSION	Tier 2	QL (32 EA per 1 day)
ELIQUIS SPRINKLE	Tier 2	QL (4 EA per 1 day)
<i>rivaroxaban oral suspension for reconstitution</i> (Xarelto)	Tier 1	QL (20 ML per 1 day)
<i>rivaroxaban oral tablet</i> (Xarelto)	Tier 1	QL (2 EA per 1 day)
XARELTO DVT-PE TREAT 30D START	Tier 2	QL (51 EA per 30 days)

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Drug	Status	Notes
XARELTO ORAL SUSPENSION FOR RECONSTITUTION (rivaroxaban)	Tier 2	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG (rivaroxaban)	Tier 2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG (rivaroxaban)	Tier 2	QL (2 EA per 1 day)
Factor Ix Complex (Pcc) Preparations		
PROFILNINE	Tier 3	SP
Factor Ix Preparations		
ALPHANINE SD	Tier 3	SP
ALPROLIX	Tier 2	SP
BENEFIX	Tier 2	SP
IDELVION	Tier 2	SP
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 3,000 UNIT, 500 UNIT	Tier 3	SP
REBINYN	Tier 2	SP
RIXUBIS	Tier 3	SP
Factor X Preparations		
COAGADEX	Tier 3	SP
Factor Xiii Preparations		
CORIFACT	Tier 3	SP
TRETTEN	Tier 3	SP
Hematinics,Other		
MIRCERA	Tier 3	PA; SP
RETACRIT	Tier 2	PA; SP
Hemophilia Treatment Agents,Non-Factor Replacement		
ALHEMO PEN	Tier 3	PA; SP
HEMLIBRA	Tier 3	PA; SP
HYMPAVZI PEN	Tier 3	PA; SP

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Drug	Status	Notes
QFITLIA	Tier 3	PA; SP
QFITLIA PEN	Tier 3	PA; SP
Hemorrhologic Agents		
<i>pentoxifylline</i>	Tier 1	
Heparin And Related Preparations		
<i>enoxaparin subcutaneous solution</i> (Lovenox)	Tier 1	QL (30 ML per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox)	Tier 1	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	Tier 1	QL (24 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	Tier 1	QL (15 ML per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	Tier 1	QL (12 ML per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	Tier 1	QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML	Tier 3	QL (8 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	Tier 3	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	Tier 3	QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	Tier 3	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	Tier 3	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	Tier 3	QL (43.2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	Tier 3	QL (12 ML per 30 days)

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Drug	Status	Notes
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	Tier 3	QL (18 ML per 30 days)
HEP FLUSH-10 (PF)	Tier 1	
<i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)</i>	Tier 1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	Tier 1	
<i>heparin (porcine) injection cartridge</i>	Tier 1	
<i>heparin (porcine) injection solution</i>	Tier 1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Tier 1	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml</i>	Tier 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) (heparin, porcine (pf))	Tier 1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) injection syringe</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe</i> (Heparin LockFlush(Porcine)(PF))	Tier 1	
Human Monoclonal Antibody Complement(C5) Inhibitor		
FABHALTA	Tier 2	PA; SP
TAVNEOS	Tier 3	PA; SP
VOYDEYA	Tier 3	PA; SP
ZILBRYSQ	Tier 3	PA; SP
Hypoxia Inducible Factor Prolyl Hydroxylase Inh.		
VAFSEO	Tier 3	PA
Leukocyte (Wbc) Stimulants		

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Drug	Status	Notes
LEUKINE INJECTION RECON SOLN	Tier 3	PA; SP
NIVESTYM	Tier 2	PA; SP
UDENYCA ONBODY	Tier 3	PA; SP
ZIEXTENZO	Tier 2	PA; SP
Plasma Proteins		
RYPLAZIM	Tier 3	PA; SP
Platelet Aggregation Inhibitors		
ADULT ASPIRIN REGIMEN (aspirin)	\$0	
ADULT LOW DOSE ASPIRIN (aspirin)	\$0	
ASPIRIN CHILDRENS (aspirin)	\$0	
<i>aspirin oral tablet, chewable</i> (Aspirin Childrens)	\$0	
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i> (Adult Aspirin Regimen)	\$0	
<i>aspirin-dipyridamole</i>	Tier 1	
BAYER LOW DOSE ASPIRIN (aspirin)	\$0	
CHILDREN'S ASPIRIN (aspirin)	\$0	
<i>cilostazol</i>	Tier 1	
<i>clopidogrel oral tablet 300 mg</i>	Tier 1	QL (4 EA per 30 days)
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	Tier 1	
<i>dipyridamole oral</i>	Tier 1	
<i>prasugrel hcl</i> (Effient)	Tier 1	
ST JOSEPH ASPIRIN (aspirin)	\$0	
ST. JOSEPH ASPIRIN (aspirin)	\$0	
<i>ticagrelor oral tablet 60 mg</i> (Brilinta)	Tier 1	QL (2 EA per 1 day)
<i>ticagrelor oral tablet 90 mg</i> (Brilinta)	Tier 1	

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Drug	Status	Notes
ZONTIVITY	Tier 3	QL (1 EA per 1 day)
Platelet Reducing Agents		
<i>anagrelide</i> (Agrylin)	Tier 1	
Pyruvate Kinase Activators		
AQVESME	Tier 3	PA; SP; QL (2 EA per 1 day)
PYRUKYND	Tier 3	PA; SP
Sickle Cell Anemia Agents		
DROXIA	Tier 3	
ENDARI (glutamine (sickle cell))	Tier 3	PA; SP
<i>glutamine (sickle cell)</i> (Endari)	Tier 1	PA; SP
SIKLOS ORAL TABLET 1,000 MG	Tier 3	ST: TRIAL OF GENERIC HYDROXYUREA AND DROXIA REQUIRED.
SIKLOS ORAL TABLET 100 MG	Tier 3	QL (2 EA per 1 day)
XROMI	Tier 3	PA
Spleen Tyrosine Kinase Inhibitors		
TAVALISSE	Tier 2	PA; SP
WAYRILZ	Tier 3	PA; SP
Thrombin Inhibitors, Selective, Direct, & Reversible		
<i>dabigatran etexilate</i> (Pradaxa)	Tier 1	QL (2 EA per 1 day)
Thrombopoietin Receptor Agonists		
ALVAIZ	Tier 3	PA; SP
DOPTELET (10 TAB PACK)	Tier 2	PA; SP
DOPTELET (15 TAB PACK)	Tier 2	PA; SP
DOPTELET (30 TAB PACK)	Tier 2	PA; SP
DOPTELET SPRINKLE	Tier 2	PA; SP
<i>eltrombopag olamine</i> (Promacta)	Tier 1	PA; SP
MULPLETA	Tier 3	PA; SP
Topical Hemostatics		

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Drug	Status	Notes
AVITENE	Tier 3	
AVITENE FLOUR	Tier 3	
ENDO AVITENE	Tier 3	
EVICEL	Tier 3	
GELFOAM JMI POWDER	Tier 3	
GELFOAM JMI SPONGE	Tier 3	
GELFOAM SPONGE SIZE 200	Tier 3	
MONSEL'S TOPICAL SOLUTION	Tier 3	
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR	Tier 1	
RECOTHROM	Tier 3	
RECOTHROM SPRAY KIT	Tier 3	
SYRINGE AVITENE	Tier 3	
THROMBIN-JMI NASAL	Tier 1	
THROMBIN-JMI TOPICAL RECON SOLN	Tier 1	
THROMBIN-JMI TOPICAL SPRAY SYRINGE	Tier 1	
THROMBIN-JMI TOPICAL SPRAY, NON-AEROSOL	Tier 1	
ULTRAFOAM	Tier 3	
VISTASEAL-FIBRIN SEALANT	Tier 3	
Vitamin K Preparations		
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i> (Vitamin K1)	Tier 1	
<i>phytonadione (vitamin k1) injection syringe</i>	Tier 1	

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Drug	Status	Notes
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 1	
VITAMIN K (phytonadione (vitamin k1))	Tier 1	
VITAMIN K1 INJECTION (phytonadione (vitamin k1))	Tier 1	
Hormonal Deficiency		
Androgenic Agents		
METHITEST (methyltestosterone)	Tier 3	PA
<i>methyltestosterone oral capsule</i>	Tier 1	PA
<i>testosterone cypionate</i> (Depo-Testosterone)	Tier 1	PA; QL (10 ML per 28 days)
<i>testosterone enanthate</i>	Tier 1	PA; QL (5 ML per 28 days)
<i>testosterone transdermal gel</i> (Testim)	Tier 1	PA; QL (10 GM per 1 day)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	Tier 1	PA; QL (4 GM per 1 day)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	Tier 1	PA; QL (10 GM per 1 day)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	Tier 1	PA; QL (5 GM per 1 day)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1.62 % (40.5 mg/2.5 gram)</i>	Tier 1	PA; QL (5 GM per 1 day)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i> (Vogelxo)	Tier 1	PA; QL (10 GM per 1 day)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	Tier 1	PA; QL (1.25 GM per 1 day)
<i>testosterone transdermal solution in metered pump w/app</i>	Tier 1	PA; QL (6 ML per 1 day)
TLANDO	Tier 3	PA; QL (4 EA per 1 day)
XYOSTED	Tier 3	PA; QL (2 ML per 28 days)
Estrogen & Progestin With Antimineralocorticoid Cb		

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Drug	Status	Notes
ANGELIQ	Tier 3	
Estrogen & Selective Estrogen Recept Mod(Serm)Comb		
DUAVEE	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 (estrogens-methyltestosterone)	Tier 1	
COVARYX H.S. (estrogens-methyltestosterone)	Tier 1	
EEMT (estrogens-methyltestosterone)	Tier 1	
EEMT HS (estrogens-methyltestosterone)	Tier 1	
<i>estrogens-methyltestosterone</i> (Covaryx)	Tier 1	
Estrogenic Agents		
ABIGALE (estradiol-norethindrone acet)	Tier 1	
ABIGALE LO (estradiol-norethindrone acet)	Tier 1	
COMBIPATCH	Tier 2	QL (2 EA per 7 days)
<i>conjugated estrogens</i> (Premarin)	Tier 1	
DEPO-ESTRADIOL (estradiol cypionate)	Tier 3	
DOTTI (estradiol)	Tier 1	QL (2 EA per 7 days)

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Drug	Status	Notes
ELESTRIN	Tier 3	ST: TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS; QL (52 GM per 30 days)
<i>estradiol oral</i>	Tier 1	
<i>estradiol transdermal gel in metered-dose pump</i> (EstroGel)	Tier 1	ST: TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%)</i> (Divigel)	Tier 1	ST: TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS; QL (30 EA per 30 days)
<i>estradiol transdermal gel in packet 1 mg/gram (0.1 %)</i> (Divigel)	Tier 1	ST: TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS; QL (30 GM per 30 days)
<i>estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)</i> (Divigel)	Tier 1	ST: TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS; QL (37.5 GM per 30 days)
<i>estradiol transdermal patch semiweekly</i> (Dotti)	Tier 1	QL (2 EA per 7 days)
<i>estradiol transdermal patch weekly</i> (Climara)	Tier 1	QL (1 EA per 7 days)
<i>estradiol valerate</i> (Delestrogen)	Tier 1	
<i>estradiol-norethindrone acet</i> (Abigale)	Tier 1	

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Drug	Status	Notes
EVAMIST	Tier 3	ST: TRIAL OF ONE GENERIC TRANSDERMAL ESTROGENS AND ONE ESTRADIOL TRANSDERMAL PATCH IN THE PAST 365 DAYS; QL (16.2 ML per 30 days)
FYAVOLV (norethindrone ac-eth estradiol)	Tier 1	
JINTELI (norethindrone ac-eth estradiol)	Tier 1	
LYLLANA (estradiol)	Tier 1	QL (2 EA per 7 days)
MENOSTAR	Tier 3	QL (1 EA per 7 days)
MIMVEY (estradiol-norethindrone acet)	Tier 1	
<i>norethindrone ac-eth estradiol oral tablet</i> (Fyavolv) <i>0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 1	
PREMPHASE	Tier 2	
PREMPRO	Tier 2	
Menopausal Symptoms Suppressant - Ssris		
<i>paroxetine mesylate(menop.sym)</i>	Tier 1	ST: TRIAL OF PAROXETINE HCL OR VENLAFAXINE REQUIRED; QL (1 EA per 1 day)
Menopausal Symptoms Suppressant- Nk3 Receptor Antag		
VEOZAH	Tier 3	
Progestational Agents		

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Drug	Status	Notes
CRINONE VAGINAL GEL 4 %	Tier 2	
GALLIFREY (norethindrone acetate)	Tier 1	
<i>medroxyprogesterone oral</i> (Provera)	Tier 1	
<i>norethindrone acetate</i> (Gallifrey)	Tier 1	
<i>progesterone</i>	Tier 1	
<i>progesterone micronized oral</i> (Prometrium)	Tier 1	
Immunization		
Antisera		
GAMMAGARD LIQUID	Tier 2	PA; SP
GAMMAGARD LIQUID ERC	Tier 2	PA; SP
GAMMAKED	Tier 3	PA; SP
GAMUNEX-C	Tier 2	PA; SP
HIZENTRA	Tier 3	PA; SP
HYQVIA	Tier 3	PA; SP
XEMBIFY	Tier 2	PA; SP
Covid-19 Vaccines		
COMIRNATY 2025-2026(5-11Y)(PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
COMIRNATY 2025-26 (12Y UP)(PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MNEXSPIKE 2025-2026 (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
NUVAXOVID 2025-2026 (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Drug	Status	Notes
SPIKEVAX 2025-2026(12Y UP)(PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2025-26 (6M-11Y) (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Enteric Virus Vaccines		
IPOL	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTARIX ORAL SUSPENSION	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTATEQ VACCINE	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Gram Negative Cocci Vaccines		
BEXSERO	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENQUADFI (PF)	\$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)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENBRAYA (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENMENVY MEN A-B-C-W-Y (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TRUMENBA	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Gram Positive Cocci Vaccines		
CAPVAXIVE	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PNEUMOVAX-23 INJECTION SYRINGE	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PREVNAR 20 (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXNEUVANCE (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Influenza Virus Vaccines		

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Drug	Status	Notes
AFLURIA 2025-2026 (3YR UP)(PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AFLURIA 2025-2026 (6MO UP)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUAD 2025-2026 (65 YR UP)(PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUARIX 2025-2026 (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUBLOK 2025-2026 (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX 2025-2026	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX 2025-2026 (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLULAVAL 2025-2026 (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Drug	Status	Notes
FLUMIST 2025-2026	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST HOME 2025-2026	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE 2025-2026	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE 2025-2026 (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE HIGH-DOSE 2025-26 (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine/Toxoid Preparations, Combinations		
ACTHIB (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ADACEL(TDAP ADOLESN/ADULT)(PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Drug	Status	Notes
DAPTACEL (DTAP PEDIATRIC) (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HIBERIX (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
INFANRIX (DTAP) (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
KINRIX (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
M-M-R II (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PEDVAX HIB (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENTACEL (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Drug	Status	Notes
PROQUAD (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
QUADRACEL (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TENIVAC (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS (PF) INTRAMUSCULAR SYRINGE	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Viral/Tumorigenic Vaccines		
ABRYSVO (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AREXVY (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B PEDIATRIC (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Drug	Status	Notes
HAVRIX (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HEPLISAV-B (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MRESVIA (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PEDIARIX (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SHINGRIX (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TWINRIX (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Drug	Status	Notes
VARIVAX (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Immunosuppression/Modulation		
Immunomodulators		
ACTIMMUNE	Tier 3	PA; SP
ALFERON N	Tier 3	
BESREMI	Tier 3	PA; SP
<i>imiquimod topical cream in packet 5 %</i>	Tier 1	
KAZURI (imiquimod-tretinoin-levocetir)	Tier 3	
KERIDA	Tier 3	
KYNARA (imiquimod-levocetirizin-niacin)	Tier 3	
QUIDROXZAR	Tier 3	
QUIHOXAXIA (imiquimod-levocetirizin-niacin)	Tier 3	
QUIHOXVAR (imiquimod-tretinoin-levocetir)	Tier 3	
Immunosuppressives		
<i>azathioprine</i> (Azasan)	Tier 1	PA
<i>cyclosporine modified</i> (Gengraf)	Tier 1	PA
<i>cyclosporine oral capsule</i> (Sandimmune)	Tier 1	PA
<i>everolimus (immunosuppressive)</i> (Zortress)	Tier 1	PA
GENGRAF ORAL CAPSULE (cyclosporine modified)	Tier 1	PA
LUPKYNIS	Tier 3	PA; SP
<i>mycophenolate mofetil</i> (CellCept)	Tier 1	PA
<i>mycophenolate sodium</i> (Myfortic)	Tier 1	PA
MYHIBBIN	Tier 3	PA
NEORAL (cyclosporine modified)	Tier 3	PA
PROGRAF ORAL CAPSULE (tacrolimus)	Tier 3	PA

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Drug	Status	Notes
PROGRAF ORAL GRANULES IN PACKET	Tier 2	PA
SANDIMMUNE ORAL CAPSULE (cyclosporine)	Tier 3	PA
<i>sirolimus</i>	Tier 1	PA
<i>tacrolimus oral capsule</i> (Prograf)	Tier 1	PA
<i>tacrolimus oral capsule, extended release 24hr</i> (Astagraf XL)	Tier 1	PA; ST: TRIAL OF GENERIC TACROLIMUS IN THE PAST 120 DAYS
Rho Kinase Inhibitor		
REZUROCK	Tier 2	PA; SP
Infectious Disease - Bacterial		
Absorbable Sulfonamides		
<i>sulfamethoxazole-trimethoprim oral</i> (Bactrim)	Tier 1	
SULFATRIM (sulfamethoxazole-trimethoprim)	Tier 1	
Betalactams		
CAYSTON	Tier 2	PA; SP
Carbapenems (Thienamycins)		
ORLYNVAH	Tier 3	PA; QL (2 EA per 1 day)
Cephalosporins - 1St Generation		
<i>cefadroxil oral capsule</i>	Tier 1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	
<i>cefadroxil oral tablet</i>	Tier 1	
<i>cephalexin</i>	Tier 1	
Cephalosporins - 2Nd Generation		
<i>cefaclor oral capsule</i>	Tier 1	

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Drug	Status	Notes
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	Tier 1	
<i>cefaclor oral tablet extended release 12 hr</i>	Tier 1	
<i>cefprozil</i>	Tier 1	
<i>cefuroxime axetil oral tablet</i>	Tier 1	
Cephalosporins - 3Rd Generation		
<i>cefdinir</i>	Tier 1	
<i>cefixime oral capsule</i>	Tier 1	
<i>cefixime oral suspension for reconstitution</i>	Tier 1	
<i>cefpodoxime</i>	Tier 1	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	Tier 2	
SUPRAX ORAL TABLET,CHEWABLE	Tier 2	
Chemotherapeutics, Antibacterial, Misc.		
<i>fosfomycin tromethamine</i>	Tier 1	
<i>methenamine hippurate</i>	Tier 1	
<i>methenamine mandelate</i>	Tier 1	
<i>methen-sod phos-meth blue-hyos</i> (Urogesic-Blue)	Tier 1	
PRIMSOL	Tier 2	
<i>trimethoprim</i>	Tier 1	
URELLE	Tier 3	
URETRON D-S	Tier 2	
URIBEL TABS	Tier 3	
URIMAR-T ORAL TABLET	Tier 3	
UROGESIC-BLUE (methen-sod phos-meth blue-hyos)	Tier 1	
URO-MP	Tier 1	

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Drug	Status	Notes
Fecal Microbiota Transplantation (Fmt)		
REBYOTA	Tier 3	PA; SP
VOWST	Tier 3	PA; SP; QL (12 EA per 3 days)
Macrolides		
<i>azithromycin oral</i> (Zithromax)	Tier 1	
<i>clarithromycin</i>	Tier 1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	Tier 2	QL (10 ML per 1 day)
DIFICID ORAL TABLET (fidaxomicin)	Tier 1	QL (20 EA per 10 days)
E.E.S. 400 ORAL TABLET (erythromycin ethylsuccinate)	Tier 1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 500 MG (erythromycin)	Tier 1	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG (erythromycin stearate)	Tier 1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i> (E.E.S. Granules)	Tier 1	
<i>erythromycin ethylsuccinate oral tablet</i> (E.E.S. 400)	Tier 1	
<i>erythromycin oral</i> (Ery-Tab)	Tier 1	
<i>fidaxomicin</i> (Dificid)	Tier 1	QL (20 EA per 10 days)
Nitrofurantoin Derivatives		
<i>nitrofurantoin macrocrystal</i>	Tier 1	
<i>nitrofurantoin monohyd/m-cryst</i> (Macrobid)	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i> (Furadantin)	Tier 1	PA
Oxazolidinones		
<i>linezolid</i> (Zyvox)	Tier 1	

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Drug	Status	Notes
SIVEXTRO ORAL	Tier 2	PA
Penicillins		
<i>amoxicillin oral capsule</i>	Tier 1	
<i>amoxicillin oral suspension for reconstitution</i>	Tier 1	
<i>amoxicillin oral tablet</i>	Tier 1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate</i> (Augmentin)	Tier 1	
<i>ampicillin oral capsule 500 mg</i>	Tier 1	
<i>dicloxacillin</i>	Tier 1	
MOXATAG (amoxicillin)	Tier 3	
<i>penicillin v potassium</i>	Tier 1	
PIVYA	Tier 3	PA
Pleuromutilin Derivatives		
XENLETA ORAL	Tier 3	PA
Quinolones		
BAXDELA ORAL	Tier 3	PA
CIPRO ORAL (ciprofloxacin) SUSPENSION, MICROCAPSULE RECON	Tier 2	
<i>ciprofloxacin</i> (Cipro)	Tier 1	
<i>ciprofloxacin hcl oral</i> (Cipro)	Tier 1	
<i>levofloxacin oral</i>	Tier 1	
<i>moxifloxacin oral</i>	Tier 1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 1	
Tetracyclines		
<i>demeclocycline</i>	Tier 1	
<i>doxycycline hyclate oral capsule</i> (Morgidox)	Tier 1	
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	

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Drug	Status	Notes
<i>doxycycline hyclate oral tablet 150 mg</i>	Tier 1	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 150 MG TABLET REQUIRED
<i>doxycycline hyclate oral tablet 50 mg</i> (Targadox)	Tier 1	ST: TRIAL OF DOXYCYCLINE HYCLATE 50MG CAPSULE OR DOXYCYCLINE MONOHYDRATE 50MG CAPSULES OR TABLETS REQUIRED
<i>doxycycline hyclate oral tablet 75 mg</i>	Tier 1	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 75MG TABLET REQUIRED
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	Tier 1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	Tier 1	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 50, 75 OR 100MG TABLET OR 50, 100 MG CAPSULE IN THE PAST 120 DAYS
<i>doxycycline monohydrate oral capsule 50 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 75 mg</i> (Mondoxyne NL)	Tier 1	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 75MG TABLET REQUIRED
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase</i> (Oracea)	Tier 1	PA

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Drug	Status	Notes
<i>doxycycline monohydrate oral suspension for reconstitution</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral tablet 150 mg</i>	Tier 1	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 50, 75 OR 100MG TABLET OR 50, 100 MG CAPSULE IN THE PAST 120 DAYS
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	Tier 1	
EMROSI	Tier 3	PA
<i>minocycline oral capsule</i>	Tier 1	
<i>minocycline oral tablet</i>	Tier 1	
<i>minocycline oral tablet extended release 24 hr</i>	Tier 1	ST: TRIAL OF GENERIC MINOCYCLINE IR REQUIRED; QL (1 EA per 1 day)
MONDOXYNE NL ORAL CAPSULE 100 MG (doxycycline monohydrate)	Tier 1	
MONDOXYNE NL ORAL CAPSULE 75 MG (doxycycline monohydrate)	Tier 1	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 75MG TABLET REQUIRED
NUZYRA ORAL	Tier 3	PA
<i>tetracycline oral capsule</i>	Tier 1	
Infectious Disease - Fungal		
Antifungal Agents		
<i>clotrimazole mucous membrane</i>	Tier 1	
CRESEMBA ORAL	Tier 3	PA
<i>fluconazole</i> (Diflucan)	Tier 1	
<i>flucytosine</i> (Ancobon)	Tier 1	

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Drug	Status	Notes
<i>itraconazole</i> (Sporanox)	Tier 1	
<i>ketoconazole oral</i>	Tier 1	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON	Tier 3	PA
ORAVIG	Tier 3	
<i>posaconazole oral</i>	Tier 1	PA
<i>terbinafine hcl oral</i>	Tier 1	
VIVJOA	Tier 3	PA
<i>voriconazole oral</i> (Vfend)	Tier 1	
Antifungal Antibiotics		
<i>griseofulvin microsize</i>	Tier 1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>nystatin oral suspension</i>	Tier 1	
<i>nystatin oral tablet</i>	Tier 1	
Infectious Disease - Miscellaneous		
Aminoglycosides		
ARIKAYCE	Tier 3	PA; SP
<i>neomycin</i>	Tier 1	
TOBI PODHALER	Tier 2	PA; SP
<i>tobramycin in 0.225 % nacl</i> (Tobi)	Tier 1	PA; SP
<i>tobramycin inhalation</i> (Bethkis)	Tier 1	PA; SP
<i>tobramycin with nebulizer</i> (Kitabis Pak)	Tier 1	PA; SP
Antibacterial Agents,Miscellaneous		
<i>glycine urologic solution</i>	Tier 1	
Antileptotics		

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Drug	Status	Notes
<i>dapsone oral</i>	Tier 1	
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 2	PA; SP
Anti-Mycobacterium Agents		
<i>ethambutol</i>	Tier 1	
<i>isoniazid oral</i>	Tier 1	
<i>pyrazinamide</i>	Tier 1	
<i>rifabutin</i>	Tier 1	
Antitubercular Antibiotics		
<i>cycloserine</i>	Tier 1	
<i>pretomanid</i>	Tier 3	QL (1 EA per 1 day)
PRIFTIN	Tier 3	
<i>rifampin oral</i>	Tier 1	
SIRTURO	Tier 3	PA; SP
Lincosamides		
<i>clindamycin hcl</i> (Cleocin HCl)	Tier 1	
<i>clindamycin palmitate hcl</i> (Clindamycin Pediatric)	Tier 1	
CLINDAMYCIN PEDIATRIC (clindamycin palmitate hcl)	Tier 1	
Rifamycins And Related Derivative Antibiotics		
XIFAXAN ORAL TABLET 200 MG	Tier 3	PA
XIFAXAN ORAL TABLET 550 MG	Tier 2	PA
Vancomycin And Derivatives		
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	Tier 1	QL (77 EA per 28 days)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	Tier 1	QL (112 EA per 1 FILL)
<i>vancomycin oral recon soln 25 mg/ml</i> (Firvanq)	Tier 1	QL (300 ML per 1 FILL)
<i>vancomycin oral recon soln 50 mg/ml</i> (Firvanq)	Tier 1	QL (600 ML per 1 FILL)
Infectious Disease - Parasitic		
2Nd Gen. Anaerobic Antiprotozoal-Antibacterial		

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Drug	Status	Notes
SOLOSEC	Tier 3	ST: TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE TABLETS, ORAL CLINDAMYCIN CAPSULES, INTRAVAGINAL METRONIDAZOLE GEL, INTRAVAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS; QL (1 EA per 30 days)
<i>tinidazole</i>	Tier 1	
Anaerobic Antiprotozoal-Antibacterial Agents		
LIKMEZ	Tier 3	PA
<i>metronidazole oral capsule</i>	Tier 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
Anthelmintics		
<i>albendazole</i>	Tier 1	
EMVERM (mebendazole)	Tier 2	PA
<i>ivermectin oral</i> (Stromectol)	Tier 1	
<i>praziquantel</i>	Tier 1	
Antimalarial Drugs		
ARAKODA	Tier 3	
<i>atovaquone-proguanil</i> (Malarone)	Tier 1	
<i>chloroquine phosphate</i>	Tier 1	

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Drug	Status	Notes
COARTEM	Tier 3	
<i>hydroxychloroquine oral tablet 100 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i> (Sovuna)	Tier 1	QL (100 EA per 30 days)
<i>hydroxychloroquine oral tablet 300 mg</i> (Sovuna)	Tier 1	QL (60 EA per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>	Tier 1	QL (60 EA per 30 days)
KRINTAFEL	Tier 2	QL (2 EA per 1 FILL)
<i>mefloquine</i>	Tier 1	
<i>primaquine</i>	Tier 2	
<i>pyrimethamine</i> (Daraprim)	Tier 1	PA; SP
<i>quinine sulfate</i> (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		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	Tier 3	QL (50 ML per 1 day)
<i>nitazoxanide</i> (Alinia)	Tier 1	QL (2 EA per 1 day)
Antiprotozoal Drugs, Miscellaneous		
<i>atovaquone</i> (Mepron)	Tier 1	
<i>benznidazole</i>	Tier 1	
IMPAVIDO	Tier 2	PA
LAMPIT	Tier 3	
<i>pentamidine inhalation</i> (Nebupent)	Tier 1	
Infectious Disease - Viral		
Antiretroviral - Capsid Inhibitors		
SUNLENCA	Tier 2	PA; SP
Antiretroviral - Capsid Inhibitors (Prep)		
YEZTUGO SUBCUTANEOUS	Tier 2	SP
Antiretroviral-Integrase Inhibitor And Nnrti Comb.		

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Drug	Status	Notes
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML	Tier 2	SP; QL (4 ML per 30 days); Age (Min 12 Years)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML	Tier 2	SP; QL (6 ML per 30 days); Age (Min 12 Years)
JULUCA	Tier 2	SP; QL (1 EA per 1 day)
Antiretroviral-Integrase Inhibitor And Nrti Comb.		
DOVATO	Tier 2	SP; QL (1 EA per 1 day)
Antiretroviral- Nucleoside,Nucleotide,Protease Inh.		
SYMTUZA	Tier 2	SP; QL (1 EA per 1 day)
Antiviral - Main Protease (Mpro) Inhibitor		
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5)	Tier 2	QL (20 EA per 28 days); Age (Min 12 Years)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	Tier 2	QL (30 EA per 28 days); Age (Min 12 Years)
Antiviral Monoclonal Antibodies		
BEYFORTUS	\$0	PA; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Antiviral Nucleotide Analogs		
LAGEVRIO (EUA)	Tier 1	QL (40 EA per 29 days); Age (Min 18 Years)
Antivirals, General		
<i>acyclovir oral capsule</i>	Tier 1	

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Drug	Status	Notes
<i>acyclovir oral suspension 200 mg/5 ml</i>	Tier 1	
<i>acyclovir oral tablet</i>	Tier 1	
<i>famciclovir</i>	Tier 1	
LIVTENCITY	Tier 2	PA; SP
<i>oseltamivir</i> (Tamiflu)	Tier 1	
PREVYMIS ORAL	Tier 3	PA
RELENZA DISKHALER	Tier 3	QL (40 EA per 180 days)
<i>ribavirin inhalation</i>	Tier 1	
TEMBEXA	Tier 2	
TPOXX (NATIONAL STOCKPILE) ORAL	Tier 2	
<i>valacyclovir</i> (Valtrex)	Tier 1	
<i>valganciclovir</i> (Valcyte)	Tier 1	
XOFLUZA ORAL TABLET 40 MG	Tier 2	QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 80 MG	Tier 2	QL (2 EA per 180 days)
Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib		
APTIVUS	Tier 2	SP; QL (4 EA per 1 day)
<i>darunavir oral tablet 600 mg</i> (Prezista)	Tier 1	SP; QL (2 EA per 1 day)
<i>darunavir oral tablet 800 mg</i> (Prezista)	Tier 1	SP; QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION	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	Tier 2	SP; QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG	Tier 2	SP; QL (1 EA per 1 day)

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Drug	Status	Notes
DESCOVY ORAL TABLET 200-25 MG	\$0	\$0 COPAY IF USED FOR HIV PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet</i> (Truvada) 100-150 mg, 133-200 mg, 167-250 mg	Tier 1	SP; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet</i> (Truvada) 200-300 mg	\$0	\$0 COPAY IF USED FOR HIV PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb		
<i>abacavir-lamivudine</i>	Tier 1	SP; QL (1 EA per 1 day)
<i>lamivudine-zidovudine</i>	Tier 1	SP; QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.		
<i>maraviroc oral tablet 150 mg</i> (Selzentry)	Tier 1	SP; QL (2 EA per 1 day)
<i>maraviroc oral tablet 300 mg</i> (Selzentry)	Tier 1	SP; QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION	Tier 2	SP; QL (31 ML per 1 day)
Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor		
RUKOBIA	Tier 2	PA; SP
Antivirals, Hiv-Specific, Non-Nucleoside, Rti		
EDURANT (rilpivirine hcl)	Tier 2	SP; QL (1 EA per 1 day)
EDURANT PED	Tier 2	SP; QL (180 EA per 30 days)
<i>efavirenz oral tablet</i>	Tier 1	SP

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Drug	Status	Notes
<i>etravirine oral tablet 100 mg</i> (Intelence)	Tier 1	SP; QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i> (Intelence)	Tier 1	SP; QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG	Tier 2	SP; QL (4 EA per 1 day)
<i>nevirapine oral suspension</i>	Tier 1	SP; QL (1200 ML per 30 days)
<i>nevirapine oral tablet</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 1	SP; QL (3 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
Antivirals, Hiv-Specific, Nucleoside Analog, Rti		
<i>abacavir oral solution</i> (Ziagen)	Tier 1	SP; QL (960 ML per 30 days)
<i>abacavir oral tablet</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>emtricitabine</i> (Emtriva)	\$0	\$0 COPAY IF USED FOR HIV PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION	Tier 2	SP; QL (850 ML per 30 days)
<i>lamivudine oral solution</i> (EpiVir)	Tier 1	SP; QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i> (EpiVir)	Tier 1	SP; QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i> (EpiVir)	Tier 1	SP; QL (1 EA per 1 day)
<i>stavudine oral capsule 15 mg, 20 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>zidovudine oral capsule</i> (Retrovir)	Tier 1	SP; QL (6 EA per 1 day)
<i>zidovudine oral syrup</i> (Retrovir)	Tier 1	SP; QL (1920 ML per 30 days)
<i>zidovudine oral tablet</i>	Tier 1	SP; QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Nucleotide Analog, Rti		

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Drug	Status	Notes
<i>tenofovir disoproxil fumarate</i> (Viread)	\$0	\$0 COPAY IF USED FOR HIV PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
VIREAD ORAL POWDER	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		
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	Tier 1	SP; QL (10 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	Tier 1	SP; QL (4 EA per 1 day)
Antivirals, Hiv-Specific, Protease Inhibitors		
<i>atazanavir oral capsule 150 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>atazanavir oral capsule 200 mg</i> (Reyataz)	Tier 1	SP; QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i> (Reyataz)	Tier 1	SP; QL (1 EA per 1 day)
EVOTAZ	Tier 2	SP; QL (1 EA per 1 day)
<i>fosamprenavir</i>	Tier 1	SP; QL (4 EA per 1 day)
NORVIR ORAL POWDER IN PACKET	Tier 2	SP; QL (12 EA per 1 day)
REYATAZ ORAL POWDER IN PACKET	Tier 2	SP; QL (5 EA per 1 day)
<i>ritonavir</i> (Norvir)	Tier 1	SP; QL (12 EA per 1 day)
VIRACEPT ORAL TABLET	Tier 2	SP
Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr		

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Drug	Status	Notes
APRETUDE (cabotegravir)	\$0	\$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF HIV TREATMENT IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
ISENTRESS HD	Tier 2	SP; QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET	Tier 2	SP; QL (2 EA per 1 day)
ISENTRESS ORAL TABLET	Tier 2	SP; QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	Tier 2	SP; QL (6 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	Tier 2	SP; QL (24 EA per 1 day)
TIVICAY ORAL TABLET 50 MG	Tier 2	SP; QL (2 EA per 1 day)
TIVICAY PD	Tier 2	SP; QL (6 EA per 1 day)
Arv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti		
<i>efavirenz-emtricitabin-tenofov</i>	Tier 1	SP; QL (1 EA per 1 day)
<i>efavirenz-lamivu-tenofov disop</i> (Symfi)	Tier 1	SP; QL (1 EA per 1 day)
<i>emtricitata-riipivirine-tenof df</i> (Complera)	Tier 1	SP; QL (1 EA per 1 day)
ODEFSEY	Tier 2	SP; QL (1 EA per 1 day)
Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor		
BIKTARVY	Tier 2	SP; QL (1 EA per 1 day)
GENVOYA	Tier 2	SP; QL (1 EA per 1 day)
STRIBILD	Tier 2	SP; QL (1 EA per 1 day)
Arv Comb-Nrtis & Integrase Inhibitor		
TRIUMEQ	Tier 2	SP; QL (1 EA per 1 day)
TRIUMEQ PD	Tier 2	SP; QL (6 EA per 1 day)
Cytochrome P450 Inhibitors		

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Drug	Status	Notes
TYBOST	Tier 2	QL (1 EA per 1 day)
Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo		
VOSEVI	Tier 2	PA; SP
Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo.		
EPCLUSA (sofosbuvir-velpatasvir)	Tier 2	PA; SP
HARVONI (ledipasvir-sofosbuvir)	Tier 2	PA; SP
Hep C Virus, Nucleotide Analog Ns5b Polymerase Inh		
SOVALDI	Tier 3	PA; SP
Hepatitis B Treatment Agents		
<i>adefovir</i>	Tier 1	SP; QL (1 EA per 1 day)
BARACLUDE ORAL SOLUTION	Tier 2	SP; QL (630 ML per 30 days)
<i>entecavir</i> (Baraclude)	Tier 1	SP; QL (1 EA per 1 day)
<i>lamivudine oral tablet 100 mg</i>	Tier 1	QL (1 EA per 1 day)
VEMLIDY	Tier 2	SP; QL (1 EA per 1 day)
Hepatitis C Treatment Agents		
PEGASYS	Tier 2	PA; SP
<i>ribavirin oral capsule</i>	Tier 1	
<i>ribavirin oral tablet 200 mg</i>	Tier 1	
Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb		
MAVYRET	Tier 3	PA; SP
Inflammatory Disease		
Anti-Arthritic And Chelating Agents		

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Drug	Status	Notes
<i>penicillamine</i> (Cuprimine)	Tier 1	PA; SP
Anti-Arthritic, Folate Antagonist Agents		
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML	Tier 2	QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML	Tier 2	QL (1 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML	Tier 2	QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML	Tier 2	QL (1.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML	Tier 2	QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML	Tier 2	QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML	Tier 2	QL (2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML	Tier 2	QL (2.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML	Tier 2	QL (0.6 ML per 28 days)
Anti-Flam. Interleukin-1 Receptor Antagonist		
ARCALYST	Tier 3	PA; SP
KINERET	Tier 3	PA; SP
Anti-Inflammatory Tumor Necrosis Factor Inhibitor		
<i>adalimumab-aaty</i> (adalimumab-aaty(CF) AI Crohns)	Tier 2	PA; SP
ADALIMUMAB-AATY(CF) AI CROHNS (adalimumab-aaty)	Tier 2	PA; SP
<i>adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml</i> (Hyrimoz(CF))	Tier 3	PA; SP
<i>adalimumab-ryvk subcutaneous auto-injector, kit</i> (Simlandi(CF) Autoinjector)	Tier 2	PA; SP
CIMZIA	Tier 3	PA; SP

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Drug	Status	Notes
CIMZIA POWDER FOR RECONST	Tier 3	PA; SP
CIMZIA STARTER KIT	Tier 3	PA; SP
ENBREL MINI	Tier 2	PA; SP
ENBREL SUBCUTANEOUS SOLUTION	Tier 2	PA; SP
ENBREL SUBCUTANEOUS SYRINGE	Tier 2	PA; SP
ENBREL SURECLICK	Tier 2	PA; SP
SIMPONI	Tier 3	PA; SP
Anti-Inflammatory, Pyrimidine Synthesis Inhibitor		
<i>leflunomide</i> (Arava)	Tier 1	
Anti-Inflammatory, Phosphodiesterase-4(Pde4) Inhib.		
OTEZLA	Tier 2	PA; SP
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	Tier 2	PA; SP
OTEZLA XR	Tier 2	PA; SP
OTEZLA XR INITIATION	Tier 2	PA; SP
Anti-Inflammatory/Antiarthritics Agents, Misc.		
EUFLEXXA	Tier 2	PA; QL (12 ML per 180 days)
SYNVISC	Tier 2	PA; QL (12 ML per 180 days)
SYNVISC-ONE	Tier 2	PA; QL (12 ML per 180 days)

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Drug	Status	Notes
Antinflammatory, Sel.Costim.Mod.,T-Cell Inhibitor		
ORENCIA	Tier 3	PA; SP
ORENCIA CLICKJECT	Tier 3	PA; SP
Bradykinin B2 Receptor Antagonists		
<i>icatibant</i> (Sajazir)	Tier 1	PA; SP
SAJAZIR (icatibant)	Tier 1	PA; SP
C1 Esterase Inhibitors		
BERINERT INTRAVENOUS KIT	Tier 3	PA; SP
CINRYZE	Tier 2	PA; SP
HAEGARDA	Tier 2	PA; SP
RUCONEST	Tier 3	PA; SP
Glucocorticoids		
AGAMREE	Tier 3	PA; SP
ALKINDI SPRINKLE	Tier 3	PA; SP
BETALOAN SUIK	Tier 3	
<i>budesonide oral capsule, delayed, extend.release</i>	Tier 1	
<i>budesonide oral tablet, delayed and ext.release</i> (Uceris)	Tier 1	ST: TRIAL OF BALSALAZIDE REQUIRED.
<i>cortisone</i>	Tier 1	
<i>deflazacort</i> (Jaythari)	Tier 1	PA; SP
DEXAMETHASONE INTENSOL	Tier 3	
<i>dexamethasone oral elixir</i>	Tier 1	
<i>dexamethasone oral solution</i>	Tier 1	
<i>dexamethasone oral tablet</i>	Tier 1	
DEXONTO	Tier 3	
EMFLAZA ORAL SUSPENSION (deflazacort)	Tier 3	PA; SP
<i>hydrocortisone oral</i> (Cortef)	Tier 1	

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Drug	Status	Notes
<i>hydrocortisone sod succinate</i> (Solu-Cortef)	Tier 1	
JAYTHARI (deflazacort)	Tier 1	PA; SP
KENALOG INJECTION SUSPENSION 10 MG/ML (triamcinolone acetonide)	Tier 3	
KENALOG-80 (triamcinolone acetonide)	Tier 3	
KYMBEE ORAL TABLET (deflazacort)	Tier 1	PA; SP
MEDROL ORAL TABLET 2 MG	Tier 2	
MEDROLOAN II SUIK	Tier 3	
MEDROLOAN SUIK	Tier 3	
<i>methylprednisolone</i> (Medrol)	Tier 1	
<i>prednisolone oral solution</i>	Tier 1	
<i>prednisolone sodium phosphate oral</i> (Orapred ODT)	Tier 1	
PREDNISONE INTENSOL	Tier 2	
<i>prednisone oral solution</i>	Tier 1	
<i>prednisone oral tablet</i>	Tier 1	
<i>prednisone oral tablets, dose pack</i>	Tier 1	
PYQUVI (deflazacort)	Tier 1	PA; SP
SOLU-CORTEF ACT-O-VIAL (PF)	Tier 3	
TARPEYO	Tier 3	PA; SP
<i>triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml</i> (Kenalog)	Tier 1	
TRILOAN II SUIK	Tier 3	
TRILOAN SUIK	Tier 3	
Gold Salts		
<i>auranofin</i> (Ridaura)	Tier 1	

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Drug	Status	Notes
RIDAURA (auranofin)	Tier 3	
Immunomodulator,B-Lymphocyte Stim(Blys)-Spec Inhib		
BENLYSTA SUBCUTANEOUS	Tier 3	PA; SP
Interleukin-6 (Il-6) Receptor Inhibitors		
AVTOZMA AUTOINJECTOR	Tier 2	PA; SP
AVTOZMA SUBCUTANEOUS	Tier 2	PA; SP
ENSPRYNG	Tier 3	PA; SP
KEVZARA	Tier 3	PA; SP
TYENNE AUTOINJECTOR	Tier 2	PA; SP
TYENNE SUBCUTANEOUS	Tier 2	PA; SP
Janus Kinase (Jak) Inhibitors		
LITFULO	Tier 3	PA; SP
OLUMIANT	Tier 3	PA; SP
RINVOQ	Tier 2	PA; SP
RINVOQ LQ	Tier 2	PA; SP
XELJANZ (tofacitinib)	Tier 2	PA; SP
XELJANZ XR (tofacitinib)	Tier 2	PA; SP
Mineralocorticoids		
<i>fludrocortisone</i>	Tier 1	
Monoclonal Antibody-Human Interleukin 12/23 Inhib		
STEQEYMA SUBCUTANEOUS	Tier 2	PA; SP
<i>ustekinumab-aekn</i> (Selarsdi)	Tier 2	PA; SP
YESINTEK SUBCUTANEOUS	Tier 2	PA; SP
Nsaids (Cox Non-Specific Inhib)& Prostaglandin Cmb		
<i>diclofenac-misoprostol</i> (Arthrotec 50)	Tier 1	
Nsaids, Cyclooxygenase 2 Inhibitor - Type		

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Drug	Status	Notes
<i>celecoxib</i> (Celebrex)	Tier 1	
VYSCOXA	Tier 3	PA; QL (40 ML per 1 day)
Nsaids, Cyclooxygenase Inhibitor-Type		
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	
<i>diclofenac sodium oral</i>	Tier 1	
<i>etodolac</i> (Lodine)	Tier 1	
<i>flurbiprofen oral tablet 100 mg</i> (Lurbiro)	Tier 1	
IBU (ibuprofen)	Tier 1	
<i>ibuprofen oral suspension</i> (Children's Advil)	Tier 1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	Tier 1	
<i>indomethacin oral capsule</i>	Tier 1	
<i>indomethacin oral capsule, extended release</i>	Tier 1	
<i>indomethacin rectal suppository 100 mg</i>	Tier 1	
<i>ketoprofen oral capsule</i> (Orudis)	Tier 1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	Tier 1	
<i>ketorolac injection</i>	Tier 1	
<i>ketorolac intramuscular</i>	Tier 1	
<i>ketorolac oral</i>	Tier 1	QL (20 EA per 5 days)
LURBIRO (flurbiprofen)	Tier 1	
<i>meclofenamate</i>	Tier 1	
<i>mefenamic acid</i>	Tier 1	
<i>meloxicam oral tablet</i>	Tier 1	
<i>nabumetone</i>	Tier 1	

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Drug	Status	Notes
<i>naproxen oral tablet</i> (Naprosyn)	Tier 1	
<i>naproxen oral tablet, delayed release (dr/ec)</i> (EC-Naprosyn)	Tier 1	
<i>naproxen sodium oral tablet 275 mg</i>	Tier 1	
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	Tier 1	
<i>oxaprozin oral tablet</i>	Tier 1	
<i>piroxicam</i> (Feldene)	Tier 1	
<i>sulindac</i>	Tier 1	
<i>tolmetin oral capsule</i> (Tolectin DS)	Tier 1	
<i>tolmetin oral tablet 600 mg</i> (Tolectin 600)	Tier 1	
TORONOVA II SUIK	Tier 3	
TORONOVA SUIK	Tier 3	
Plasma Kallikrein Inhibitors		
DAWNZERA	Tier 2	PA; SP; QL (0.8 ML per 28 days)
EKTERLY	Tier 3	PA; SP; QL (4 EA per 1 day)
ORLADEYO	Tier 3	PA; SP
TAKHZYRO SUBCUTANEOUS SYRINGE	Tier 2	PA; SP
Local Anesthesia		
Local Anesthetics		
GLYDO (lidocaine hcl)	Tier 1	
<i>lidocaine hcl mucous membrane</i> (Glydo)	Tier 1	
MARVONA SUIK (PF)	Tier 3	
MARVONA-25 SUIK (PF)	Tier 3	
Lower Gastrointestinal Disorders - Bowel Inflammation		
Bowel Antiinflammatory Agents		
<i>sulfadiazine</i>	Tier 1	

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Drug	Status	Notes
Chronic Inflamm. Colon Dx, 5-A-Salicylat, Rectal Tx		
<i>mesalamine rectal</i> (Canasa)	Tier 1	
<i>mesalamine with cleansing wipe</i> (Rowasa)	Tier 1	
Drug Tx-Chronic Inflamm. Colon Dx, 5-Aminosalicilat		
<i>balsalazide</i> (Colazal)	Tier 1	
<i>mesalamine oral capsule, extended release</i> (Pentasa)	Tier 1	
<i>mesalamine oral capsule, extended release 24hr</i> (Apriso)	Tier 1	
<i>mesalamine oral tablet, delayed release (dr/ec)</i> (Lialda)	Tier 1	
PENTASA (mesalamine)	Tier 3	
<i>sulfasalazine</i> (Azulfidine)	Tier 1	
Hemorrhoidal Prep, Anti-Inflamm Steroid/Local Anesth		
ANALPRAM-HC SINGLES (hydrocortisone-pramoxine)	Tier 1	
<i>hydrocortisone-pramoxine rectal cream</i> (Analpram-HC)	Tier 1	
<i>lidocaine hcl-hydrocortisone ac rectal</i>	Tier 1	
<i>lidocaine-hydrocortisone-aloe</i>	Tier 1	
PROCORT	Tier 3	
PROCTOFOAM HC	Tier 2	
Ibs Agents, Mixed Opioid Recept Agonists/Antagonists		
VIBERZI	Tier 2	QL (2 EA per 1 day)

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Drug	Status	Notes
Integrin Receptor Antagonist, Monoclonal Antibody		
ENTYVIO PEN	Tier 3	PA; SP
Irritable Bowel Agents, Guanylate Cylase-C Agonist		
LINZESS	Tier 2	QL (1 EA per 1 day)
TRULANCE	Tier 2	QL (1 EA per 1 day)
Local Anorectal Nitrate Preparations		
<i>nitroglycerin rectal</i> (Rectiv)	Tier 1	
Rectal Preparations		
ANUCORT-HC (hydrocortisone acetate)	Tier 1	
<i>hydrocortisone acetate rectal</i> (Anucort-HC)	Tier 1	
Rectal/Lower Bowel Prep., Glucocort. (Non-Hemorr)		
<i>budesonide rectal</i> (Uceris)	Tier 1	
CORTIFOAM	Tier 2	
<i>hydrocortisone rectal</i> (Cortenema)	Tier 1	
Lower Gastrointestinal Disorders - Other		
Ammonia Inhibitors		
CARBAGLU (carglumic acid)	Tier 3	PA; SP
<i>carglumic acid</i> (Carbaglu)	Tier 1	PA; SP
ENULOSE (lactulose)	Tier 1	
GENERLAC (lactulose)	Tier 1	
<i>glycerol phenylbutyrate</i> (Ravicti)	Tier 1	PA; SP
LITHOSTAT	Tier 3	
OLPRUVA	Tier 3	PA; SP
PHEBURANE	Tier 3	PA; SP
RAVICTI (glycerol phenylbutyrate)	Tier 3	PA; SP
<i>sodium phenylbutyrate</i> (Buphenyl)	Tier 1	PA; SP

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Drug	Status	Notes
Antidiarrheal - G.I. Chloride Channel Inhibitors		
MYTESI	Tier 2	SP; ST: TRIAL OF ANTI-RETROVIRAL THERAPY REQUIRED.; QL (2 EA per 1 day)
Antidiarrheal - Tryptophan Hydroxylase Inhibitor		
XERMELO	Tier 2	PA; SP
Antidiarrheals		
<i>diphenoxylate-atropine</i> (Lomotil)	Tier 1	
<i>loperamide oral capsule</i> (Anti-Diarrheal (loperamide))	Tier 1	
<i>opium tincture</i>	Tier 1	
Bile Salts		
CHOLBAM	Tier 3	PA; SP
CTEXLI	Tier 3	PA; SP
<i>ursodiol oral capsule 300 mg</i>	Tier 1	
<i>ursodiol oral tablet</i> (URSO Forte)	Tier 1	
Ileal Bile Acid Transporter (Ibat) Inhibitor		
BYLVAY	Tier 3	PA; SP
LIVMARLI	Tier 3	PA; SP
Irritable Bowel Synd. Agent, 5HT-3 Antagonist-Type		
<i>alosetron</i> (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 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (350 ML per 1 FILL)
CONSTULOSE (lactulose)	Tier 1	
GAVILYTE-C (peg 3350-electrolytes)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-G (peg 3350-electrolytes)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-N (peg-electrolyte soln)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
<i>lactulose oral solution</i> (Constulose)	Tier 1	
<i>lubiprostone oral capsule 24 mcg</i>	Tier 1	QL (2 EA per 1 day)
<i>lubiprostone oral capsule 8 mcg</i> (Amitiza)	Tier 1	QL (4 EA per 1 day)

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Drug	Status	Notes
<i>peg 3350-electrolytes</i> (GaviLyte-G)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
<i>peg3350-sod sul-nacl-kcl-asb-c</i> (MoviPrep)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (1 EA per 1 FILL)
<i>peg-electrolyte soln</i> (GaviLyte-N)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
PLENVU	\$0	ST: TRIAL OF SUTAB, CLENPIQ OR GENERIC BOWEL PREP IN THE LAST 120 DAYS; \$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, 45-75 YEARS OF AGE, AND TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP; QL (3 EA per 1 FILL)

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Drug	Status	Notes
sodium,potassium,mag sulfates (Suprep Bowel Prep Kit)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (354 ML per 1 FILL)
SUFLAVE	\$0	ST: TRIAL OF SUTAB, CLENPIQ OR GENERIC BOWEL PREP IN THE LAST 120 DAYS; \$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, 45-75 YEARS OF AGE, AND TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP; QL (2 EA per 1 FILL)
SUTAB	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (24 EA per 1 FILL)
Narcotic Antagonists, Peripherally-Acting		
alvimopan	Tier 1	
MOVANTIK	Tier 2	QL (1 EA per 1 day)
RELISTOR ORAL	Tier 3	PA
RELISTOR SUBCUTANEOUS SOLUTION	Tier 3	PA
RELISTOR SUBCUTANEOUS SYRINGE	Tier 3	PA

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Drug	Status	Notes
SYMPROIC	Tier 2	QL (1 EA per 1 day)
Ppar Agonist		
IQIRVO	Tier 2	PA; SP
LIVDELZI	Tier 2	PA; SP
Sbs - Glucagon-Like Peptide-2 (Glp-2) Analog		
GATTEX 30-VIAL	Tier 2	PA; SP
GATTEX ONE-VIAL	Tier 2	PA; SP
Medical Supplies		
Bandages And Related Supplies		
ACESO AG	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 "	Tier 3	
CARRASYN HYDROGEL WOUND DRESS	Tier 3	
CURAFIL GEL WOUND	Tier 3	
CURITY AMD	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2"	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP	Tier 3	
CURITY IODOFORM PACKING STRIP	Tier 3	
DYNAFOAM AG	Tier 3	
DYNAGINATE AG	Tier 3	

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Drug	Status	Notes
KERAGEL	Tier 3	
KERLIX AMD	Tier 3	
OASIS WOUND MATRIX FENESTRATED	Tier 3	
OASIS WOUND MATRIX MESHED	Tier 3	
PETROLEUM GAUZE	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	Tier 3	
SPECTRAGEL	Tier 3	
THERAHONEY	Tier 3	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 4 X 4 ", 5 X 9 "	Tier 3	
Catheters And Related Devices		
ADVANCE PLUS INTERMITTENT (catheter)	Tier 3	
APOGEE IC INTERMIT CATHETER	Tier 3	
APOGEE PLUS INTERMITT CATHETER	Tier 3	
CURITY DRAINAGE BAG	Tier 3	
DOVER COATED LATEX FOLEY	Tier 3	
DOVER LATEX FOLEY CATHETER	Tier 3	
DOVER RED RUBBER ROBINSON CATH	Tier 3	
DOVER UNIVERSAL (catheterization tray)	Tier 3	
FEMALE CATHETER	Tier 3	
KENGUARD FOLEY CATHETER (catheterization tray)	Tier 3	
LOFRIC (catheter)	Tier 3	
LOFRIC ORIGO (catheter)	Tier 3	

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Drug	Status	Notes
LOFRIC PRIMO NELATON CATHETER	Tier 3	
LOFRIC SENSE NELATON CATHETER	Tier 3	
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-"	Tier 3	
MONO-FLO DRAINAGE BAG	Tier 3	
ROBINSON CLEAR VINYL CATHETER	Tier 3	
SELF-CATHETER, FEMALE 14 FR	Tier 3	
SILASTIC FOLEY CATHETER	Tier 3	
SPEEDICATH (FEMALE)	Tier 3	
TOUCH-TROL	Tier 3	
VAPRO PLUS INTERMITT CATHETER	Tier 3	
Diabetic Supplies		
UNISTIK 3 DUAL LANCET	Tier 2	
Durable Medical Equipment, Misc		
AIRS ADULT AEROSOL MASK (nebulizer accessories)	Tier 3	
AIRS PEDIATRIC DISPOSABLE 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	

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Drug	Status	Notes
AMIELLE VAGINAL TRAINER	Tier 3	
ARGYLE TRACHEOSTOMY CARE TRAY	Tier 3	
CEFALY	Tier 3	
CLEVER CHOICE NEB KIT-ADULT (nebulizer accessories)	Tier 3	
CLEVER CHOICE NEB KIT-CHILD (nebulizer accessories)	Tier 3	
ENFIT MEDICAL STRAW	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	Tier 3	
PARI BABY CONV KIT - SIZE 2	Tier 3	
PARI BABY CONV KIT - SIZE 3	Tier 3	
PARI TREK S PORTABLE PWR KIT (nebulizer accessories)	Tier 3	
PILLOW MASK CHILD (nebulizer accessories)	Tier 3	
PRO COMFORT TENS ELECTRODE	Tier 3	
PRO COMFORT TENS UNIT	Tier 3	
PRO-CEPTION	Tier 3	
PRONEB ULTRA II FILTER ASSEM (nebulizer accessories)	Tier 3	
REUSABLE NEBULIZER 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	Tier 3	
TENS 504	Tier 3	
Durable Medical Equipment,Misc(Group 1)		

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Drug	Status	Notes
ACCU-CHEK FASTCLIX LANCET DRUM (lancets)	Tier 2	
ACCU-CHEK SAFE-T-PRO PLUS	Tier 2	
ACCU-CHEK SOFTCLIX LANCETS (lancets)	Tier 2	
ACTI-LANCE LANCETS (lancets)	Tier 2	
ADVANCED TRAVEL LANCETS 28 GAUGE (lancets)	Tier 2	
ADVANTAGE SAFETY LANCET (lancets)	Tier 2	
ADVOCATE LANCET (lancets)	Tier 2	
AGAMATRIX ULTRA-THIN LANCET (lancets)	Tier 2	
ALTERNATE SITE LANCET (lancets)	Tier 2	
ASSURE LANCE (lancets)	Tier 2	
ASSURE LANCE PLUS (lancets)	Tier 2	
BD MICROTAINER LANCET (lancets)	Tier 2	
BULLSEYE MINI SAFETY LANCETS (lancets)	Tier 2	
BUTTERFLY TOUCH LANCET (lancets)	Tier 2	
CAREONE ULTRA THIN LANCET (lancets)	Tier 2	
CARESENS LANCETS (lancets)	Tier 2	
CARETOUCH SAFETY LANCETS (lancets)	Tier 2	
CARETOUCH TWIST LANCET (lancets)	Tier 2	
CHOSEN LANCET (lancets)	Tier 2	
CHOSEN SAFETY LANCET (lancets)	Tier 2	
CLEVER CHEK LANCETS (lancets)	Tier 2	
COAGUCHEK LANCETS (lancets)	Tier 2	
COMFORT EZ LANCETS 23 GAUGE	Tier 2	

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Drug	Status	Notes
COMFORT EZ LANCETS 28 GAUGE (lancets)	Tier 2	
COMFORT TOUCH PLUS SAFETY LANC (lancets)	Tier 2	
COMFORT TOUCH ULT THIN LANCETS	Tier 2	
DROPLET LANCETS (lancets)	Tier 2	
DROPSAFE ACTI-LANCE 23 GAUGE	Tier 2	
DROPSAFE MEDLANCE PLUS 30 GAUGE (lancets)	Tier 2	
EASY COMFORT LANCETS (lancets)	Tier 2	
EASY COMFORT SAFETY LANCET (lancets)	Tier 2	
EASY TOUCH LANCETS (lancets)	Tier 2	
EASY TOUCH SAFETY LANCETS (lancets)	Tier 2	
EASY TOUCH TWIST LANCETS (lancets)	Tier 2	
EASY TWIST AND CAP LANCETS (lancets)	Tier 2	
EMBRACE LANCETS (lancets)	Tier 2	
EMBRACE SAFETY LANCET (lancets)	Tier 2	
EZ SMART LANCETS (lancets)	Tier 2	
FINGERSTIX LANCETS (lancets)	Tier 2	
FONDCIRCLE LANCET (lancets)	Tier 2	
FORACARE LANCETS (lancets)	Tier 2	
FREESTYLE LANCETS (lancets)	Tier 2	
FREESTYLE UNISTIK 2 (lancets)	Tier 2	
GLUCOCOM LANCETS (lancets)	Tier 2	
GOJJI LANCETS (lancets)	Tier 2	
INCONTROL SUPER THIN LANCETS (lancets)	Tier 2	
INCONTROL ULTRA THIN LANCETS (lancets)	Tier 2	
INJECT EASE LANCETS (lancets)	Tier 2	
INVACARE LANCETS (lancets)	Tier 2	

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Drug	Status	Notes
<i>lancets</i> (Accu-Chek Fastclix Lancet Drum)	Tier 2	
LANCETS, THIN (lancets)	Tier 2	
MEDLANCE PLUS LANCETS (lancets)	Tier 2	
MEDLANCE PLUS SPECIAL BLADE	Tier 2	
MICRO THIN LANCETS (lancets)	Tier 2	
MICROLET LANCET (lancets)	Tier 2	
MICROLET NEXT LANCET (lancets)	Tier 2	
MOBILE LANCETS (lancets)	Tier 2	
MONOLET LANCETS (lancets)	Tier 2	
MONOLET THIN LANCETS (lancets)	Tier 2	
MYGLUCOHEALTH LANCETS (lancets)	Tier 2	
NOVA SAFETY LANCETS (lancets)	Tier 2	
NOVA SUREFLEX LANCETS (lancets)	Tier 2	
ON CALL LANCET (lancets)	Tier 2	
ONETOUCH DELICA PLUS LANCET (lancets)	Tier 2	
ONETOUCH DELICA SAFETY LANCET (lancets)	Tier 2	
ONETOUCH ULTRASOFT 2 LANCET (lancets)	Tier 2	
ON-THE-GO LANCETS (lancets)	Tier 2	
PERFECT POINT SAFETY LANCETS (lancets)	Tier 2	
PIP LANCET (lancets)	Tier 2	
PRESSURE ACTIVATED LANCETS (lancets)	Tier 2	
PRO COMFORT LANCET (lancets)	Tier 2	
PRO COMFORT SAFETY LANCET (lancets)	Tier 2	

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Drug	Status	Notes
PRODIGY LANCETS (lancets)	Tier 2	
PRODIGY TWIST TOP LANCET (lancets)	Tier 2	
PURE COMFORT LANCETS (lancets)	Tier 2	
PURE COMFORT SAFETY LANCETS (lancets)	Tier 2	
PUSH BUTTON SAFETY LANCETS 28 GAUGE (lancets)	Tier 2	
RELIAMED LANCET 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
RELIAMED SAFETY SEAL LANCETS (lancets)	Tier 2	
RIGHTEST GL300 LANCETS (lancets)	Tier 2	
SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 2	
SAFETY SEAL LANCETS (lancets)	Tier 2	
SAFETY-LET LANCETS (lancets)	Tier 2	
SENSILANCE (lancets)	Tier 2	
SINGLE-LET (lancets)	Tier 2	
SMARTEST LANCET (lancets)	Tier 2	
SOLUS V2 LANCETS (lancets)	Tier 2	
STERILANCE TL (lancets)	Tier 2	
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
SURE COMFORT LANCETS (lancets)	Tier 2	
SURE-LANCE (lancets)	Tier 2	
SURE-LANCE ULTRA THIN (lancets)	Tier 2	
SURE-TOUCH LANCET (lancets)	Tier 2	
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
TELCARE LANCETS (lancets)	Tier 2	
THIN LANCETS (lancets)	Tier 2	
TRUE COMFORT LANCET (lancets)	Tier 2	

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Drug	Status	Notes
TRUE-COMFORT SAFETY LANCET (lancets)	Tier 2	
TRUEPLUS LANCETS (lancets)	Tier 2	
TWIST LANCETS (lancets)	Tier 2	
ULTILET BASIC LANCETS (lancets)	Tier 2	
ULTILET CLASSIC LANCETS (lancets)	Tier 2	
ULTILET LANCETS (lancets)	Tier 2	
ULTILET SAFETY LANCETS	Tier 2	
ULTRA THIN II LANCETS (lancets)	Tier 2	
ULTRA THIN LANCETS (lancets)	Tier 2	
ULTRA TLC LANCETS (lancets)	Tier 2	
ULTRA-CARE LANCETS (lancets)	Tier 2	
ULTRALANCE LANCETS (lancets)	Tier 2	
ULTRA-THIN II LANCETS (lancets)	Tier 2	
UNILET COMFORTOUCH LANCET (lancets)	Tier 2	
UNILET GP LANCET (lancets)	Tier 2	
UNILET LANCET (lancets)	Tier 2	
UNILET LANCETS (lancets)	Tier 2	
UNILET SUPER THIN LANCETS (lancets)	Tier 2	
UNISTIK 2 EXTRA LANCET (lancets)	Tier 2	
UNISTIK 2 NORMAL LANCET (lancets)	Tier 2	
UNISTIK 3 COMFORT LANCET (lancets)	Tier 2	
UNISTIK 3 EXTRA LANCET (lancets)	Tier 2	
UNISTIK 3 GENTLE (lancets)	Tier 2	
UNISTIK 3 NORMAL LANCET	Tier 2	

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Drug	Status	Notes
UNISTIK COMFORT LANCETS (lancets)	Tier 2	
UNISTIK CZT LANCET (lancets)	Tier 2	
UNISTIK EXTRA LANCETS (lancets)	Tier 2	
UNISTIK NORMAL LANCETS	Tier 2	
UNISTIK PRO LANCET (lancets)	Tier 2	
UNISTIK SAFETY (lancets)	Tier 2	
UNISTIK TOUCH LANCETS (lancets)	Tier 2	
UNIVERSAL 1 LANCETS (lancets)	Tier 2	
VERIFINE SAFETY LANCET MINI (lancets)	Tier 2	
VERIFINE UNIVERSAL LANCET (lancets)	Tier 2	
VIVAGUARD LANCET (lancets)	Tier 2	
VIVAGUARD SAFETY LANCET (lancets)	Tier 2	
Feeding Devices		
ENFIT IRRIGAT SYRINGE-CONTAINR	Tier 3	
<i>enteral connector, enfit</i>	Tier 3	
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	Tier 3	
Incontinence Supplies		
FLEXI-SEAL SIGNAL FMS	Tier 3	
TENSCARE ITOUCH SURE	Tier 3	
Medical Supplies, Miscellaneous		
MAD NASAL ATOMIZER	Tier 3	
VARITHENA ADMINISTRATION PACK	Tier 3	
VIBRANT	Tier 3	
VIBRANT STARTER KIT	Tier 3	

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Drug	Status	Notes
Medical Supplies, Miscellaneous (Group 2)		
EAR POPPER INFLATION DEVICE	Tier 3	
PCCA ACCUPEN-15	Tier 3	
PROVATE PELVIC ORGAN SUPPORT	Tier 3	
YONI FIT BLADDER SUPPORT VAGINAL 34-38 MM, 34-38-42 MM, 42-45 MM, 45-48-52 MM, 48-52 MM	Tier 3	
Parenteral Administration Sets		
ADD-VANTAGE ADDAPTOR	Tier 3	
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	
INSUFLON	Tier 3	
INSYTE IV CATHETER	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 (iv administration set)	Tier 3	
IVENIX ADMIN SET 2INLET Y-SITE (iv administration set)	Tier 3	
IVENIX ADMIN SET SINGLE-INLET (iv administration set)	Tier 3	
MONOJECT LUER ADAPTER	Tier 3	
NEXIVA	Tier 3	
PHASEAL ASSEMBLY FIXTURE	Tier 3	
PHASEAL CONNECTOR LUER LOCK	Tier 3	

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Drug	Status	Notes
PHASEAL INFUSION ADAPTER	Tier 3	
PHASEAL INFUSION CLAMP	Tier 3	
PHASEAL INJECTOR LUER	Tier 3	
PHASEAL INJECTOR LUER LOCK	Tier 3	
PHASEAL SECONDARY SET	Tier 3	
PHASEAL Y-SITE	Tier 3	
Syringes And Accessories		
EXTENDED RESERVOIR	Tier 3	
<i>insulin u-500 syringe-needle</i>	Tier 2	
INTERLINK LEVER LOCK CANNULA	Tier 3	
KENDALL DISINFECTANT CAP	Tier 3	
PARADIGM RESERVOIR	Tier 3	
ULTRA-FINE INS SYR (HALF UNIT)	Tier 2	
ULTRA-FINE INSULIN SYRINGE (insulin syringe-needle u-100)	Tier 2	
Miscellaneous Agents		
Amyloidosis Agents-Transthyretin (Ttr) Suppression		
WAINUA SUBCUTANEOUS AUTO-INJECTOR	Tier 3	PA; SP
Anaphylaxis Therapy Agents		
AUVI-Q (epinephrine)	Tier 2	QL (2 EA per 365 days)
<i>epinephrine injection auto-injector</i> (Auvi-Q)	Tier 1	QL (4 EA per 1 FILL)
NEFFY	Tier 2	QL (4 EA per 1 FILL)
Cxcr4 Chemokine Receptor Antagonist		
XOLREMDI	Tier 3	PA; SP
Genetic D/O Tx-Exon Inclusion Antisense Oligonucle		
EVRYSDI	Tier 3	PA; SP
Parasympathetic Agents		

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Drug	Status	Notes
<i>bethanechol chloride</i>	Tier 1	
<i>cevimeline</i> (Evoxac)	Tier 1	
<i>pilocarpine hcl oral</i> (Salagen (pilocarpine))	Tier 1	
Pharmacological Chaperone-Alpha-Galactosid.A Stabz		
GALAFOLD	Tier 3	PA; SP
Pku Treatment Agents - Phenylalanine Ammonia Lyase		
PALYNZIQ	Tier 2	PA; SP
Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase		
JAVYGTOR (sapropterin)	Tier 1	SP
KUVAN (sapropterin)	Tier 2	SP
<i>sapropterin</i> (Javygtor)	Tier 1	SP
SEPHIENCE	Tier 3	PA; SP
ZELVYSIA (sapropterin)	Tier 1	SP
Systemic Enzyme Inhibitors		
ARALAST NP	Tier 3	PA; SP
GLASSIA	Tier 3	PA; SP
JOENJA	Tier 3	PA; SP
PROLASTIN-C INTRAVENOUS SOLUTION	Tier 3	PA; SP
VIJOICE	Tier 3	PA; SP
ZEMAIRA	Tier 3	PA; SP
ZOKINVY	Tier 3	PA; SP
Thyroid Hormone Receptor (Thr) Agonist		

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Drug	Status	Notes
REZDIFFRA	Tier 3	PA; SP
Topical Anticholinergic Hyperhidrosis		
Tx Agents		
QBREXZA	Tier 3	PA
Neoplastic Disease		
Alkylating Agents		
<i>cyclophosphamide oral capsule</i>	Tier 1	SP
<i>cyclophosphamide oral tablet 50 mg</i>	Tier 1	SP
<i>hydroxyurea</i> (Hydrea)	Tier 1	
LEUKERAN	Tier 2	SP
<i>lomustine</i> (Gleostine)	Tier 1	PA; SP
MYLERAN	Tier 2	SP
<i>temozolomide</i>	Tier 1	PA; SP
Antiandrogenic Agents		
<i>abiraterone</i> (Abirtega)	Tier 1	PA; SP
ABIRTEGA (abiraterone)	Tier 1	PA; SP
<i>bicalutamide</i> (Casodex)	Tier 1	
ERLEADA	Tier 2	PA; SP
<i>nilutamide</i>	Tier 1	SP; QL (2 EA per 1 day)
NUBEQA	Tier 2	PA; SP
XTANDI	Tier 2	PA; SP
YONSA (abiraterone, submicronized)	Tier 3	PA; SP
Antibiotic Antineoplastics		
JELMYTO	Tier 3	PA; SP
Antimetabolites		
<i>capecitabine</i>	Tier 1	PA; SP
INQOVI	Tier 2	PA; SP
JYLAMVO	Tier 3	PA

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Drug	Status	Notes
LONSURF	Tier 2	PA; SP
<i>mercaptopurine oral suspension</i> (Purixan)	Tier 1	SP; ST: TRIAL OF MERCAPTOPYRINE TABLET REQUIRED.
<i>mercaptopurine oral tablet</i>	Tier 1	
<i>methotrexate sodium</i>	Tier 1	
<i>methotrexate sodium (pf)</i>	Tier 1	
ONUREG	Tier 2	PA; SP
PURIXAN (mercaptopurine)	Tier 2	SP; ST: TRIAL OF MERCAPTOPYRINE TABLET REQUIRED.
TABLOID (thioguanine)	Tier 2	SP
TREXALL	Tier 2	
XATMEP	Tier 3	PA; QL (120 ML per 60 days)
Antineoplastic Aromatase Inhibitors		
<i>anastrozole</i> (Arimidex)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>exemestane</i> (Aromasin)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>letrozole</i> (Femara)	Tier 1	
Antineoplastic - Braf Kinase Inhibitors		
BRAFTOVI	Tier 2	PA; SP
OJEMDA	Tier 3	PA; SP
TAFINLAR	Tier 2	PA; SP
ZELBORAF	Tier 2	PA; SP

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Drug	Status	Notes
Antineoplastic - Hedgehog Pathway Inhibitor		
DAURISMO	Tier 2	PA; SP
ERIVEDGE	Tier 2	PA; SP
ODOMZO	Tier 2	PA; SP
Antineoplastic - Janus Kinase (Jak) Inhibitors		
JAKAFI	Tier 2	PA; SP; QL (2 EA per 1 day)
Antineoplastic - Kras Protein Inhibitor		
KRAZATI	Tier 2	PA; SP
LUMAKRAS	Tier 2	PA; SP
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors		
COTELLIC	Tier 2	PA; SP
GOMEKLI	Tier 3	PA; SP
KOSELUGO	Tier 2	PA; SP
MEKINIST	Tier 2	PA; SP
MEKTOVI	Tier 2	PA; SP
Antineoplastic - Mtor Kinase Inhibitors		
<i>everolimus (antineoplastic)</i> (Afinitor Disperz)	Tier 1	PA; SP
TORPENZ (everolimus (antineoplastic))	Tier 1	PA; SP
YULITHIRA (everolimus (antineoplastic))	Tier 1	PA; SP
Antineoplastic - Topoisomerase I Inhibitors		
HYCAMTIN ORAL	Tier 2	SP
Antineoplastic Immunomodulator Agents		
<i>lenalidomide</i> (Revlimid)	Tier 1	PA; SP
<i>pomalidomide</i> (Pomalyst)	Tier 1	PA; SP

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Drug	Status	Notes
REVLIMID (lenalidomide)	Tier 2	PA; SP
Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	Tier 3	SP; QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	Tier 3	SP; QL (1 EA per 30 days)
ORGOVYX	Tier 2	PA; SP
Antineoplastic Systemic Enzyme Inhibitors		
ALECENSA	Tier 2	PA; SP
ALUNBRIG	Tier 2	PA; SP
AUGTYRO	Tier 2	PA; SP
AYVAKIT	Tier 2	PA; SP
BALVERSA	Tier 2	PA; SP
BOSULIF (bosutinib)	Tier 2	PA; SP
BRUKINSA	Tier 2	PA; SP
CABOMETYX	Tier 2	PA; SP
CALQUENCE (ACALABRUTINIB MAL)	Tier 2	PA; SP
CAPRELSA (vandetanib)	Tier 3	PA; SP
COMETRIQ	Tier 2	PA; SP
COPIKTRA	Tier 3	PA; SP
DANZITEN	Tier 2	PA; SP
<i>dasatinib</i> (Sprycel)	Tier 1	PA; SP
ENSACOVE	Tier 2	PA; SP

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Drug	Status	Notes
<i>erlotinib</i>	Tier 1	PA; SP
FOTIVDA	Tier 2	PA; SP
FRUZAQLA	Tier 2	PA; SP
GAVRETO	Tier 2	PA; SP
<i>gefitinib</i> (Iressa)	Tier 1	PA; SP
GILOTRIF	Tier 2	PA; SP
HERNEXEOS	Tier 3	PA; SP; QL (3 EA per 1 day)
HYRNUO	Tier 3	PA; SP; QL (4 EA per 1 day)
IBRANCE	Tier 3	PA; SP
IBTROZI	Tier 2	PA; SP
ICLUSIG	Tier 2	PA; SP
<i>imatinib</i> (Gleevec)	Tier 1	PA; SP
IMBRUVICA	Tier 2	PA; SP
IMKELDI	Tier 3	PA; SP
INLYTA	Tier 2	PA; SP
INREBIC	Tier 3	PA; SP; QL (4 EA per 1 day)
ITOVEBI	Tier 2	PA; SP
IWILFIN	Tier 2	PA; SP
JAYPIRCA	Tier 3	PA; SP
KISQALI	Tier 2	PA; SP
KOMZIFTI	Tier 3	PA; SP; QL (3 EA per 1 day)
<i>lapatinib</i> (Tykerb)	Tier 1	PA; SP
LAZCLUZE	Tier 3	PA; SP
LENVIMA	Tier 2	PA; SP
LORBRENA	Tier 3	PA; SP
LYNPARZA	Tier 2	PA; SP

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Drug	Status	Notes
LYTGOBI	Tier 2	PA; SP
NERLYNX	Tier 2	PA; SP
<i>nilotinib hcl</i> (Tasigna)	Tier 1	PA; SP
NINLARO	Tier 2	PA; SP
OGSIVEO	Tier 3	PA; SP
OJJAARA	Tier 2	PA; SP
<i>pazopanib</i> (Votrient)	Tier 1	PA; SP
PEMAZYRE	Tier 2	PA; SP
PIQRAY	Tier 2	PA; SP
QINLOCK	Tier 2	PA; SP
RETEVMO ORAL TABLET	Tier 2	PA; SP
REVUFORJ	Tier 3	PA; SP
ROMVIMZA	Tier 3	PA; SP
ROZLYTREK	Tier 2	PA; SP
RUBRACA	Tier 3	PA; SP
RYDAPT	Tier 2	PA; SP
SCSEMBLIX	Tier 2	PA; SP
<i>sorafenib</i> (Nexavar)	Tier 1	PA; SP
STIVARGA	Tier 2	PA; SP
<i>sunitinib malate</i> (Sutent)	Tier 1	PA; SP
TABRECTA	Tier 2	PA; SP
TAGRISSO	Tier 2	PA; SP
TALZENNA	Tier 2	PA; SP
TEPMETKO	Tier 2	PA; SP
TRUQAP	Tier 2	PA; SP

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Drug	Status	Notes
TUKYSA	Tier 2	PA; SP
TURALIO	Tier 2	PA; SP
VANFLYTA	Tier 2	PA; SP
VERZENIO	Tier 2	PA; SP
VITRAKVI	Tier 2	PA; SP
VIZIMPRO	Tier 3	PA; SP
VONJO	Tier 3	PA; SP; QL (4 EA per 1 day)
XOSPATA	Tier 2	PA; SP
ZEJULA ORAL TABLET	Tier 2	PA; SP
ZYDELIG	Tier 2	PA; SP
ZYKADIA	Tier 2	PA; SP
Antineoplastic,Histone Deacetylase Inhibitors,Hdis		
ZOLINZA	Tier 2	PA; SP; QL (4 EA per 1 day)
Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors		
VENCLEXTA	Tier 2	PA; SP
VENCLEXTA STARTING PACK	Tier 2	PA; SP
Antineoplastic-Enzyme Inhib, Antiandrogen Comb.		
AKEEGA	Tier 3	PA; SP
Antineoplastic-Hypoxia Inducible Factor (Hif) Inh		
WELIREG	Tier 2	PA; SP
Antineoplastic-Isocitrate Dehydrogenase Inhibitors		
IDHIFA	Tier 3	PA; SP
REZLIDHIA	Tier 2	PA; SP
TIBSOVO	Tier 2	PA; SP

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Drug	Status	Notes
VORANIGO	Tier 2	PA; SP
Antineoplastics, Miscellaneous		
<i>etoposide oral</i>	Tier 1	
LYSODREN	Tier 2	SP
MATULANE	Tier 2	SP
RYLAZE	Tier 3	PA; SP
<i>tretinoin (antineoplastic)</i>	Tier 1	SP
Antineoplastic-Select Inhib Of Nuclear Exp (Sine)		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1), 80MG TWICE WEEK (160 MG/WEEK)	Tier 2	PA; SP
Chemotherapy Rescue/Antidote Agents		
<i>leucovorin calcium oral</i>	Tier 1	
<i>mesna oral</i> (Mesnex)	Tier 1	
VISTOGARD	Tier 2	SP; QL (24 EA per 14 days)
Intrapleural Sclerosing Agents, Antineoplast. Adj.		
SCLEROSOL INTRAPLEURAL	Tier 3	
<i>sterile talc</i>	Tier 1	
STERITALC	Tier 3	

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Drug	Status	Notes
Photoactivated, Antineopls. & Premalignant Lesions		
AMELUZ	Tier 3	
LEVULAN	Tier 3	
Selective Estrogen Receptor Modulators (Serm)		
INLURIYO	Tier 3	PA; SP; QL (2 EA per 1 day)
ORSERDU	Tier 3	PA; SP
SOLTAMOX	Tier 2	
<i>tamoxifen</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>toremifene</i> (Fareston)	Tier 1	PA; SP
Selective Retinoid X Receptor Agonists (Rxr)		
<i>bexarotene oral</i> (Targretin)	Tier 1	PA; SP
Steroid Antineoplastics		
<i>megestrol oral tablet</i>	Tier 1	
Neurological Disease - Miscellaneous		
Agents To Treat Multiple Sclerosis		
AVONEX	Tier 2	PA; SP
BETASERON SUBCUTANEOUS KIT	Tier 2	PA; SP
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML (glatiramer)	Tier 2	PA; SP
<i>dimethyl fumarate</i> (Tecfidera)	Tier 1	PA; SP
<i>fingolimod</i> (Gilenya)	Tier 1	PA; SP
GILENYA ORAL CAPSULE 0.25 MG	Tier 3	PA; SP
<i>glatiramer</i> (Glatopa)	Tier 1	PA; SP
GLATOPA (glatiramer)	Tier 1	PA; SP
KESIMPTA PEN	Tier 2	PA; SP

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Drug	Status	Notes
MAVENCLAD (10 TABLET PACK) (cladribine(multiple sclerosis))	Tier 2	PA; SP
MAVENCLAD (4 TABLET PACK) (cladribine(multiple sclerosis))	Tier 2	PA; SP
MAVENCLAD (5 TABLET PACK) (cladribine(multiple sclerosis))	Tier 2	PA; SP
MAVENCLAD (6 TABLET PACK) (cladribine(multiple sclerosis))	Tier 2	PA; SP
MAVENCLAD (7 TABLET PACK) (cladribine(multiple sclerosis))	Tier 2	PA; SP
MAVENCLAD (8 TABLET PACK) (cladribine(multiple sclerosis))	Tier 2	PA; SP
MAVENCLAD (9 TABLET PACK) (cladribine(multiple sclerosis))	Tier 2	PA; SP
MAYZENT	Tier 2	PA; SP
MAYZENT STARTER(FOR 1MG MAINT)	Tier 2	PA; SP
MAYZENT STARTER(FOR 2MG MAINT)	Tier 2	PA; SP
PLEGRIDY	Tier 2	PA; SP
REBIF (WITH ALBUMIN)	Tier 2	PA; SP
REBIF REBIDOSE	Tier 2	PA; SP
REBIF TITRATION PACK	Tier 2	PA; SP
TASCENSO ODT	Tier 3	PA; SP
<i>teriflunomide</i> (Aubagio)	Tier 1	PA; SP
VUMERITY	Tier 2	PA; SP
Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr		
<i>dalfampridine</i> (Ampyra)	Tier 1	PA; SP
FIRDAPSE	Tier 3	PA; SP

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Drug	Status	Notes
Amyotrophic Lateral Sclerosis Agents		
RADICAVA ORS	Tier 3	PA; SP
RADICAVA ORS STARTER KIT SUSP	Tier 3	PA; SP
<i>riluzole</i>	Tier 1	
TEGLUTIK	Tier 3	PA; SP
TIGLUTIK	Tier 3	PA; SP
Fibromyalgia Agents, Serotonin-Norepineph Ru Inhib		
<i>milnacipran</i> (Savella)	Tier 1	ST: TRIAL OF TWO: AMITRIPTYLINE TABS, CYCLOBENZAPRINE IR TABS, DULOXETINE (20, 30, 60MG) CAPS, GENERIC GABAPENTIN IR TABS/CAPS OR PREGABALIN IR CAPS IN THE PAST 365 DAYS; QL (2 EA per 1 day)
Glypromate (Gpe) Analogs		
DAYBUE	Tier 3	PA; SP
DAYBUE STIX	Tier 3	PA; SP
Heat Shock Protein (Hsp) Modulating Agents		
MIPLYFFA	Tier 2	PA; SP
Metabolic Disease Enzyme Replacement, Mocd		
NULIBRY	Tier 3	PA; SP
Movement Disorders (Drug Therapy)		
INGREZZA	Tier 2	PA; SP; QL (1 EA per 1 day)
INGREZZA INITIATION PK(TARDIV)	Tier 2	PA; SP; QL (1 EA per 1 day)
INGREZZA SPRINKLE	Tier 2	PA; SP; QL (1 EA per 1 day)

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Drug	Status	Notes
<i>tetrabenazine</i> (Xenazine)	Tier 1	PA; SP
Neuropathic Agents		
<i>pregabalin oral tablet extended release</i> (Lyrica CR) <i>24 hr 165 mg, 82.5 mg</i>	Tier 1	ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: GABAPENTIN, A TRICYCLIC ANTIDEPRESSANT, DULOXETINE, VENLAFAXINE, VALPROIC ACID, PREGABALIN IR, OR DIVALPROEX.; QL (3 EA per 1 day)
<i>pregabalin oral tablet extended release</i> (Lyrica CR) <i>24 hr 330 mg</i>	Tier 1	ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: GABAPENTIN, A TRICYCLIC ANTIDEPRESSANT, DULOXETINE, VENLAFAXINE, VALPROIC ACID, PREGABALIN IR, OR DIVALPROEX.; QL (2 EA per 1 day)
Nuclear Factor Erythroid 2-Rel. Factor 2 Activator		
SKYCLARYS	Tier 3	PA; SP
Pseudobulbar Affect (Pba) Agents, Nmda Antagonists		
NUEDEXTA	Tier 3	PA
Sphingosine 1-Phosphate (S1p) Receptor Modulator		

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Drug	Status	Notes
ZEPOSIA	Tier 3	PA; SP
ZEPOSIA STARTER KIT (28-DAY)	Tier 3	PA; SP
ZEPOSIA STARTER PACK (7-DAY)	Tier 3	PA; SP
Oral/Pharyngeal Disorders		
Dental Aids And Preparations		
<i>chlorhexidine gluconate mucous membrane</i> (Periogard)	Tier 1	
ORALONE (triamcinolone acetonide)	Tier 1	
PERIOGARD (chlorhexidine gluconate)	Tier 1	
Q-CARE RX Q2	Tier 3	
Q-CARE RX Q4	Tier 3	
<i>triamcinolone acetonide dental</i> (Oralene)	Tier 1	
Nose Preparations, Miscellaneous (Rx)		
<i>cocaine</i> (Numbrino)	Tier 1	
<i>ipratropium bromide nasal</i>	Tier 1	
NUMBRINO (cocaine)	Tier 1	
Periodontal Collagenase Inhibitors		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	
Other Drugs		
Abortifacient, Progesterone Receptor Antagonist-Typ		
MIFEPREX (mifepristone)	Tier 3	
<i>mifepristone oral tablet 200 mg</i> (Mifeprex)	Tier 1	
Agents For Stomatological Use		
DEBACTEROL MUCOUS MEMBRANE SOLUTION	Tier 3	
Antineoplastic - Systemic Enzyme Inhibitors Combs		
AVMAPKI-FAKZYNJA	Tier 3	PA; SP

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Drug	Status	Notes
Antineoplastic Systemic Enzyme Activators		
MODEYSO	Tier 3	PA; SP; QL (20 EA per 28 days)
Antipsychotics, Muscarinic Agonist/Antagonist Comb		
COBENFY	Tier 3	ST: TRIAL OF A GENERIC ATYPICAL ANTIPSYCHOTIC, CAPLYTA, REXULTI OR VRAYLAR IN THE PAST 120 DAYS; QL (2 EA per 1 day)
COBENFY STARTER PACK	Tier 3	ST: TRIAL OF A GENERIC ATYPICAL ANTIPSYCHOTIC, CAPLYTA, REXULTI OR VRAYLAR IN THE PAST 120 DAYS
Antiretroviral - Capsid Inhibitors (Prep)		
YEZTUGO ORAL	Tier 2	SP
Antivenins		
ANASCORP	Tier 3	
Appetite Stim. For Anorexia, Cachexia, Wasting Synd.		
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>	Tier 1	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	Tier 1	ST: TRIAL OF MEGESTROL ACETATE 40MG/ML SUSPENSION REQUIRED

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Drug	Status	Notes
Blood Collection Set With Local Anesthetics		
CADIRA COMPLIANT BLOOD STAT	Tier 3	
LIDO BDK	Tier 3	
Blood Testing Preparations,In-Vitro		
COAGUCHEK XS	Tier 3	
Cardiolipin Binding Agents		
FORZINITY	Tier 3	PA; SP; QL (3.5 ML per 7 days)
Cardioplegic Solutions		
CARDIOPLEGIA DEL NIDO FORMULA	Tier 1	
CARDIOPLEGIA DEL NIDO-ISOLYT S	Tier 3	
CARDIOPLEGIA HIGH POTASSIUM	Tier 1	
CARDIOPLEGIA IND 4:1 PLASMALYT	Tier 1	
CARDIOPLEGIA IND 8:1 NON-ENRCH	Tier 1	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINTENANCE 4:1	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA WARM INDUCT 4:1	Tier 3	
<i>cardioplegic no. 17(induct 4:1)</i>	Tier 1	
<i>cardioplegic no. 19 (maint 4:1)</i>	Tier 1	
<i>cardioplegic soln</i> (Plegisol)	Tier 1	
<i>cardioplegic solution no.25</i>	Tier 1	
DEL NIDO CARDIOPLEGIA	Tier 3	
<i>microplegic solution no. 1</i>	Tier 1	
Cholinesterase Reactivat.&Muscarinic Antg.Antidote		

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Drug	Status	Notes
DUODOTE	Tier 3	
Cholinesterase Reactivating, Organophos. Antidotes		
<i>pralidoxime</i>	Tier 3	
Coloring Agents And Dyes		
<i>methylene blue (bulk-solid)</i>	Tier 3	
Conception Assistance Supplies		
CONCEPTION	Tier 3	
Condoms		
AIMSCO LATEX CONDOM	\$0	IF QL=60 THEN \$0 COPAY
DUREX AVANTI BARE REAL FEEL	\$0	IF QL=60 THEN \$0 COPAY
DUREX EXTRA SENSITIVE CONDOM	\$0	IF QL=60 THEN \$0 COPAY
DUREX TROPICAL CONDOM	\$0	IF QL=60 THEN \$0 COPAY
FANTASY CONDOM	\$0	IF QL=60 THEN \$0 COPAY
FC2 FEMALE CONDOM	\$0	IF QL=60 THEN \$0 COPAY
KIMONO LUBRICATED CONDOMS	\$0	IF QL=60 THEN \$0 COPAY
KIMONO MICROTHIN AQUA LUBE CON	\$0	IF QL=60 THEN \$0 COPAY
KIMONO MICROTHIN CONDOMS	\$0	IF QL=60 THEN \$0 COPAY
KIMONO MICROTHIN LARGE CONDOMS	\$0	IF QL=60 THEN \$0 COPAY
KIMONO TEXTURED CONDOMS	\$0	IF QL=60 THEN \$0 COPAY
KIMONO THIN LUBRICATED CONDOMS	\$0	IF QL=60 THEN \$0 COPAY
TROJAN BARESKIN	\$0	IF QL=60 THEN \$0 COPAY
TROJAN ULTRA RIBBED CONDOM	\$0	IF QL=60 THEN \$0 COPAY

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Drug	Status	Notes
TRUE COVER CONDOM	\$0	IF QL=60 THEN \$0 COPAY
TRUSTEX LATEX CONDOM	\$0	IF QL=60 THEN \$0 COPAY
TRUSTEX LUBRICATED CONDOMS	\$0	IF QL=60 THEN \$0 COPAY
TRUSTEX NON-LUB CONDOMS	\$0	IF QL=60 THEN \$0 COPAY
TRUSTEX-RIA LUB/SPERMICIDE	\$0	IF QL=60 THEN \$0 COPAY
TRUSTEX-RIA LUBRICATED CONDOMS	\$0	IF QL=60 THEN \$0 COPAY
TRUSTEX-RIA NON-LUB CONDOMS	\$0	IF QL=60 THEN \$0 COPAY
Cryopreservative Agents		
CRYOSERV	Tier 3	
Cystic Fibrosis - Inhaled Osmotic Agents		
BRONCHITOL	Tier 3	SP; ST: TRIAL OF INHALED 7% SODIUM CHLORIDE SOLUTION IN THE PAST 120 DAYS.; QL (20 EA per 1 day)
Diagnostic Test Devices And Supplies		
<i>eua patient assessment</i>	Tier 3	
Digital Therapeutics, Software		
NATURAL CYCLES DIGITAL APP	\$0	
Diluent Solutions		
DILUTING MEDIUM FOR NOVOLOG	Tier 3	
Drugs To Treat Hereditary Tyrosinemia		
HARLIKU	Tier 3	PA; SP
<i>nitisinone</i> (Orfadin)	Tier 1	PA; SP
NITYR	Tier 2	PA; SP
ORFADIN (nitisinone)	Tier 2	PA; SP
Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing		
CERDELGA	Tier 2	SP

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Drug	Status	Notes
<i>miglustat</i> (Yargesa)	Tier 1	PA; SP
OPFOLDA	Tier 3	PA; SP
YARGESA (miglustat)	Tier 1	PA; SP
Environment Allergens And Irritants, Other		
T.R.U.E. TEST ALLERGEN	Tier 3	
Eye Antibiotic And Nsaid Combinations		
<i>moxifloxacin-bromfenac</i>	Tier 1	
Factor Xii Inhibitors		
ANDEMBRY AUTOINJECTOR	Tier 2	PA; SP
General Anesthetics - Benzodiazepine, Injectable		
<i>midazolam (pf) injection solution 5 mg/ml</i>	Tier 1	
<i>midazolam injection solution 5 mg/ml</i>	Tier 1	
General Anesthetics, Inhalant		
<i>desflurane</i> (Suprane)	Tier 1	
<i>isoflurane</i> (Terrell)	Tier 1	
<i>sevoflurane</i> (Ultane)	Tier 1	
SUPRANE (desflurane)	Tier 3	
TERRELL (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	

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Drug	Status	Notes
<i>sodium chloride inhalation</i> (Hyper-Sal)	Tier 1	
Genetic Disorder Therapy - Hdac Inhibitor		
DUVYZAT	Tier 3	PA; SP
Homeopathic Drugs		
AURUMHEEL	Tier 3	
CANTHARIS COMPOSITUM	Tier 3	
CRALONIN	Tier 3	
EYE	Tier 3	
LAMIOFLUR	Tier 3	
PLANTAGO-HOMACCORD	Tier 3	
POPULUS COMPOSITUM	Tier 3	
PSORINOHEEL	Tier 3	
RENEEL	Tier 3	
SABAL-HOMACCORD	Tier 3	
SYZYGIIUM COMPOSITUM	Tier 3	
VERTIGOHEEL	Tier 3	
Metabolic Deficiency Agents		
AQNEURSA	Tier 2	PA; SP
<i>betaine</i> (Cystadane)	Tier 1	PA; SP
<i>levocarnitine (with sugar)</i> (Carnitor)	Tier 1	
<i>levocarnitine oral solution 100 mg/ml</i> (Carnitor (sugar-free))	Tier 1	
<i>levocarnitine oral tablet</i> (Carnitor)	Tier 1	
Metabolic Disease Enzyme Replace, Hypophosphatasia		
STRENSIQ	Tier 2	PA; SP
Metabolic Disease Enzyme Replacement, Arginase Def.		
LOARGYS	Tier 3	PA

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Drug	Status	Notes
Metabolic Dx Enzyme Replacemt,Sev.Comb.Immune Def.		
REVCIVI	Tier 3	PA; SP
Metallic Poison,Agents To Treat		
CHEMET	Tier 3	
CUVRIOR	Tier 3	PA; SP
<i>deferasirox</i> (Exjade)	Tier 1	PA; SP
<i>deferiprone</i> (Ferriprox)	Tier 1	PA; SP
<i>deferoxamine</i> (Desferal)	Tier 1	PA
GALZIN	Tier 3	
RADIOGARDASE	Tier 3	
<i>trientine</i> (Syprine)	Tier 1	PA; SP
Muscarinic Receptor Antagonists		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML	Tier 3	
Needles/Needleless Devices		
AUTOSHIELD DUO PEN NEEDLE	Tier 2	
NANO 2ND GEN PEN NEEDLE (pen needle, diabetic)	Tier 2	
NANO PEN NEEDLE (pen needle, diabetic)	Tier 2	
ULTRA-FINE PEN NEEDLE (pen needle, diabetic)	Tier 2	
UNIFINE PENTIPS NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 2	
Novel Bacterial Topoisomerase Inhibitors (Nbti)		
BLUJEP A	Tier 3	PA; QL (4 EA per 1 day)
Ointment/Cream Bases		

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Drug	Status	Notes
RADIAGEL	Tier 3	
Ophthalmic Trpm8 Agonists		
TRYPTYR	Tier 2	QL (2 EA per 1 day)
Oral Lipid Supplements		
DOJOLVI	Tier 3	PA; SP
Oral Mucositis/Stomatitis Agents		
ORAMAGICRX	Tier 3	
Saliva Stimulant Agents		
NUMOISYN MUCOUS MEMBRANE LOZENGE	Tier 3	
Saliva Substitute Agents		
NUMOISYN MUCOUS MEMBRANE LIQUID	Tier 3	
Sexual Dysfunction Devices		
RAPPORT VACUUM THERAPY	Tier 3	
Skin Tissue Replacement		
APLIGRAF	Tier 3	
EPIFIX AMNIOTIC MEMBRANE	Tier 3	
GRAFIX CORE	Tier 3	
GRAFIX PRIME	Tier 3	
GRAFIX XC	Tier 3	
MIRO3D	Tier 3	
MIRO3D FIBERS TOPICAL POWDER 100 MG, 500 MG, 700 MG	Tier 3	
MIRODERM FENESTRATED PLUS	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	
MIRODRY WOUND MATRIX	Tier 3	
MIROTRACT	Tier 3	

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Drug	Status	Notes
STRAVIX	Tier 3	
TRUSKIN	Tier 3	
Solvents		
<i>isopropyl alcohol</i> (Alcohol, Rubbing)	Tier 3	
MURI-LUBE	Tier 3	
Somatostatic Agents		
MYCAPSSA	Tier 3	PA; SP
<i>octreotide acetate</i> (Sandostatin)	Tier 1	SP
PALSONIFY	Tier 3	PA; SP
SIGNIFOR	Tier 3	PA; SP
Support Hosiery		
T.E.D. ANTI-EMBOLISM STOCKING (compres.stocking,knee,reg,smal)	Tier 3	
T.E.D. KNEE LENGTH-S-REGULAR (compres.stocking,knee,reg,smal)	Tier 3	
Suspending Agents		
GELFILM IMPLANT	Tier 3	
<i>hydroxypropyl cellulose</i>	Tier 3	
Tissue/Wound Adhesives		
ARTISS	Tier 3	
TISSEEL VHSD (APROTININ, SYN)	Tier 3	
Topical Nitric Oxide Releasing Agents		
ZELSUVM	Tier 3	PA
Treatment Of Hyperphagia In Prader-Willi Syndrome		
VYKAT XR	Tier 3	PA; SP
Wound Healing Agents, Local		

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Drug	Status	Notes
FILSUVEZ	Tier 3	PA; SP
Other Respiratory Disorders		
Antifibrotic Therapy - Pyridone Analogs		
<i>pirfenidone</i> (Esbriet)	Tier 1	PA; SP
Cystic Fib. Transmemb Conduct. Reg. (Cftr) Potentiator		
KALYDECO	Tier 2	PA; SP
Cystic Fibrosis-Cftr Potentiator & Corrector Comb.		
ALYFTREK	Tier 2	PA; SP
ORKAMBI	Tier 2	PA; SP
SYMDEKO	Tier 2	PA; SP
TRIKAFTA	Tier 2	PA; SP
Dipeptidyl Peptidase 1 (Dpp1) Inhibitor		
BRINSUPRI	Tier 2	PA; SP; QL (1 EA per 1 day)
Lung Surfactants		
CUROSURF	Tier 3	
INFASURF	Tier 3	
SURVANTA	Tier 3	
Mucolytics		
<i>acetylcysteine</i>	Tier 1	
PULMOZYME	Tier 2	PA; SP
Pulmonary Fibrosis - Systemic Enzyme Inhibitors		
<i>nintedanib</i> (Ofev)	Tier 1	PA; SP
Pain Management - Analgesics		
Analgesic, Non-Salicylate & Barbiturate Comb.		

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Drug	Status	Notes
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	Tier 1	ST: TRIAL OF GENERIC BUTALBITAL/ACETAMINOPHEN 50MG-325MG COMBINATION PRODUCT REQUIRED WITHIN 120 DAYS; QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i> (Tencon)	Tier 1	
TENCON (butalbital-acetaminophen)	Tier 1	
Analgesic, Salicylate, Barbiturate, & Xanthine Cmb		
<i>butalbital-aspirin-caffeine</i>	Tier 1	
Analgesic, Non-Salicylate, Barbiturate, & Xanthine Cmb		
<i>butalbital-acetaminophen-caff oral capsule</i> (Fioricet)	Tier 1	
<i>butalbital-acetaminophen-caff oral tablet</i>	Tier 1	
FIORICET (butalbital-acetaminophen-caff)	Tier 1	
Analgesic/Antipyretics, Salicylates		
<i>aspirin oral tablet 325 mg</i> (Bayer Aspirin)	\$0	
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i> (Bayer Aspirin)	\$0	
BAYER ASPIRIN (aspirin)	\$0	
<i>choline, magnesium salicylate</i>	Tier 1	
<i>diflunisal</i>	Tier 1	
ECOTRIN (aspirin)	\$0	
<i>salsalate</i>	Tier 1	

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Drug	Status	Notes
Analgesics, Narcotic Agonist And Nsaid Combination		
<i>hydrocodone-ibuprofen</i>	Tier 1	
Analgesics, Non-Narcotics		
JOURNAVX	Tier 3	PA
Analgesics, Narcotics		
BELBUCA (buprenorphine hcl)	Tier 2	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
<i>belladonna alkaloids-opium</i>	Tier 1	
<i>buprenorphine</i> (Butrans)	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (4 EA per 28 days)
<i>buprenorphine hcl injection</i>	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS
<i>butorphanol</i>	Tier 1	
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
<i>codeine sulfate oral tablet 60 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
DEMEROL (PF) INJECTION SYRINGE 25 MG/ML, 50 MG/ML, 75 MG/ML	Tier 3	
DILAUDID (PF) INJECTION SYRINGE (hydromorphone (pf)) 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML	Tier 3	
<i>fentanyl</i>	Tier 1	PA; ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS

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Drug	Status	Notes
<i>fentanyl citrate (pf) intravenous patient control. analgesia soln</i>	Tier 1	
<i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,000 mcg/50 ml (20 mcg/ml), 500 mcg/50 ml (10 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg</i>	Tier 1	PA
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr</i> (Hysingla ER)	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day)
<i>hydromorphone (pf) injection syringe 0.5 mg/0.5 ml, 1 mg/ml</i> (Dilaudid (PF))	Tier 1	
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i>	Tier 1	
<i>hydromorphone oral liquid</i> (Dilaudid)	Tier 1	
<i>hydromorphone oral tablet</i> (Dilaudid)	Tier 1	
<i>hydromorphone oral tablet extended release 24 hr</i>	Tier 1	PA; ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS
<i>hydromorphone rectal</i>	Tier 1	

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Drug	Status	Notes
<i>levorphanol tartrate oral tablet 2 mg</i> (Xyvona)	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	Tier 1	
<i>meperidine oral solution</i>	Tier 1	QL (30 ML per 1 day)
<i>meperidine oral tablet 50 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>methadone injection solution</i>	Tier 1	QL (4 ML per 1 day)
METHADONE INTENSOL (methadone)	Tier 1	QL (4 ML per 1 day)
<i>methadone oral concentrate</i> (Methadone Intensol)	Tier 1	QL (4 ML per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	Tier 1	QL (20 ML per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	Tier 1	QL (40 ML per 1 day)
<i>methadone oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>methadone oral tablet 5 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>methadone oral tablet, soluble</i> (Methadose)	Tier 1	QL (1 EA per 1 day)
METHADOSE ORAL TABLET, SOLUBLE (methadone)	Tier 1	QL (1 EA per 1 day)
<i>morphine (pf) intravenous syringe</i>	Tier 1	
<i>morphine concentrate oral solution</i>	Tier 1	PA
<i>morphine in 0.9 % sodium chlor intravenous solution</i>	Tier 1	
<i>morphine intramuscular</i>	Tier 1	
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day)
<i>morphine oral solution</i>	Tier 1	
<i>morphine oral tablet 15 mg</i>	Tier 1	

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Drug	Status	Notes
<i>morphine oral tablet 30 mg</i>	Tier 2	
<i>morphine oral tablet extended release</i> (MS Contin)	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (3 EA per 1 day)
<i>morphine rectal</i>	Tier 1	
<i>nalbuphine</i>	Tier 1	
NUCYNTA (tapentadol)	Tier 3	QL (6 EA per 1 day)
NUCYNTA ER (tapentadol)	Tier 2	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
<i>oxycodone oral capsule</i>	Tier 1	
<i>oxycodone oral concentrate</i>	Tier 1	PA
<i>oxycodone oral solution</i>	Tier 1	
<i>oxycodone oral tablet</i> (Roxicodone)	Tier 1	
<i>oxycodone oral tablet, oral only</i> (RoxyBond)	Tier 1	
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 20 mg, 40 mg</i> (OxyContin)	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 80 mg</i> (OxyContin)	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (4 EA per 1 day)
<i>oxymorphone oral tablet</i>	Tier 1	

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Drug	Status	Notes
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i>	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (4 EA per 1 day)
<i>pentazocine-naloxone</i>	Tier 1	
ROXYBOND (oxycodone)	Tier 3	
<i>tapentadol oral tablet</i> (Nucynta)	Tier 1	QL (6 EA per 1 day)
<i>tramadol oral solution</i> (Qdolo)	Tier 1	PA
<i>tramadol oral tablet 50 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 100 mg</i>	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 200 mg, 300 mg</i>	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg</i>	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg</i>	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day); Age (Min 12 Years)

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Drug	Status	Notes
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	Tier 2	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG	Tier 2	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (4 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	Tier 2	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (8 EA per 1 day)
XYVONA ORAL TABLET 2 MG (levorphanol tartrate)	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS
Antimigraine Preparations		
AIMOVIG AUTOINJECTOR	Tier 2	PA; QL (1 ML per 30 days)
AJOVY AUTOINJECTOR	Tier 2	PA; QL (1.5 ML per 30 days)
AJOVY SYRINGE	Tier 2	PA; QL (1.5 ML per 30 days)
<i>almotriptan malate</i>	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 days)

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Drug	Status	Notes
<i>dihydroergotamine injection</i>	Tier 1	ST: TRIAL OF ONE OF THE FOLLOWING: SUMATRIPTAN INJECTION [CARTRIDGE, PEN, SYRINGE], SUMATRIPTAN INTRANASAL OR ZOLMITRIPTAN INTRANASAL IN THE PAST 120 DAYS; QL (15 ML per 14 days)
<i>dihydroergotamine nasal</i> (Migranal)	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (8 ML per 28 days)
<i>eletriptan</i> (Relpax)	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 days)
ELYXYB	Tier 3	PA
EMGALITY PEN	Tier 2	PA; QL (1 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 2	PA; QL (1 ML per 30 days)
<i>ergotamine-caffeine</i> (Cafergot)	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (10 EA per 7 days)
<i>frovatriptan</i>	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 days)
<i>naratriptan</i>	Tier 1	QL (18 EA per 30 days)

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Drug	Status	Notes
NURTEC ODT	Tier 2	PA; QL (18 EA per 30 days)
QULIPTA	Tier 2	PA; QL (1 EA per 1 day)
REYVOW	Tier 2	PA; QL (8 EA per 30 days)
<i>rizatriptan</i> (Maxalt)	Tier 1	QL (27 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	Tier 1	QL (36 EA per 30 days)
<i>sumatriptan succinate oral</i> (Imitrex)	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i> (Imitrex STATdose Refill)	Tier 1	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector</i> (Imitrex STATdose Pen)	Tier 1	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	Tier 1	QL (18 ML per 30 days)
UBRELVY	Tier 2	PA; QL (16 EA per 30 days)
<i>zolmitriptan</i> (Zomig)	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 days)
ZOMIG ORAL (zolmitriptan)	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 days)
Calcitonin Gene-Related Peptide (Cgrp) Inhibitors		

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Drug	Status	Notes
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	Tier 2	PA; QL (3 ML per 30 days)
Narc. & Non-Sal. Analgesic, Barbiturate & Xanthine Cmb		
<i>butalbital-acetaminop-caf-cod</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic & Salicylate Analgesics, Barb. & Xanthine		
ASCOMP WITH CODEINE (codeine-butalbital-asa- caff)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine-butalbital-asa-caff</i> (Ascomp with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic Analgesic & Non-Salicylate Analgesic Comb		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i>	Tier 1	QL (150 ML per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	Tier 1	Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300- 15 mg, 300-30 mg</i>	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300- 60 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
ENDOCET (oxycodone- acetaminophen)	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml</i>	Tier 1	QL (200 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Tier 1	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Tier 1	QL (13 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5- 325 mg</i>	Tier 1	QL (12 EA per 1 day)

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Drug	Status	Notes
<i>oxycodone-acetaminophen oral tablet</i> (Endocet) 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	QL (12 EA per 1 day)
PERCOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG (oxycodone-acetaminophen)	Tier 1	QL (12 EA per 1 day)
<i>tramadol-acetaminophen</i>	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
Narcotic Withdrawal Therapy Agents		
<i>buprenorphine hcl sublingual</i>	Tier 1	QL (3 EA per 1 day)
<i>buprenorphine-naloxone sublingual film</i> (Suboxone)	Tier 1	
<i>buprenorphine-naloxone sublingual tablet</i>	Tier 1	QL (3 EA per 1 day)
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		
<i>lofexidine</i> (Lucemyra)	Tier 1	PA
Skeletal Muscle Relaxant, Salicylate, Narc Analgesic		
<i>carisoprodol-aspirin-codeine</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
Parkinsons Disease		
Antiparkinsonism Drugs, Anticholinergic		
<i>benztropine oral</i>	Tier 1	
<i>trihexyphenidyl</i>	Tier 1	
Antiparkinsonism Drugs, Other		

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Drug	Status	Notes
<i>amantadine hcl</i>	Tier 1	
<i>apomorphine</i> (APOKYN)	Tier 1	PA; SP
<i>bromocriptine</i>	Tier 1	
<i>carbidopa-levodopa oral capsule, extended release</i> (Rytary)	Tier 1	ST: TRIAL OF GENERIC CARBIDOPA/LEVODOPA ER (25MG-100 MG, 50MG-200 MG) IN THE PAST 120 DAYS; QL (10 EA per 1 day)
<i>carbidopa-levodopa oral tablet</i> (Dhivy)	Tier 1	
<i>carbidopa-levodopa oral tablet extended release</i>	Tier 1	
<i>carbidopa-levodopa oral tablet, disintegrating</i>	Tier 1	
<i>carbidopa-levodopa-entacapone</i>	Tier 1	
DUOPA	Tier 3	PA; SP
<i>entacapone</i>	Tier 1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	Tier 3	PA; SP
NEUPRO	Tier 2	ST: TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR REQUIRED.; QL (1 EA per 1 day)
ONAPGO	Tier 3	PA; SP
ONGENTYS	Tier 3	PA
<i>pramipexole oral tablet</i>	Tier 1	
<i>pramipexole oral tablet extended release 24 hr</i> (Mirapex ER)	Tier 1	ST: TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR REQUIRED.; QL (1 EA per 1 day)
<i>rasagiline oral tablet 0.5 mg</i> (Azilect)	Tier 1	QL (1 EA per 1 day)

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Drug	Status	Notes
<i>rasagiline oral tablet 1 mg</i> (Azilect)	Tier 1	
<i>ropinirole oral tablet</i>	Tier 1	
<i>ropinirole oral tablet extended release 24 hr</i>	Tier 1	ST: TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR REQUIRED.; QL (1 EA per 1 day)
<i>selegiline hcl</i>	Tier 1	
<i>tolcapone</i> (Tasmar)	Tier 1	ST: TRIAL OF COMTAN (ENTACAPONE) REQUIRED.; QL (3 EA per 1 day)
VYALEV	Tier 3	PA; SP
ZELAPAR	Tier 3	ST: TRIAL OF GENERIC SELEGILINE CAPSULES OR TABLETS IN THE PREVIOUS 120 DAYS; QL (2 EA per 1 day)
Decarboxylase Inhibitors		
<i>carbidopa</i> (Lodosyn)	Tier 1	
Seizure Disorder		
Anticonvulsant - Benzodiazepine Type		
<i>clobazam oral suspension</i> (Onfi)	Tier 1	QL (480 ML per 30 days)
<i>clobazam oral tablet</i> (Onfi)	Tier 1	QL (2 EA per 1 day)
<i>clonazepam</i> (Klonopin)	Tier 1	
<i>diazepam rectal</i>	Tier 1	
<i>midazolam intramuscular</i>	Tier 3	QL (7 ML per 30 days)
NAYZILAM	Tier 2	PA; QL (10 EA per 30 days)

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Drug	Status	Notes
VALTOCO	Tier 2	PA; QL (10 EA per 30 days)
Anticonvulsant - Cannabinoid Type		
EPIDIOLEX	Tier 2	SP; ST: TRIAL OF ONE OF THE FOLLOWING GENERIC ANTICONVULSANTS: CLOBAZAM, VALPROIC ACID DERIVATIVES, LAMOTRIGINE, LEVETIRACETAM, TOPIRAMATE, VIGABATRIN, CARBAMAZEPINE, AND OXCARBAZEPINE IN THE LAST 365 DAYS
Anticonvulsants		
<i>brivaracetam oral solution</i> (Briviact)	Tier 1	QL (600 ML per 30 days)
<i>brivaracetam oral tablet</i> (Briviact)	Tier 1	QL (2 EA per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr</i> (Carbatrol)	Tier 1	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	Tier 1	
<i>carbamazepine oral tablet</i> (Tegretol)	Tier 1	
<i>carbamazepine oral tablet extended release 12 hr</i> (Tegretol XR)	Tier 1	
<i>carbamazepine oral tablet, chewable</i>	Tier 1	
CARBATROL (carbamazepine)	Tier 3	
DEPAKOTE (divalproex)	Tier 3	
DEPAKOTE ER (divalproex)	Tier 3	
DEPAKOTE SPRINKLES (divalproex)	Tier 3	
DIACOMIT	Tier 3	PA; SP
DILANTIN	Tier 3	
DILANTIN EXTENDED (phenytoin sodium extended)	Tier 3	

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Drug	Status	Notes
DILANTIN INFATABS (phenytoin)	Tier 3	
DILANTIN-125 (phenytoin)	Tier 3	
<i>divalproex</i> (Depakote)	Tier 1	
<i>eslicarbazepine oral tablet 200 mg, 400 mg</i> (Aptiom)	Tier 1	QL (1 EA per 1 day)
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i> (Aptiom)	Tier 1	QL (2 EA per 1 day)
<i>ethosuximide</i> (Zarontin)	Tier 1	
<i>felbamate</i> (Felbatol)	Tier 1	
FINTEPLA	Tier 3	PA; SP
<i>gabapentin oral capsule 100 mg</i> (Neurontin)	Tier 1	
<i>gabapentin oral capsule 300 mg, 400 mg</i> (Relgaabi)	Tier 1	
<i>gabapentin oral solution</i> (Neurontin)	Tier 1	PA; QL (72 ML per 1 day)
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	Tier 1	
<i>lacosamide oral</i> (Vimpat)	Tier 1	
LAMICTAL XR STARTER (BLUE)	Tier 3	
LAMICTAL XR STARTER (GREEN)	Tier 3	
LAMICTAL XR STARTER (ORANGE)	Tier 3	
<i>lamotrigine</i> (Lamictal)	Tier 1	
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	Tier 1	
<i>levetiracetam oral tablet</i> (Keppra)	Tier 1	
<i>levetiracetam oral tablet extended release 24 hr</i> (Keppra XR)	Tier 1	
<i>methsuximide</i> (Celontin)	Tier 1	
<i>oxcarbazepine oral suspension</i> (Trileptal)	Tier 1	

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Drug		Status	Notes
<i>oxcarbazepine oral tablet</i>	(Trileptal)	Tier 1	
<i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg</i>	(Oxtellar XR)	Tier 1	ST: TRIAL OF 2 AGENTS (CARBAMAZEPINE, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM IR OR ER, OXCARBAZEPINE, TOPIRAMATE, ZONISAMIDE, VALPROIC ACID OR DIVALPROEX) REQUIRED.; QL (3 EA per 1 day)
<i>oxcarbazepine oral tablet extended release 24 hr 600 mg</i>	(Oxtellar XR)	Tier 1	ST: TRIAL OF 2 AGENTS (CARBAMAZEPINE, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM IR OR ER, OXCARBAZEPINE, TOPIRAMATE, ZONISAMIDE, VALPROIC ACID OR DIVALPROEX) REQUIRED.; QL (4 EA per 1 day)
<i>perampanel oral suspension</i>	(Fycompa)	Tier 1	QL (680 ML per 28 days)
<i>perampanel oral tablet 10 mg, 12 mg, 8 mg</i>	(Fycompa)	Tier 1	QL (30 EA per 30 days)
<i>perampanel oral tablet 2 mg</i>	(Fycompa)	Tier 1	QL (120 EA per 30 days)
<i>perampanel oral tablet 4 mg, 6 mg</i>	(Fycompa)	Tier 1	QL (60 EA per 30 days)
PHENYTEK	(phenytoin sodium extended)	Tier 1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	(Dilantin-125)	Tier 1	
<i>phenytoin oral tablet, chewable</i>	(Dilantin Infatabs)	Tier 1	
<i>phenytoin sodium extended</i>	(Dilantin Extended)	Tier 1	
<i>pregabalin oral capsule</i>	(Lyrica)	Tier 1	
<i>pregabalin oral solution</i>	(Lyrica)	Tier 1	PA; QL (30 ML per 1 day)

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Drug	Status	Notes
<i>primidone</i> (Mysoline)	Tier 1	
RELGAABI ORAL CAPSULE 300 MG, 400 MG (gabapentin)	Tier 1	
<i>rufinamide oral suspension</i> (Banzel)	Tier 1	ST: TRIAL OF VALPROIC ACID OR DIVALPROEX OR CLOBAZAM IN THE PAST 120 DAYS; QL (80 ML per 1 day)
<i>rufinamide oral tablet 200 mg</i> (Banzel)	Tier 1	ST: TRIAL OF VALPROIC ACID OR DIVALPROEX OR CLOBAZAM IN THE PAST 120 DAYS; QL (16 EA per 1 day)
<i>rufinamide oral tablet 400 mg</i> (Banzel)	Tier 1	ST: TRIAL OF VALPROIC ACID OR DIVALPROEX OR CLOBAZAM IN THE PAST 120 DAYS; QL (8 EA per 1 day)
SUBVENITE ORAL SUSPENSION	Tier 3	PA
TEGRETOL ORAL SUSPENSION (carbamazepine)	Tier 3	
TEGRETOL ORAL TABLET (carbamazepine)	Tier 3	
TEGRETOL XR (carbamazepine)	Tier 3	

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Drug	Status	Notes
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>	Tier 1	ST: TRIAL OF 2 AGENTS (CARBAMAZEPINE, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, ZONISAMIDE, VALPROIC ACID OR DIVALPROEX REQUIRED; QL (4 EA per 1 day)
<i>tiagabine oral tablet 16 mg</i>	Tier 1	ST: TRIAL OF 2 AGENTS (CARBAMAZEPINE, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, ZONISAMIDE, VALPROIC ACID OR DIVALPROEX REQUIRED; QL (3 EA per 1 day)
<i>topiramate oral capsule, sprinkle</i> (Topamax)	Tier 1	
<i>topiramate oral capsule, extended release 24hr 100 mg</i> (Trokendi XR)	Tier 1	QL (3 EA per 1 day)
<i>topiramate oral capsule, extended release 24hr 200 mg</i> (Trokendi XR)	Tier 1	QL (2 EA per 1 day)
<i>topiramate oral capsule, extended release 24hr 25 mg</i> (Trokendi XR)	Tier 1	QL (8 EA per 1 day)
<i>topiramate oral capsule, extended release 24hr 50 mg</i> (Trokendi XR)	Tier 1	QL (7 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg</i>	Tier 1	ST: TRIAL OF TOPIRAMATE IMMEDIATE RELEASE TABLETS/SPRINKLE CAPSULES.; QL (3 EA per 1 day)

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Drug	Status	Notes
<i>topiramate oral capsule, sprinkle, er 24hr</i> 150 mg, 200 mg	Tier 1	ST: TRIAL OF TOPIRAMATE IMMEDIATE RELEASE TABLETS/SPRINKLE CAPSULES.; QL (2 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr</i> 25 mg	Tier 1	ST: TRIAL OF TOPIRAMATE IMMEDIATE RELEASE TABLETS/SPRINKLE CAPSULES.; QL (1 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr</i> 50 mg	Tier 1	ST: TRIAL OF TOPIRAMATE IMMEDIATE RELEASE TABLETS/SPRINKLE CAPSULES.; QL (7 EA per 1 day)
<i>topiramate oral solution</i> (Eprontia)	Tier 1	PA
<i>topiramate oral tablet</i> (Topamax)	Tier 1	
<i>valproic acid</i>	Tier 1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 1	
<i>vigabatrin</i> (Vigadrone)	Tier 1	PA; SP
VIGADRONE (vigabatrin)	Tier 1	PA; SP
VIGAFYDE	Tier 3	PA; SP
XCOPRI MAINTENANCE PACK	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)

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Drug	Status	Notes
XCOPRI TITRATION PACK	Tier 2	QL (1 EA per 1 day)
ZONISADE	Tier 3	PA
<i>zonisamide</i> (Zonegran)	Tier 1	
Neuroactive Steroid Gaba-A Receptor Modulator		
ZTALMY	Tier 3	PA; SP
Skeletal Muscle Disorder		
Agents To Tx Periodic Paralysis - Carbon Anhyd Inh		
<i>dichlorphenamide</i> (Ormalvi)	Tier 1	PA; SP
KEVEYIS (dichlorphenamide)	Tier 2	PA; SP
ORMALVI (dichlorphenamide)	Tier 1	PA; SP
Retinoic Acid Receptor (Rar) Agonists		
SOHONOS	Tier 3	PA; SP
Skeletal Muscle Relaxants		
ATMEKSI	Tier 3	PA; QL (54 ML per 1 day)
<i>baclofen oral solution</i> (Ozobax)	Tier 1	PA
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>carisoprodol</i> (Soma)	Tier 1	
<i>carisoprodol-aspirin</i>	Tier 1	
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	
<i>cyclobenzaprine oral tablet</i> (Fexmid)	Tier 1	
<i>dantrolene oral</i> (Dantrium)	Tier 1	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	Tier 1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 1	
<i>orphenadrine citrate oral</i>	Tier 1	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i> (Zanaflex)	Tier 1	
<i>tizanidine oral tablet</i> (Zanaflex)	Tier 1	
Smoking Cessation		

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Drug	Status	Notes
Smoking Deterrent Agents (Ganglionic Stim,Others)		
<i>nicotine</i> (Nicoderm CQ)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal gum</i> (Nicorette)	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal lozenge</i> (Stop Smoking Aid)	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal mini lozenge</i> (Nicorette)	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
NICOTROL NS	\$0	\$0 COPAY IF QUANTITY 10 IN 2 DAYS, LIMITED TO 180 DAYS SUPPLY IN 365, 18 YEARS OF AGE OR OLDER, AND TRIAL OF NICOTINE TRANSDERMAL PATCH; QL (10 ML per 2 days)

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Drug	Status	Notes
QUIT 2 BUCCAL GUM (nicotine (polacrilex))	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 2 BUCCAL LOZENGE (nicotine (polacrilex))	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL GUM (nicotine (polacrilex))	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL LOZENGE (nicotine (polacrilex))	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
STOP SMOKING AID (nicotine (polacrilex))	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
Smoking Deterrent-Nicotinic Recept.Partial Agonist		
<i>varenicline tartrate oral tablet</i> (Chantix)	\$0	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)

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Drug	Status	Notes
<i>varenicline tartrate oral tablets, dose pack</i> (Chantix Starting Month Box)	\$0	\$0 COPAY IF QUANTITY 53 IN 28 DAYS, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
Smoking Deterrents, Other		
<i>bupropion hcl (smoking deter)</i>	\$0	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
Upper Gastrointestinal Disorders - Digestive		
Gastric Enzymes		
SUCRAID	Tier 3	PA; SP
Pancreatic Enzymes		
CREON	Tier 2	
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000 - 84,000 UNIT, 25,000-79,000 - 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	Tier 2	
Upper Gastrointestinal Disorders - Spastic Disease		
Anticholinergics/Antispasmodics		
<i>dicyclomine oral capsule</i>	Tier 1	
<i>dicyclomine oral solution</i>	Tier 1	

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Drug	Status	Notes
<i>dicyclomine oral tablet 20 mg</i>	Tier 1	
Belladonna Alkaloids		
ED-SPAZ (hyoscyamine sulfate)	Tier 1	
<i>hyoscyamine sulfate oral</i> (Ed-Spaz)	Tier 1	
<i>hyoscyamine sulfate sublingual</i> (Oscimin SL)	Tier 1	
HYOSYNE (hyoscyamine sulfate)	Tier 1	
<i>methscopolamine</i>	Tier 1	
OSCIMIN (hyoscyamine sulfate)	Tier 1	
OSCIMIN SL (hyoscyamine sulfate)	Tier 1	
SYMAX DUOTAB (hyoscyamine sulfate)	Tier 3	
Upper Gastrointestinal Disorders - Ulcer Disease		
Anticholinergics, Quaternary Ammonium		
<i>chlordiazepoxide-clidinium</i> (Librax (with clidinium))	Tier 1	
DARTISLA	Tier 3	ST: TRIAL OF GLYCOPYRROLATE 2 MG IN THE PAST 120 DAYS.; QL (4 EA per 1 day); Age (Min 18 Years)
<i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i>	Tier 1	
<i>glycopyrrolate oral solution</i> (Cuvposa)	Tier 1	
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	Tier 1	
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	Tier 1	
Anti-Ulcer Preparations		
<i>misoprostol</i> (Cytotec)	Tier 1	
<i>sucralfate</i> (Carafate)	Tier 1	
Anti-Ulcer-H.Pylori Agents		
<i>amoxicil-clarithromy-lansopraz</i>	Tier 1	QL (112 EA per 10 days)
<i>bismuth subcit k-metronidz-tcn</i> (Pylera)	Tier 1	

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Drug	Status	Notes
OMECLAMOX-PAK	Tier 3	
TALICIA	Tier 3	QL (168 EA per 14 days); Age (Min 18 Years)
VOQUEZNA DUAL PAK	Tier 3	PA; QL (112 EA per 14 days)
VOQUEZNA TRIPLE PAK	Tier 3	PA; QL (112 EA per 14 days)
Histamine H2-Receptor Inhibitors		
<i>cimetidine</i> (Acid Reducer (cimetidine))	Tier 1	
<i>cimetidine hcl oral</i>	Tier 1	
<i>famotidine oral suspension for reconstitution</i>	Tier 1	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	Tier 1	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	Tier 1	
<i>nizatidine oral capsule</i>	Tier 1	
Intestinal Motility Stimulants		
GIMOTI	Tier 3	PA; SP
<i>metoclopramide hcl oral solution</i>	Tier 1	
<i>metoclopramide hcl oral tablet</i> (Reglan)	Tier 1	
<i>prucalopride</i> (Motegrity)	Tier 1	QL (1 EA per 1 day)
Potassium-Competitive Acid Blockers (Pcabs)		
VOQUEZNA	Tier 3	PA; QL (1 EA per 1 day)
Proton-Pump Inhibitors		

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Drug	Status	Notes
ACIPHEX SPRINKLE (rabeprazole)	Tier 3	ST: TRIAL OF OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS; QL (1 EA per 1 day)
<i>dexlansoprazole</i> (Dexilant)	Tier 1	ST: TRIAL OF OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec)</i> (Acid Reducer (esomeprazole))	Tier 1	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Nexium Packet)	Tier 1	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)	Tier 1	QL (2 EA per 1 day)
<i>lansoprazole</i> (Acid Reducer (lansoprazole))	Tier 1	
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	Tier 1	
<i>omeprazole-sodium bicarbonate oral capsule</i> (Zegerid OTC)	Tier 1	
<i>pantoprazole oral granules dr for susp in packet</i> (Protonix)	Tier 1	ST: TRIAL OF OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS
<i>pantoprazole oral tablet, delayed release (dr/ec)</i> (Protonix)	Tier 1	

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Drug	Status	Notes
<i>rabeprazole oral capsule, delayed rel sprinkle</i> (AcipHex Sprinkle)	Tier 1	ST: TRIAL OF OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS; QL (1 EA per 1 day)
<i>rabeprazole oral tablet, delayed release (dr/ec)</i> (AcipHex)	Tier 1	
Urinary Tract - Functional Disorders		
Benign Prostatic Hypertrophy/Micturition Agents		
<i>alfuzosin</i> (Uroxatral)	Tier 1	
<i>dutasteride</i> (Avodart)	Tier 1	
<i>finasteride oral tablet 5 mg</i> (Proscar)	Tier 1	
<i>silodosin</i>	Tier 1	
<i>tamsulosin</i>	Tier 1	
Bph Agents, 5-Alpha-Red Inh & Alpha-1-Adr Antg Cmb		
<i>dutasteride-tamsulosin</i> (Jalyn)	Tier 1	ST: TRIAL OF FINASTERIDE 5MG, ALFUZOSIN, DOXAZOSIN, PRAZOSIN, SILODOSIN, TAMSULOSIN OR TERAZOSIN REQUIRED.
Cystine-Depleting Agents, Nephropathic Cystinosis		
CYSTAGON	Tier 3	SP
PROCYSBI	Tier 2	PA; SP

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Drug	Status	Notes
Endothelin-Angiotensin Receptor Antagonist		
FILSPARI	Tier 2	PA; SP
Kidney Stone Agents		
THIOLA EC (tiopronin)	Tier 2	SP
<i>tiopronin</i> (Thiola)	Tier 1	SP
VENXXIVA (tiopronin)	Tier 1	SP
Overactive Bladder Agents, Beta-3 Adrenergic Recep		
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON (mirabegron)	Tier 2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR (mirabegron)	Tier 1	QL (1 EA per 1 day)
Oxalosis Agent - Oxalate Inhibitor, Sirna Based		
RIVFLOZA	Tier 3	PA; SP
Polycystic Kidney Disease Agent, Avp Recep. Antag		
JYNARQUE (tolvaptan (polycys kidney dis))	Tier 1	PA; SP
Urinary Ph Modifiers		
K-PHOS NO 2	Tier 3	
K-PHOS ORIGINAL	Tier 3	
ORACIT (sodium citrate-citric acid)	Tier 3	
<i>potassium citrate oral tablet extended release</i> (Urocit-K 10)	Tier 1	
RENACIDIN	Tier 3	
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i> (Oracit)	Tier 1	
UROQID-ACID NO.2	Tier 3	
Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)		

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Drug	Status	Notes
<i>phenazopyridine oral tablet 100 mg, 200 mg</i> (Pyridium)	Tier 1	
Urinary Tract Antispasmodic, M(3) Selective Antag.		
<i>darifenacin</i>	Tier 1	
<i>solifenacin</i> (Vesicare)	Tier 1	
Urinary Tract Antispasmodic/Antiincontinence Agent		
<i>fesoterodine</i> (Toviaz)	Tier 1	QL (1 EA per 1 day)
<i>flavoxate</i>	Tier 1	
<i>oxybutynin chloride</i>	Tier 1	
OXYTROL	Tier 3	ST: TRIAL OF OXYBUTYNIN IR/XR AND MYRBETRIQ IN THE PAST 365 DAYS
<i>tolterodine</i>	Tier 1	
<i>trospium</i>	Tier 1	
Vaginal Disorders		
Vaginal Antibiotics		

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Drug	Status	Notes
CLEOCIN VAGINAL SUPPOSITORY	Tier 3	ST: TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE TABLETS, ORAL CLINDAMYCIN CAPSULES, INTRAVAGINAL METRONIDAZOLE GEL, INTRAVAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS; QL (3 EA per 30 days)
<i>clindamycin phosphate vaginal</i> (Cleocin)	Tier 1	
CLINDESSE	Tier 3	ST: TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE TABLETS, ORAL CLINDAMYCIN CAPSULES, INTRAVAGINAL METRONIDAZOLE GEL, INTRAVAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS
<i>metronidazole vaginal gel 0.75 %</i> (Vandazole) (37.5mg/5 gram)	Tier 1	

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Drug	Status	Notes
NUVESSA (metronidazole)	Tier 3	ST: TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE TABLETS, ORAL CLINDAMYCIN CAPSULES, INTRAVAGINAL METRONIDAZOLE GEL, INTRAVAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS
Vaginal Antifungals		
GYNAZOLE-1	Tier 2	
MICONAZOLE-3 VAGINAL SUPPOSITORY	Tier 1	
<i>terconazole</i>	Tier 1	
Vaginal Antiseptics		
FEM PH	Tier 3	
RELAGARD	Tier 3	
TRIMO-SAN JELLY	Tier 3	
Vaginal Estrogen For Sexual Dysfunction		
IMVEXXY MAINTENANCE PACK	Tier 3	ST: TRIAL OF ONE GENERIC ESTRADIOL CREAM AND ONE GENERIC ESTRADIOL VAGINAL TABLETS IN THE PAST 365 DAYS; QL (18 EA per 28 days)

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Drug	Status	Notes
IMVEXXY STARTER PACK	Tier 3	ST: TRIAL OF ONE GENERIC ESTRADIOL CREAM AND ONE GENERIC ESTRADIOL VAGINAL TABLETS IN THE PAST 365 DAYS; QL (18 EA per 28 days)
Vaginal Estrogen Preparations		
<i>estradiol vaginal</i> (Estrace)	Tier 1	
PREMARIN VAGINAL	Tier 2	
YUVAFEM (estradiol)	Tier 1	
Vitamin And/Or Mineral Deficiency		
Fluoride Preparations		
CLINPRO 5000 (fluoride (sodium))	Tier 3	
DENTA 5000 PLUS (fluoride (sodium))	Tier 1	
DENTA 5000 PLUS SENSITIVE (sodium fluoride-pot nitrate)	Tier 1	
DENTAGEL (fluoride (sodium))	Tier 1	
FLORIVA (FLUORIDE-VITAMIN D3)	Tier 3	
<i>fluoride (sodium) dental</i> (Denta 5000 Plus)	Tier 1	
<i>fluoride (sodium) oral drops</i>	\$0	\$0 COPAY IF AGE 6 MONTHS TO 6 YEARS
<i>fluoride (sodium) oral tablet, chewable</i> (Ludent Fluoride)	\$0	\$0 COPAY IF AGE 6 MONTHS TO 6 YEARS
FLUORIDEX DAILY DEFENSE (fluoride (sodium))	Tier 3	
FLUORIDEX SENSITIVITY RELIEF (sodium fluoride-pot nitrate)	Tier 3	
FLUORIMAX 5000 (fluoride (sodium))	Tier 3	
FLUORIMAX 5000 SENSITIVE (sodium fluoride-pot nitrate)	Tier 3	
FRAICHE 5000 PREVI	Tier 3	
GEL-KAM (stannous fluoride)	Tier 1	

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Drug	Status	Notes
JUST RIGHT 5000 (fluoride (sodium))	Tier 3	
PERIO MED (stannous fluoride)	Tier 3	
PHOS-FLUR	Tier 3	
SF (fluoride (sodium))	Tier 1	
SF 5000 PLUS (fluoride (sodium))	Tier 1	
SODIUM FLUORIDE 5000 DRY MOUTH (fluoride (sodium))	Tier 1	
SODIUM FLUORIDE 5000 PLUS (fluoride (sodium))	Tier 1	
<i>sodium fluoride-pot nitrate</i> (Denta 5000 Plus Sensitive)	Tier 1	
Folic Acid Preparations		
<i>folic acid injection</i>	Tier 1	
<i>folic acid oral tablet 1 mg</i>	Tier 1	
<i>folic acid oral tablet 400 mcg</i> (PureVita Folic Acid)	\$0	
<i>folic acid oral tablet 800 mcg</i>	\$0	
PUREVITA FOLIC ACID ORAL TABLET (folic acid)	\$0	
Mineral Replacement, Miscellaneous		
ZYCUBO	Tier 3	PA; SP; QL (1 EA per 1 day)
Prenatal Vitamin Preparations		
ATABEX ONE	\$0	
BAL-CARE DHA	\$0	
BAL-CARE DHA ESSENTIAL	\$0	
CADEAU DHA	\$0	
COMPLETE NATAL DHA	\$0	
COMPLETENATE	\$0	

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Drug	Status	Notes
KPN	\$0	
MASONATAL PRENATAL	\$0	
MATRONEX	\$0	
MINI PRENATAL	\$0	
M-NATAL PLUS (pnv,calcium 72-iron-folic acid)	\$0	
MYNATAL	\$0	
MYNATAL ADVANCE	\$0	
MYNATAL PLUS	\$0	
MYNATAL-Z	\$0	
MYNATE 90 PLUS	\$0	
OBSTETRIX DHA	\$0	
OBSTETRIX DHA PRENATAL DUO	\$0	
OBSTETRIX EC	\$0	
ONE-A-DAY PRENATAL ADVANCED	\$0	
ONE-A-DAY PRENATAL-1	\$0	
<i>pnv no.95-ferrous fumarate-fa</i> (Prenatal)	\$0	
PNV-DHA + DOCUSATE	\$0	
PNV-SELECT	\$0	
PR NATAL 400	\$0	
PR NATAL 400 EC	\$0	
PR NATAL 430	\$0	
PR NATAL 430 EC	\$0	
PRENATA	\$0	
PRENATABS FA	\$0	
PRENATABS RX	\$0	
PRENATAL + DHA	\$0	
PRENATAL 19	\$0	

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Drug	Status	Notes
PRENATAL 19 (WITH DOCUSATE)	\$0	
PRENATAL COMPLETE	\$0	
PRENATAL ESSENTIALS	\$0	
PRENATAL FORMULA ORAL TABLET 9 MG IRON- 267 MCG	\$0	
PRENATAL FORMULA-DHA	\$0	
PRENATAL MULTI	\$0	
PRENATAL MULTI-DHA (ALGAL OIL)	\$0	
PRENATAL MULTI-DHA(WITH VIT K)	\$0	
PRENATAL MULTIVITAMINS (pnv no.95-ferrous fumarate-fa)	\$0	
PRENATAL ONE DAILY	\$0	
PRENATAL ORAL TABLET (pnv no.95-ferrous fumarate-fa)	\$0	
PRENATAL PLUS (pnv,calcium 72-iron,carb- folic)	\$0	
PRENATAL PLUS (CALCIUM CARB) (pnv,calcium 72-iron-folic acid)	\$0	
PRENATAL PLUS DHA	\$0	
PRENATAL PLUS VITAMIN-MINERAL	\$0	
PRENATAL TABLET (prenatal vit-iron fum-folic ac)	\$0	
<i>prenatal vit no.179-iron-folic</i>	\$0	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG, 27 MG IRON- 800 MCG	\$0	
PRENATAL VITAMIN PLUS LOW IRON (pnv,calcium 72-iron-folic acid)	\$0	

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Drug	Status	Notes
PRENATAL VITAMIN WITH MINERALS (prenatal vit-iron fum-folic ac)	\$0	
<i>prenatal vit-iron fum-folic ac</i> (Prenatal Tablet)	\$0	
PRENATAL WITH DHA-FOLIC ACID	\$0	
PROVIDA OB	\$0	
SE-NATAL 19	\$0	
SE-NATAL 19 CHEWABLE	\$0	
SIMILAC PRENATAL	\$0	
STUART ONE	\$0	
THERANATAL COMPLETE	\$0	
THERANATAL ONE	\$0	
THERANATAL ORAL TABLET	\$0	
THERANATAL PLUS	\$0	
THRIVITE RX	\$0	
TRICARE	\$0	
TRINATAL RX 1	\$0	
TRINATE	\$0	
ULTRA PRENATAL PLUS DHA	\$0	
WESTAB PLUS (pnv,calcium 72-iron-folic acid)	\$0	
WOMEN'S PRENATAL PLUS DHA	\$0	
Prenatal Vitamins Without Iron		
ONE-A-DAY PRENATAL	\$0	
P2I PRENATAL WITH CHOLINE	\$0	
PRENATAL GUMMIES	\$0	
PRENATAL GUMMIES(ZINC CHELATE)	\$0	
PRENATAL ORAL TABLET,CHEWABLE	\$0	
THERANATAL OVAVITE	\$0	
VITAFOL GUMMIES	\$0	

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Drug	Status	Notes
Vitamin D Preparations		
<i>calcitriol oral</i> (Rocaltrol)	Tier 1	
Weight Reduction		
Anorexic Agents		
<i>benzphetamine</i>	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
<i>diethylpropion oral tablet</i>	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
<i>diethylpropion oral tablet extended release</i>	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
LOMAIRA (phentermine)	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
<i>phendimetrazine tartrate oral capsule, extended release</i>	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
<i>phendimetrazine tartrate oral tablet</i>	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
<i>phentermine oral capsule</i>	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
<i>phentermine oral tablet 37.5 mg</i>	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
<i>phentermine oral tablet 8 mg</i> (Lomaira)	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
<i>phentermine-topiramate</i> (Qsymia)	Tier 1	PA
Anti-Obesity - Incretin Mimetics Combination		
ZEPBOUND SUBCUTANEOUS PEN INJECTOR	Tier 2	PA; QL (2 ML per 28 days)
Anti-Obesity - Melanocortin 4 Receptor Agonists		
IMCIVREE	Tier 3	PA; SP

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Drug	Status	Notes
Anti-Obesity Glucagon-Like Peptide-1 Recept Agonist		
FOUNDAYO	Tier 2	PA
<i>liraglutide (weight loss)</i> (Saxenda)	Tier 1	PA; QL (0.5 ML per 1 day)
WEGOVY HD	Tier 2	PA; QL (3 ML per 28 days)
WEGOVY ORAL	Tier 2	PA
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	Tier 2	PA; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	Tier 2	PA; QL (3 ML per 28 days)
Fat Absorption Decreasing Agents		
<i>orlistat</i> (Xenical)	Tier 1	PA

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