



MEDPERFORM[®] PREMIER

STANDARD FORMULARY

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What is the Standard Formulary?

The MedImpact formulary is a list of covered drugs selected by physician and pharmacist subject matter experts who collaboratively support MedImpact's Pharmacy and Therapeutics (P&T) Committee. The plan will cover drugs listed in the formulary if the drug is indicated for the clinical condition, is prescribed in the appropriate manner, the prescription is filled at a participating network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Drugs may be added or removed from the formulary during the year. The plan will notify affected members if a drug is removed from the formulary, moves to a higher cost-sharing tier, or when prior authorization, quantity limits and/or step therapy requirements are added. Members are notified before the change becomes effective. If the Food and Drug Administration (FDA) deems a drug on the formulary to be unsafe or the drug's manufacturer removes the drug from the market, the plan will immediately remove the drug from the formulary.

Is the member's medication included in the formulary?

There are 3 ways for a member to confirm their current medication is on their plan-specific formulary:

- **Drug Categories**

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

- **Alphabetical Index Listing**

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

- **Website or Mobile App**

Drug search capability is on the MedImpact Consumer Portal (MedImpact.com), mobile app (available in Apple and Google apps store), or member plan's website.

What are generic drugs?

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



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

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

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

The member can ask the plan to make an exception to these restrictions or for a list of other, similar drugs that may treat their health condition. See the section: “How does a member request an exception to the formulary?”

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

General Exclusions

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

The Formulary applies only to outpatient drugs provided to members and does not apply to medications used at inpatient settings. If a member has any specific questions regarding their coverage, they should contact their plan. Examples of benefit exclusions include:

- Over the Counter (OTC) medications
- Anti-Obesity drugs

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- Medical food/nutritional supplements
- Non-Diabetic supplies/Diagnostic supplies/Ostomy supplies/Devices
- Disposable Needles & Syringes (Non-Insulin related)
- Any drug products used for cosmetic purposes
- Experimental drug products or any drug product used in an experimental manner
- Repackaged drugs and institutional use drugs (e.g., hospital use)
- Lifestyle drugs (e.g., sexual dysfunction, infertility)
- Non self-administered injectable drug products

What if a drug is not on the Formulary?

If a drug is not included on the formulary, the member should contact the plan. If the member is informed the plan does not cover the drug, the member has two options:

1. The member can ask the plan for a list of similar drugs covered by the plan. When the member receives the list, they should show it to their doctor and ask the doctor to prescribe a similar drug that is covered by the plan that is determined by the doctor to be an appropriate alternative drug.
2. The member can ask the plan to make an exception and cover the drug.

How does a member request an exception to the Formulary?

The member will need to contact the plan for details on how to file an exception request.

For more information

MedImpact encourages members to review the Summary Benefit Design, Evidence of Coverage, MedImpact Consumer Portal, or plan's website for more detailed plan information.



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Drug	Status	Notes
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant		
Amphetamines		
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	Tier 1	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 7.5 mg</i>	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR (5mg, 10mg) tablets or Dextroamphetamine solution within the past 120 days; QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 20 mg</i>	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR (5mg, 10mg) tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR (5mg, 10mg) tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methamphetamine hcl oral tablet 5 mg</i>	Tier 1	QL (5 EA per 1 day)
PROCENTRA ORAL SOLUTION 5 MG/5ML	Tier 1	QL (1800 ML per 30 days)

Drug	Status	Notes
ZENZEDI ORAL TABLET 30 MG	Tier 3	ST: Requires prior prescription for Dextroamphetamine Sulfate IR (5mg, 10mg) tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
ZENZEDI ORAL TABLET 7.5 MG	Tier 3	ST: Requires prior prescription for Dextroamphetamine Sulfate IR (5mg, 10mg) tablets or Dextroamphetamine solution within the past 120 days; QL (4 EA per 1 day)
Analeptics		
<i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>	Tier 1	
Anorexiants Non-Amphetamine		
<i>benzphetamine hcl oral tablet 50 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 18 Years)
<i>diethylpropion hcl er oral tablet extended release 24 hour 75 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>diethylpropion hcl oral tablet 25 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 18 Years)
LOMAIRA ORAL TABLET 8 MG	Tier 3	QL (3 EA per 1 day); AGE (Min 18 Years)
<i>phendimetrazine tartrate oral tablet 35 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 18 Years)
<i>phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>phentermine hcl oral tablet 37.5 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>phentermine-topiramate er oral capsule extended release 24 hour 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg</i>	Tier 1	PA
Anti-Obesity Agents		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 3	PA; SP
<i>liraglutide -weight management subcutaneous solution pen-injector 18 mg/3ml</i>	Tier 1	QL (0.5 ML per 1 day)
<i>orlistat oral capsule 120 mg</i>	Tier 1	PA
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	Tier 2	PA; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	Tier 2	PA; QL (3 ML per 28 days)
XENICAL ORAL CAPSULE 120 MG	Tier 3	PA
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	Tier 2	PA; QL (2 ML per 28 days)

Drug	Status	Notes
Attention-Deficit/Hyperactivity Disorder (Adhd) Agents		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	Tier 1	
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
ONYDA XR ORAL SUSPENSION EXTENDED RELEASE 0.1 MG/ML	Tier 3	ST: Requires prior prescription for Clonidine 0.1mg ER tablets within the past 120 days; QL (4 ML per 1 day)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	Tier 3	ST: Requires prior prescription for Amphetamine-Dextroamphetamine, Atomoxetine, Clonidine (Kapvay), Dexmethylphenidate, Guanfacine ER (Intuniv), or Methylphenidate IR within the past 120 days; QL (1 EA per 1 day)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG	Tier 3	ST: Requires prior prescription for Amphetamine-Dextroamphetamine, Atomoxetine, Clonidine (Kapvay), Dexmethylphenidate, Guanfacine ER (Intuniv), or Methylphenidate IR within the past 120 days; QL (2 EA per 1 day)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	Tier 3	ST: Requires prior prescription for Amphetamine-Dextroamphetamine, Atomoxetine, Clonidine (Kapvay), Dexmethylphenidate, Guanfacine ER (Intuniv), or Methylphenidate IR within the past 120 days; QL (3 EA per 1 day)
Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)		
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 2	PA
Histamine H3-Receptor Antagonist/Inverse Agonists		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Tier 3	PA; SP
Stimulants - Misc.		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>armodafinil oral tablet 50 mg</i>	Tier 1	QL (3 EA per 1 day)

Drug	Status	Notes
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG	Tier 2	ST: Requires prior prescription for one of the following generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG	Tier 1	QL (1 EA per 1 day)
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	Tier 2	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl er (cd) oral capsule extended release 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 60 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	Tier 1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	QL (3 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 (3 EA per 1 day)

Drug	Status	Notes
<i>methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr</i>	Tier 1	ST: Requires prior prescription for oral Methylphenidate (CD, ER or LA) formulation or Methylphenidate suspension/solution within the past 120 days; QL (1 EA per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i>	Tier 1	QL (2 EA per 1 day)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 1	QL (1 EA per 1 day)
NUVIGIL ORAL TABLET 50 MG	Tier 1	QL (3 EA per 1 day)
PROVIGIL ORAL TABLET 100 MG, 200 MG	Tier 1	QL (2 EA per 1 day)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 40 MG	Tier 3	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 MG	Tier 3	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (2 EA per 1 day)
QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL	Tier 3	120mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (240 ML per 30 days)
QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL	Tier 3	150mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (300 ML per 30 days)
QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL	Tier 3	180mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (360 ML per 30 days)

Drug	Status	Notes
QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL	Tier 3	60mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (60 ML per 30 days)
Allergenic Extracts/Biologicals Misc		
Allergenic Extracts		
<i>dandelion subcutaneous solution 1:20</i>	Tier 3	
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU	Tier 2	PA
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM	Tier 2	PA
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR	Tier 2	PA
PALFORZIA (1 MG DAILY DOSE) ORAL 1 X 1 MG	Tier 2	PA; SP
PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG	Tier 2	PA; SP
PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG	Tier 2	PA; SP
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG	Tier 2	PA; SP
PALFORZIA (20 MG DAILY DOSE) ORAL 20 MG	Tier 2	PA; SP
PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG	Tier 2	PA; SP
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG	Tier 2	PA; SP
PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG	Tier 2	PA; SP
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET 300 MG	Tier 2	PA; SP
PALFORZIA (300 MG TITRATION) ORAL PACKET 300 MG	Tier 2	PA; SP
PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG	Tier 2	PA; SP
PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG	Tier 2	PA; SP
PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG	Tier 2	PA; SP
PALFORZIA INITIAL DOSE 1-3YRS ORAL 0.5 & 1 & 1.5 & 3 MG	Tier 2	PA; SP

Drug	Status	Notes
PALFORZIA INITIAL DOSE 4-17YRS ORAL 0.5 & 1 & 1.5 & 3 & 6 MG	Tier 2	PA; SP
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG	Tier 2	PA; SP
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U	Tier 2	PA
Alternative Medicines		
Alternative Medicine - A's		
NEOKE RA LIPOIC ORAL POWDER 800 MG/GM	Tier 3	
Alternative Medicine - P's		
EC-RX DHEA EXTERNAL CREAM 10 %, 4 %	Tier 3	
Amebicides		
Amebicides		
SOLOSEC ORAL PACKET 2 GM	Tier 3	ST: At least 2 prior prescriptions for Clindamycin vaginal cream, Metronidazole vaginal gel, Tinidazole, or Vandazole gel within the past 365 days; QL (1 EA per 30 days)
Aminoglycosides		
Aminoglycosides		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	Tier 3	PA; SP
HUMATIN ORAL CAPSULE 250 MG	Tier 3	
KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION 300 MG/5ML	Tier 3	PA; SP
<i>neomycin sulfate oral tablet 500 mg</i>	Tier 1	
TOBI PODHALER INHALATION CAPSULE 28 MG	Tier 2	PA; SP
<i>tobramycin inhalation nebulization solution 300 mg/4ml, 300 mg/5ml</i>	Tier 1	PA; SP
<i>tobramycin pak inhalation nebulization solution 300 mg/5ml</i>	Tier 1	PA; SP
Analgesics - Anti-Inflammatory		
Analgesics - Anti-Inflammatory Combinations		
PRASTERA ORAL KIT 200 & 400 MG	Tier 3	
Antirheumatic - Enzyme Inhibitors		
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 3	PA; SP
RINVOQ LQ ORAL SOLUTION 1 MG/ML	Tier 2	PA; SP

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Drug	Status	Notes
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	Tier 2	PA; SP
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 2	PA; SP
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 2	PA; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	Tier 2	PA; SP
Antirheumatic Antimetabolites		
<i>methotrexate (anti-rheumatic) oral tablet 2.5 mg</i>	Tier 1	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML	Tier 2	QL (0.8 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML	Tier 2	QL (1 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 15 MG/0.3ML	Tier 2	QL (1.2 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML	Tier 2	QL (1.4 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	Tier 2	QL (1.6 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML	Tier 2	QL (1.8 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 25 MG/0.5ML	Tier 2	QL (2 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/0.6ML	Tier 2	QL (2.4 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML	Tier 2	QL (0.6 ML per 28 days)
Anti-Tnf-Alpha - Monoclonal Antibodies		
<i>adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml, 80 mg/0.8ml</i>	Tier 2	PA; SP
<i>adalimumab-adaz subcutaneous solution prefilled syringe 20 mg/0.2ml, 40 mg/0.4ml</i>	Tier 2	PA; SP
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	Tier 2	PA; SP; PA REQUIRES TRIAL OF PREFERRED BIOSIMILARS FOR NEW PATIENTS
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	Tier 2	PA; SP; PA REQUIRES TRIAL OF PREFERRED BIOSIMILARS FOR NEW PATIENTS

Drug	Status	Notes
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	Tier 2	PA; SP; PA REQUIRES TRIAL OF PREFERRED BIOSIMILARS FOR NEW PATIENTS
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	Tier 2	PA; SP; PA REQUIRES TRIAL OF PREFERRED BIOSIMILARS FOR NEW PATIENTS
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	Tier 2	PA; SP
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	Tier 2	PA; SP
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	Tier 2	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	Tier 3	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	Tier 3	PA; SP
Gold Compounds		
<i>auranofin oral capsule 3 mg</i>	Tier 1	
RIDAURA ORAL CAPSULE 3 MG	Tier 3	
Interleukin-1 Blockers		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	Tier 3	PA; SP
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	Tier 3	PA; SP
Interleukin-6 Receptor Inhibitors		
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	Tier 3	PA; SP
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	Tier 3	PA; SP
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	Tier 3	PA; SP
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	Tier 3	PA; SP
Nonsteroidal Anti-Inflammatory Agents (Nsaid)		
CELEBREX ORAL CAPSULE 100 MG, 200 MG	Tier 1	

Drug	Status	Notes
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	Tier 1	
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	Tier 1	
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	Tier 1	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	Tier 1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	Tier 1	
<i>flurbiprofen oral tablet 100 mg</i>	Tier 1	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	Tier 1	
<i>ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml</i>	Tier 1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	
<i>indomethacin er oral capsule extended release 75 mg</i>	Tier 1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>indomethacin rectal suppository 100 mg</i>	Tier 1	
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	Tier 1	
<i>ketoprofen oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>	Tier 1	
<i>ketorolac tromethamine intramuscular solution 30 mg/ml, 60 mg/2ml</i>	Tier 1	
<i>ketorolac tromethamine oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day)
KIPROFEN ORAL CAPSULE 25 MG	Tier 3	
LURBIPR ORAL TABLET 100 MG	Tier 3	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>mefenamic acid oral capsule 250 mg</i>	Tier 1	
<i>meloxicam oral suspension 7.5 mg/5ml</i>	Tier 1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1	

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Drug	Status	Notes
<i>naproxen dr oral tablet delayed release 500 mg</i>	Tier 1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Tier 1	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	Tier 1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	
<i>oxaprozin oral tablet 600 mg</i>	Tier 1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Tier 1	
PREVIDOLRX ANALGESIC COMBINATION THERAPY PACK 75-20-0.025 MG-MG-%	Tier 3	
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	
TOLECTIN 600 ORAL TABLET 600 MG	Tier 3	
<i>tolmetin sodium oral capsule 400 mg</i>	Tier 1	
TORONOVA II SUIK COMBINATION KIT 30 MG/ML	Tier 3	
TORONOVA SUIK COMBINATION KIT 30 MG/ML	Tier 3	
Phosphodiesterase 4 (Pde4) Inhibitors		
OTEZLA ORAL TABLET 20 MG, 30 MG	Tier 2	PA; SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG	Tier 2	PA; SP
Pyrimidine Synthesis Inhibitors		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 1	
Selective Costimulation Modulators		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	Tier 3	PA; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	Tier 3	PA; SP
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	Tier 2	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Tier 2	PA; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	Tier 2	PA; SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	Tier 2	PA; SP

Drug	Status	Notes
Analgesics - Nonnarcotic		
Analgesic Combinations		
BAC (BUTALBITAL-ACETAMIN-CAFF) ORAL TABLET 50-325-40 MG	Tier 1	
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	Tier 1	ST: Requires prior prescription for generic Butalbital/acetaminophen 50mg-325mg combination product within the past 120 days; QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tier 1	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	Tier 1	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	Tier 1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 1	
TENCON ORAL TABLET 50-325 MG	Tier 3	
Analgesics Other		
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG	Tier 3	
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	Tier 3	
Salicylates		
<i>aspirin 81 oral tablet chewable 81 mg</i>	\$0	
<i>aspirin 81 oral tablet delayed release 81 mg</i>	\$0	
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	\$0	
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	\$0	
<i>aspirin childrens oral tablet chewable 81 mg</i>	\$0	
<i>aspirin ec adult low dose oral tablet delayed release 81 mg</i>	\$0	
<i>aspirin ec adult low strength oral tablet delayed release 81 mg</i>	\$0	
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>	\$0	
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	\$0	
<i>aspirin low dose oral tablet chewable 81 mg</i>	\$0	
<i>aspirin low dose oral tablet delayed release 81 mg</i>	\$0	
<i>aspirin oral tablet 325 mg</i>	\$0	
<i>aspirin oral tablet chewable 81 mg</i>	\$0	
<i>aspirin oral tablet delayed release 325 mg, 81 mg</i>	\$0	

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Drug	Status	Notes
<i>aspirin regimen oral tablet delayed release 81 mg</i>	\$0	
BAYER ADVANCED ASPIRIN REG ST ORAL TABLET 325 MG	\$0	
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	\$0	
BAYER ASPIRIN ORAL TABLET 325 MG	\$0	
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG	\$0	
BAYER ASPIRIN REGIMEN ORAL TABLET DELAYED RELEASE 325 MG	\$0	
BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG	\$0	
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	\$0	
<i>childrens aspirin oral tablet chewable 81 mg</i>	\$0	
<i>cvs aspirin adult low dose oral tablet chewable 81 mg</i>	\$0	
<i>cvs aspirin adult low strength oral tablet delayed release 81 mg</i>	\$0	
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>	\$0	
<i>cvs aspirin low dose oral tablet delayed release 81 mg</i>	\$0	
<i>cvs aspirin low strength oral tablet delayed release 81 mg</i>	\$0	
<i>cvs aspirin oral tablet 325 mg</i>	\$0	
<i>cvs aspirin oral tablet delayed release 325 mg</i>	\$0	
<i>cvs genuine aspirin oral tablet 325 mg</i>	\$0	
<i>diflunisal oral tablet 500 mg</i>	Tier 1	
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG	\$0	
<i>eq aspirin adult low dose oral tablet delayed release 81 mg</i>	\$0	
<i>eq aspirin low dose oral tablet chewable 81 mg</i>	\$0	
<i>eq aspirin low dose oral tablet delayed release 81 mg</i>	\$0	
<i>eq aspirin oral tablet 325 mg</i>	\$0	
<i>eq aspirin ec oral tablet delayed release 325 mg</i>	\$0	
<i>eq aspirin low dose oral tablet chewable 81 mg</i>	\$0	
<i>eq aspirin low dose oral tablet delayed release 81 mg</i>	\$0	
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	\$0	

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Drug	Status	Notes
<i>ft aspirin oral tablet 325 mg</i>	\$0	
<i>ft aspirin oral tablet chewable 81 mg</i>	\$0	
<i>ft enteric coated aspirin oral tablet delayed release 325 mg</i>	\$0	
<i>genuine aspirin oral tablet 325 mg</i>	\$0	
<i>gnp adult aspirin low strength oral tablet chewable 81 mg</i>	\$0	
<i>gnp aspirin low dose oral tablet delayed release 81 mg</i>	\$0	
<i>gnp aspirin oral tablet 325 mg</i>	\$0	
<i>gnp aspirin oral tablet delayed release 325 mg, 81 mg</i>	\$0	
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	\$0	
<i>goodsense aspirin oral tablet 325 mg</i>	\$0	
<i>goodsense aspirin oral tablet chewable 81 mg</i>	\$0	
<i>h-e-b aspirin oral tablet delayed release 81 mg</i>	\$0	
<i>kls aspirin low dose oral tablet delayed release 81 mg</i>	\$0	
<i>kp aspirin oral tablet delayed release 81 mg</i>	\$0	
MEDI-FIRST ASPIRIN ORAL TABLET 325 MG	\$0	
MEDIQUE ASPIRIN ORAL TABLET 325 MG	\$0	
<i>meijer aspirin ec oral tablet delayed release 325 mg</i>	\$0	
<i>mm aspirin oral tablet delayed release 81 mg</i>	\$0	
<i>qc aspirin low dose oral tablet chewable 81 mg</i>	\$0	
<i>qc aspirin low dose oral tablet delayed release 81 mg</i>	\$0	
<i>qc aspirin oral tablet 325 mg</i>	\$0	
<i>qc aspirin oral tablet delayed release 325 mg</i>	\$0	
<i>qc childrens aspirin oral tablet chewable 81 mg</i>	\$0	
<i>qc enteric aspirin oral tablet delayed release 325 mg</i>	\$0	
<i>ra aspirin adult low dose oral tablet chewable 81 mg</i>	\$0	
<i>ra aspirin adult low strength oral tablet chewable 81 mg</i>	\$0	
<i>ra aspirin childrens oral tablet chewable 81 mg</i>	\$0	
<i>ra aspirin ec adult low st oral tablet delayed release 81 mg</i>	\$0	
<i>ra aspirin ec oral tablet delayed release 325 mg, 81 mg</i>	\$0	

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Drug	Status	Notes
<i>ra aspirin oral tablet 325 mg</i>	\$0	
<i>ra pain relief aspirin oral tablet 325 mg</i>	\$0	
<i>salsalate oral tablet 500 mg, 750 mg</i>	Tier 1	
<i>sb aspirin ec oral tablet delayed release 325 mg</i>	\$0	
<i>sb aspirin oral tablet 325 mg</i>	\$0	
<i>sb childrens aspirin oral tablet chewable 81 mg</i>	\$0	
<i>sb low dose asa ec oral tablet delayed release 81 mg</i>	\$0	
<i>sm aspirin ec oral tablet delayed release 325 mg</i>	\$0	
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG	\$0	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG	\$0	
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	\$0	
Unknown		
JOURNAVX ORAL TABLET 50 MG	Tier 3	PA
Analgesics - Opioid		
Opioid Agonists		
<i>codeine sulfate oral tablet 30 mg</i>	Tier 1	QL (12 EA per 1 day); AGE (Min 12 Years)
DEMEROL INJECTION SOLUTION 75 MG/ML	Tier 3	
DSUVIA SUBLINGUAL TABLET SUBLINGUAL 30 MCG	Tier 3	PA
<i>fentanyl citrate intravenous solution 1500 mcg/30ml</i>	Tier 3	
<i>fentanyl citrate solution 1500 mcg/30ml intravenous</i>	Tier 1	
<i>fentanyl citrate-nacl intravenous solution prefilled syringe 500-0.9 mcg/50ml-%</i>	Tier 3	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg</i>	Tier 1	PA

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Drug	Status	Notes
<i>hydromorphone hcl injection solution 1 mg/ml</i>	Tier 3	
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	Tier 1	
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>hydromorphone hcl rectal suppository 3 mg</i>	Tier 1	
<i>hydromorphone hcl solution 1 mg/ml injection</i>	Tier 1	
<i>hydromorphone hcl-nacl injection solution prefilled syringe 30-0.9 mg/30ml-%</i>	Tier 1	
<i>hydromorphone hcl-nacl intravenous solution 100-0.9 mg/100ml-%, 20-0.9 mg/100ml-%, 50-0.9 mg/50ml-%</i>	Tier 1	
<i>hydromorphone hcl-nacl intravenous solution prefilled syringe 30-0.9 mg/30ml-%</i>	Tier 1	
<i>hydromorphone hcl-nacl solution prefilled syringe 30-0.9 mg/30ml-% intravenous</i>	Tier 3	
<i>levorphanol tartrate oral tablet 2 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	Tier 1	
<i>meperidine hcl oral solution 50 mg/5ml</i>	Tier 1	QL (30 ML per 1 day)
<i>meperidine hcl oral tablet 50 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>methadone hcl injection solution 10 mg/ml</i>	Tier 1	QL (4 ML per 1 day)
METHADONE HCL INTENSOL ORAL CONCENTRATE 10 MG/ML	Tier 1	QL (4 ML per 1 day)
<i>methadone hcl oral concentrate 10 mg/ml</i>	Tier 1	QL (4 ML per 1 day)
<i>methadone hcl oral solution 10 mg/5ml</i>	Tier 1	QL (20 ML per 1 day)
<i>methadone hcl oral solution 5 mg/5ml</i>	Tier 1	QL (40 ML per 1 day)
<i>methadone hcl oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>methadone hcl oral tablet 5 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>methadone hcl oral tablet soluble 40 mg</i>	Tier 1	QL (1 EA per 1 day)
METHADOSE ORAL TABLET SOLUBLE 40 MG	Tier 1	QL (1 EA per 1 day)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	Tier 1	PA
<i>morphine sulfate er beads capsule extended release 24 hour 30 mg oral</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>morphine sulfate er beads capsule extended release 24 hour 60 mg oral</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)

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Drug	Status	Notes
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>morphine sulfate er beads oral capsule extended release 24 hour 45 mg, 60 mg, 75 mg, 90 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
<i>morphine sulfate intravenous solution 0.5 mg/ml</i>	Tier 1	
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	Tier 1	
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	Tier 1	
<i>morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>morphine sulfate-nacl intravenous solution 100-0.9 mg/100ml-%</i>	Tier 1	
<i>morphine sulfate-nacl intravenous solution 50-0.9 mg/50ml-%, 500-0.9 mg/100ml-%</i>	Tier 3	
<i>morphine sulfate-nacl solution 100-0.9 mg/100ml-% intravenous</i>	Tier 1	
<i>morphine sulfate-nacl solution 100-0.9 mg/100ml-% intravenous</i>	Tier 3	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	Tier 3	QL (6 EA per 1 day)
<i>oxycodone hcl oral capsule 5 mg</i>	Tier 1	
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	Tier 1	PA
<i>oxycodone hcl oral solution 5 mg/5ml</i>	Tier 1	
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>oxycodone hcl oral tablet abuse-deterrent 10 mg, 15 mg, 30 mg, 5 mg</i>	Tier 1	
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)

Drug	Status	Notes
<i>oxymorphone hcl er oral tablet extended release 12 hour 30 mg, 40 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
ROXYBOND ORAL TABLET ABUSE-DETERRENT 10 MG, 15 MG, 30 MG, 5 MG	Tier 3	
SYNAPRYN FUSEPAQ ORAL SUSPENSION RECONSTITUTED 10 MG/ML	Tier 3	
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); AGE (Min 12 Years)
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 200 mg, 300 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); AGE (Min 12 Years)
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); AGE (Min 12 Years)
<i>tramadol hcl er oral tablet extended release 24 hour 200 mg, 300 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); AGE (Min 12 Years)
<i>tramadol hcl oral solution 5 mg/ml</i>	Tier 1	PA
<i>tramadol hcl oral tablet 50 mg</i>	Tier 1	QL (8 EA per 1 day); AGE (Min 12 Years)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 9 MG	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 27 MG	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day)
Opioid Combinations		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	Tier 1	QL (150 ML per 1 day); 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)

Drug	Status	Notes
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	Tier 3	ST: Requires prior prescription for generic Hydrocodone/acetaminophen tablets within the past 120 days; QL (12 EA per 1 day)
ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG	Tier 1	QL (6 EA per 1 day); AGE (Min 12 Years)
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i>	Tier 1	ST: Requires prior prescription for generic Hydrocodone/acetaminophen tablets within the past 120 days; QL (12 EA per 1 day)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 12 Years)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 12 Years)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15ml</i>	Tier 1	QL (200 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</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, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 1	
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>	Tier 1	QL (61 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	QL (10 EA per 1 day); AGE (Min 12 Years)
Opioid Partial Agonists		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>buprenorphine hcl buccal film 150 mcg, 300 mcg, 450 mcg, 600 mcg, 75 mcg, 750 mcg, 900 mcg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	Tier 1	

Drug	Status	Notes
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	Tier 1	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
<i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>	Tier 1	
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	Tier 1	
<i>nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml</i>	Tier 1	
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	Tier 1	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 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 SUBLINGUAL 8.6-2.1 MG	Tier 2	QL (2 EA per 1 day)
Androgens-Anabolic		
Androgens		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	Tier 1	PA; QL (10 ML per 28 days)
<i>ec-rx testosterone transdermal cream 0.2 %, 0.4 %, 10 %, 20 %</i>	Tier 3	
KYZATREX ORAL CAPSULE 100 MG	Tier 3	PA; QL (2 EA per 1 day)
KYZATREX ORAL CAPSULE 150 MG, 200 MG	Tier 3	PA; QL (4 EA per 1 day)
<i>methitest oral tablet 10 mg</i>	Tier 3	PA
<i>methyltestosterone oral capsule 10 mg</i>	Tier 1	PA
<i>testosterone cypionate injection solution 200 mg/ml</i>	Tier 3	PA; QL (10 ML per 28 days)
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Tier 1	PA; QL (10 ML per 28 days)
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	Tier 1	PA; QL (5 ML per 28 days)
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)</i>	Tier 1	PA; QL (5 GM per 1 day)

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Drug	Status	Notes
<i>testosterone transdermal gel 10 mg/act (2%)</i>	Tier 1	PA; QL (4 GM per 1 day)
<i>testosterone transdermal gel 12.5 mg/act (1%), 50 mg/5gm (1%)</i>	Tier 1	PA; QL (10 GM per 1 day)
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%)</i>	Tier 1	PA; QL (1.25 GM per 1 day)
<i>testosterone transdermal solution 30 mg/act</i>	Tier 1	PA; QL (6 ML per 1 day)
TLANDO ORAL CAPSULE 112.5 MG	Tier 3	PA; QL (4 EA per 1 day)
UNDECATREX ORAL CAPSULE 200 MG	Tier 3	PA; QL (4 EA per 1 day)
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%)	Tier 3	PA; QL (10 GM per 1 day)
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	Tier 3	PA; QL (10 GM per 1 day)
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML	Tier 3	PA; QL (2 ML per 28 days)
Anorectal Agents		
Intrarectal Steroids		
<i>budesonide rectal foam 2 mg, 2 mg/act</i>	Tier 1	
CORTIFOAM EXTERNAL FOAM 10 %	Tier 3	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	Tier 1	
Rectal Combinations		
ANA-LEX RECTAL KIT 2-2 %	Tier 1	
ANALPRAM HC EXTERNAL LOTION 2.5-1 %	Tier 2	
ANALPRAM-HC EXTERNAL CREAM 1-1 %	Tier 1	
ANALPRAM-HC EXTERNAL LOTION 2.5-1 %	Tier 2	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	Tier 1	
<i>hydrocort-pramoxine (perianal) external cream 2.5-1 %</i>	Tier 1	
<i>lidocaine-hydrocort (perianal) external cream 3-0.5 %</i>	Tier 1	
<i>lidocaine-hydrocortisone ace rectal gel 2.8-0.55 %</i>	Tier 1	
<i>lidocaine-hydrocortisone ace rectal kit 1-3 %, 2-2 %, 3-0.5 %, 3-1 %, 3-2.5 %</i>	Tier 1	
LIDOCORT EXTERNAL CREAM 3-0.5 %	Tier 1	
PROCORT EXTERNAL CREAM 1.85-1.15 %	Tier 3	
PROCTOFOAM HC EXTERNAL FOAM 1-1 %	Tier 2	
Rectal Products - Misc.		
BARRIGEL RECTAL GEL 20 MG/ML	Tier 3	

Drug	Status	Notes
Rectal Steroids		
<i>anucort-hc rectal suppository 25 mg</i>	Tier 1	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG	Tier 1	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG, 30 MG	Tier 1	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	Tier 1	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	Tier 1	
PROCTOCORT EXTERNAL CREAM 1 %	Tier 3	
PROCTO-MED HC EXTERNAL CREAM 2.5 %	Tier 1	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	Tier 1	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	Tier 1	
Vasodilating Agents		
<i>nitroglycerin rectal ointment 0.4 %</i>	Tier 1	
Anthelmintics		
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	Tier 1	
EMVERM ORAL TABLET CHEWABLE 100 MG	Tier 2	PA
<i>ivermectin oral tablet 3 mg, 6 mg</i>	Tier 1	
<i>praziquantel oral tablet 600 mg</i>	Tier 1	
Antianginal Agents		
Antianginals-Other		
<i>ranolazine er oral tablet extended release 12 hour 1000 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>ranolazine er oral tablet extended release 12 hour 500 mg</i>	Tier 1	QL (4 EA per 1 day)
Nitrates		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	Tier 2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 2	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	Tier 1	

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Drug	Status	Notes
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Tier 1	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	Tier 1	
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY	Tier 1	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG	Tier 3	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 6.5 MG, 9 MG	Tier 2	
Antianxiety Agents		
Antianxiety Agents - Misc.		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 1	
Benzodiazepines		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 2	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 1	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 1	
<i>diazepam oral concentrate 5 mg/ml</i>	Tier 1	
<i>diazepam oral solution 5 mg/5ml</i>	Tier 1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1	

Drug	Status	Notes
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	Tier 1	
<i>lorazepam oral concentrate 2 mg/ml</i>	Tier 1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG	Tier 1	
Antiarrhythmics		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Tier 1	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	Tier 2	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	Tier 1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1	
Antiarrhythmics Type I-B		
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	
Antiarrhythmics Type I-C		
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	Tier 1	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1	
Antiarrhythmics Type Iii		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	Tier 1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Tier 1	
MULTAQ ORAL TABLET 400 MG	Tier 2	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	Tier 1	
Antiasthmatic And Bronchodilator Agents		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	Tier 2	PA; SP
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	Tier 2	PA; SP
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Tier 2	PA; SP

Drug	Status	Notes
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML	Tier 2	PA; SP
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	Tier 2	PA; SP
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML	Tier 2	PA; SP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	Tier 2	PA; SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	Tier 2	PA; SP
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	Tier 2	PA; SP
Anti-Inflammatory Agents		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	Tier 1	
Bronchodilators - Anticholinergics		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	Tier 2	QL (25.8 GM per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	Tier 2	QL (1 EA per 1 day)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	Tier 2	QL (4 GM per 30 days)
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	Tier 1	QL (1 EA per 1 day)
YUPELRI INHALATION SOLUTION 175 MCG/3ML	Tier 3	QL (3 ML per 1 day)
Leukotriene Modulators		
ACCOLATE ORAL TABLET 10 MG, 20 MG	Tier 1	
<i>montelukast sodium oral packet 4 mg</i>	Tier 1	
<i>montelukast sodium oral tablet 10 mg</i>	Tier 1	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	Tier 1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Tier 1	
Selective Phosphodiesterase 4 (Pde4) Inhibitors		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	Tier 1	QL (1 EA per 1 day)

Drug	Status	Notes
Steroid Inhalants		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Tier 2	QL (1 EA per 1 day)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Tier 2	QL (1 EA per 30 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Tier 2	QL (1 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	Tier 2	QL (1 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Tier 2	QL (1 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Tier 2	QL (13 GM per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	Tier 1	QL (4 ML per 1 day)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act</i>	Tier 1	QL (2 EA per 1 day)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	Tier 1	QL (4 EA per 1 day)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	Tier 1	QL (12 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	Tier 1	QL (24 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	Tier 1	QL (21.2 GM per 30 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	Tier 2	QL (21.2 GM per 30 days)
Sympathomimetics		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	Tier 2	QL (12 GM per 30 days)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT	Tier 2	QL (32.1 GM per 30 days)

Drug	Status	Notes
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	Tier 1	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	Tier 1	
<i>albuterol sulfate oral syrup 2 mg/5ml, 8 mg/20ml</i>	Tier 1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	Tier 2	QL (2 EA per 1 day)
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	Tier 1	ST: Requires prior prescription for Serevent, Striverdi, or Perforomist within the past 120 days; QL (4 ML per 1 day)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	Tier 2	QL (2 EA per 1 day)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	Tier 2	QL (60 EA per 30 days)
BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	Tier 1	QL (30.9 GM per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	Tier 2	QL (10.7 GM per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	Tier 1	QL (30.6 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	Tier 2	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 50-5 MCG/ACT	Tier 2	QL (39 GM per 30 days)
DULERA INHALATION AEROSOL 200-5 MCG/ACT	Tier 2	QL (13 GM per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	Tier 1	QL (2 EA per 1 day)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	Tier 1	QL (1 EA per 30 days)
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	Tier 1	QL (4 ML per 1 day)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	Tier 1	

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Drug	Status	Notes
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	Tier 1	
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	Tier 1	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	Tier 2	QL (2 EA per 1 day)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	Tier 2	QL (4 GM per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	Tier 2	QL (4 GM per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	Tier 1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	Tier 2	QL (2 EA per 1 day)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	Tier 1	QL (2 EA per 1 day)
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT	Tier 3	
Unknown		
OHTUVAYRE INHALATION SUSPENSION 3 MG/2.5ML	Tier 3	PA; SP
Xanthines		
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML	Tier 1	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	Tier 2	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	Tier 1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	Tier 1	
<i>theophylline oral elixir 80 mg/15ml</i>	Tier 1	
<i>theophylline oral solution 80 mg/15ml</i>	Tier 1	
Anticoagulants		
Anticoagulants - Misc.		
<i>sodium citrate in vitro solution prefilled syringe 4 %</i>	Tier 3	
Coumarin Anticoagulants		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	Tier 1	

Drug	Status	Notes
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Tier 1	
Direct Factor Xa Inhibitors		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	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)
<i>rivaroxaban oral suspension reconstituted 1 mg/ml</i>	Tier 1	QL (20 ML per 1 day)
<i>rivaroxaban oral tablet 2.5 mg</i>	Tier 1	QL (2 EA per 1 day)
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	Tier 2	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG	Tier 2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	Tier 2	QL (2 EA per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	Tier 2	QL (51 EA per 30 days)
Heparins And Heparinoid-Like Agents		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Tier 1	QL (1 ML per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	Tier 1	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	Tier 1	QL (24 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	Tier 1	QL (15 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	Tier 1	QL (12 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	Tier 1	QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML	Tier 3	QL (8 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	Tier 3	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML	Tier 3	QL (2 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML	Tier 3	QL (1 ML per 1 day)

Drug	Status	Notes
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 15000 UNIT/0.6ML	Tier 3	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 18000 UNT/0.72ML	Tier 3	QL (43.2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	Tier 3	QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 7500 UNIT/0.3ML	Tier 3	QL (18 ML per 30 days)
<i>heparin (porcine) in nacl intravenous solution 1000- 0.9 ut/500ml-%, 2000-0.9 unit/l-%, 2500-0.9 ut/500ml- %, 5000-0.9 ut/500ml-%</i>	Tier 1	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	Tier 1	
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml</i>	Tier 1	
In Vitro/Lock Anticoagulants		
<i>acd formula a in vitro solution 0.73-2.45-2.2 gm/100ml</i>	Tier 3	
ACD-A NOCLOT-50 IN VITRO SOLUTION 0.73-2.45- 2.2 GM/100ML	Tier 3	
DEFENCATH IN VITRO SOLUTION 1000-13.5 UNIT- MG/ML	Tier 3	
TRICITRASOL IN VITRO CONCENTRATE 46.7 %	Tier 3	
Thrombin Inhibitors		
<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>	Tier 1	QL (2 EA per 1 day)
Anticonvulsants		
Ampa Glutamate Receptor Antagonists		
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Tier 2	QL (680 ML per 28 days)
<i>perampanel oral tablet 10 mg, 12 mg, 8 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>perampanel oral tablet 2 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>perampanel oral tablet 4 mg, 6 mg</i>	Tier 1	QL (2 EA per 1 day)
Anticonvulsants - Benzodiazepines		
<i>clobazam oral suspension 2.5 mg/ml</i>	Tier 1	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	

Drug	Status	Notes
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	Tier 1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	Tier 3	QL (10 EA per 30 days)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	Tier 3	QL (10 EA per 30 days)
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	Tier 3	QL (10 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	Tier 3	QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	Tier 3	QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	Tier 3	QL (10 EA per 30 days)
Anticonvulsants - Misc.		
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 2	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 2	QL (2 EA per 1 day)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	Tier 1	
<i>carbamazepine oral suspension 100 mg/5ml, 200 mg/10ml</i>	Tier 1	
<i>carbamazepine oral tablet 200 mg</i>	Tier 1	
<i>carbamazepine oral tablet chewable 100 mg, 200 mg</i>	Tier 1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	Tier 3	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	Tier 3	PA; SP
DIACOMIT ORAL PACKET 250 MG, 500 MG	Tier 3	PA; SP
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 2	SP; ST: Requires prior prescription for one of the following generic anticonvulsants: Carbamazepine, Clobazam, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid derivatives, or Vigabatrin within the past 365 days
EPITOL ORAL TABLET 200 MG	Tier 1	
<i>eslicarbazepine acetate oral tablet 200 mg, 400 mg</i>	Tier 1	QL (1 EA per 1 day)

Drug	Status	Notes
<i>eslicarbazepine acetate oral tablet 600 mg, 800 mg</i>	Tier 1	QL (2 EA per 1 day)
FANATREX FUSEPAQ ORAL SUSPENSION 25 MG/ML	Tier 3	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	Tier 3	PA; SP
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Tier 1	
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	Tier 1	
<i>gabapentin oral tablet 25 mg, 50 mg, 600 mg, 800 mg</i>	Tier 1	
<i>lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml</i>	Tier 1	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG	Tier 3	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	Tier 1	
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	Tier 1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	Tier 1	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	Tier 1	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	Tier 1	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	Tier 1	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Tier 1	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5ml</i>	Tier 1	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	
LYRICA ORAL CAPSULE 200 MG, 75 MG	Tier 1	

Drug	Status	Notes
<i>oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (3 EA per 1 day)
<i>oxcarbazepine er oral tablet extended release 24 hour 600 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (4 EA per 1 day)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	Tier 1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Tier 1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	Tier 1	
<i>pregabalin oral solution 20 mg/ml</i>	Tier 1	
<i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>	Tier 1	
ROWEEPRA ORAL TABLET 500 MG	Tier 1	
<i>rufinamide oral suspension 40 mg/ml</i>	Tier 1	ST: Requires prior prescriptions for Clobazam, Divalproex, or Valproic Acid within the past 120 days; QL (80 ML per 1 day)
<i>rufinamide oral tablet 200 mg</i>	Tier 1	ST: Requires prior prescriptions for Clobazam, Divalproex, or Valproic Acid within the past 120 days; QL (16 EA per 1 day)
<i>rufinamide oral tablet 400 mg</i>	Tier 1	ST: Requires prior prescriptions for Clobazam, Divalproex, or Valproic Acid within the past 120 days; QL (8 EA per 1 day)
TEGRETOL ORAL SUSPENSION 100 MG/5ML	Tier 3	
TEGRETOL ORAL TABLET 200 MG	Tier 3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG	Tier 3	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg</i>	Tier 1	ST: Requires prior prescription for Topamax IR within the past 120 days; QL (3 EA per 1 day)
<i>topiramate er oral capsule er 24 hour sprinkle 150 mg, 200 mg</i>	Tier 1	ST: Requires prior prescription for Topamax IR within the past 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
<i>topiramate er oral capsule er 24 hour sprinkle 25 mg</i>	Tier 1	ST: Requires prior prescription for Topamax IR within the past 120 days; QL (1 EA per 1 day)
<i>topiramate er oral capsule er 24 hour sprinkle 50 mg</i>	Tier 1	ST: Requires prior prescription for Topamax IR within the past 120 days; QL (7 EA per 1 day)
<i>topiramate er oral capsule extended release 24 hour 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>topiramate er oral capsule extended release 24 hour 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>topiramate er oral capsule extended release 24 hour 25 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>topiramate er oral capsule extended release 24 hour 50 mg</i>	Tier 1	QL (7 EA per 1 day)
<i>topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg</i>	Tier 1	
<i>topiramate oral solution 25 mg/ml</i>	Tier 1	PA
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
ZONISADE ORAL SUSPENSION 100 MG/5ML	Tier 3	PA
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
ZTALMY ORAL SUSPENSION 50 MG/ML	Tier 3	PA; SP
Carbamates		
<i>felbamate oral suspension 600 mg/5ml</i>	Tier 1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	Tier 1	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	Tier 2	QL (2 EA per 1 day)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	Tier 2	QL (2 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	Tier 2	QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG	Tier 2	QL (2 EA per 1 day)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	Tier 2	QL (1 EA per 1 day)

Drug	Status	Notes
Gaba Modulators		
<i>tiagabine hcl oral tablet 12 mg, 2 mg, 4 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (4 EA per 1 day)
<i>tiagabine hcl oral tablet 16 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (3 EA per 1 day)
<i>vigabatrin oral packet 500 mg</i>	Tier 1	PA; SP
<i>vigabatrin oral tablet 500 mg</i>	Tier 1	PA; SP
VIGADRONE ORAL PACKET 500 MG	Tier 1	PA; SP
VIGADRONE ORAL TABLET 500 MG	Tier 1	PA; SP
VIGAFYDE ORAL SOLUTION 100 MG/ML	Tier 3	PA; SP
VIGPODER ORAL PACKET 500 MG	Tier 1	PA; SP
Hydantoins		
DILANTIN CAPSULE 100 MG ORAL	Tier 1	
DILANTIN CAPSULE 100 MG ORAL	Tier 3	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG	Tier 3	
DILANTIN ORAL CAPSULE 100 MG, 30 MG	Tier 3	
DILANTIN ORAL SUSPENSION 125 MG/5ML	Tier 3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5ML	Tier 3	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	Tier 1	
PHENYTOIN INFATABS ORAL TABLET CHEWABLE 50 MG	Tier 1	
<i>phenytoin oral suspension 125 mg/5ml</i>	Tier 1	
<i>phenytoin oral tablet chewable 50 mg</i>	Tier 1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 1	
Succinimides		
<i>ethosuximide oral capsule 250 mg</i>	Tier 1	
<i>ethosuximide oral solution 250 mg/5ml</i>	Tier 1	
<i>methsuximide oral capsule 300 mg</i>	Tier 1	

Drug	Status	Notes
Valproic Acid		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG	Tier 3	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG	Tier 3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG	Tier 3	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	Tier 1	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	Tier 1	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	Tier 1	
<i>valproic acid oral capsule 250 mg</i>	Tier 1	
<i>valproic acid oral solution 250 mg/5ml, 500 mg/10ml</i>	Tier 1	
Antidepressants		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	Tier 1	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	Tier 1	
Antidepressant Combinations		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	Tier 3	ST: Requires prior prescription for Bupropion, Citalopram, Desvenlafaxine, Duloxetine, Escitalopram, Fluoxetine, Fluvoxamine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine within the past 120 days
Antidepressants - Misc.		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	Tier 1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	Tier 1	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 1	
Gaba Receptor Modulator - Neuroactive Steroid		
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	Tier 2	PA; SP
Monoamine Oxidase Inhibitors (Maois)		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	Tier 3	ST: Requires prior prescription for Marplan, Phenelzine, or Tranylcypromine within the past 120 days; QL (1 EA per 1 day)

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Drug	Status	Notes
MARPLAN ORAL TABLET 10 MG	Tier 3	
NARDIL ORAL TABLET 15 MG	Tier 3	
<i>phenelzine sulfate oral tablet 15 mg</i>	Tier 1	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	Tier 1	
N-Methyl-D-Aspartic Acid (Nmda) Receptor Antagonists		
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	Tier 3	PA; SP
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	Tier 3	PA; SP
Selective Serotonin Reuptake Inhibitors (Ssris)		
<i>citalopram hydrobromide oral solution 10 mg/5ml, 20 mg/10ml</i>	Tier 1	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>escitalopram oxalate oral solution 10 mg/10ml, 5 mg/5ml</i>	Tier 1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	Tier 1	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	Tier 1	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg</i>	Tier 1	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	Tier 1	ST: Requires prior prescription for Citalopram, Escitalopram, Fluoxetine, Fluvoxamine IR, Paroxetine, or Sertraline within the past 120 days; QL (2 EA per 1 day)
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	Tier 1	
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	Tier 1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	Tier 1	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Serotonin Modulators		
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	

Drug	Status	Notes
RALDESY ORAL SOLUTION 10 MG/ML	Tier 3	PA
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 2	QL (1 EA per 1 day)
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	ST: Requires prior prescription for Bupropion, Citalopram, Desvenlafaxine, Duloxetine, Escitalopram, Fluoxetine, Fluvoxamine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine within the past 120 days
Serotonin-Norepinephrine Reuptake Inhibitors (Snris)		
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	Tier 1	
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG	Tier 1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	Tier 2	QL (1 EA per 1 day)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	Tier 2	QL (1 EA per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	Tier 1	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Tier 1	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	
Tricyclic Agents		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 1	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	Tier 1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	

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Drug	Status	Notes
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Tier 1	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	Tier 1	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antidiabetics		
Alpha-Glucosidase Inhibitors		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antidiabetic Combinations		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 2	QL (1 EA per 1 day)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	Tier 2	QL (2 EA per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	Tier 2	QL (1 EA per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	Tier 2	QL (2 EA per 1 day)
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	Tier 1	ST: Requires prior prescription for Metformin, Sulfonylurea, or Metformin/Sulfonylurea combination within the past 120 days
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	Tier 1	ST: Requires prior prescription for Metformin, Sulfonylurea, or Metformin/Sulfonylurea combination within the past 120 days
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	Tier 2	QL (30 ML per 28 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	Tier 2	QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	Tier 2	QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	Tier 2	QL (2 EA per 1 day)

Drug	Status	Notes
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	Tier 2	QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	Tier 2	QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	Tier 2	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	Tier 2	QL (2 EA per 1 day)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	Tier 2	QL (15 ML per 28 days)
Biguanides		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Tier 1	
<i>metformin hcl oral solution 500 mg/5ml</i>	Tier 1	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	Tier 1	
Diabetic Other		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	Tier 2	QL (4 EA per 1 FILL)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	Tier 2	QL (4 EA per 1 FILL)
<i>diazoxide oral suspension 50 mg/ml</i>	Tier 1	
<i>glucagon emergency injection kit 1 mg</i>	Tier 3	ST: Requires prior prescription for Baqsimi or Gvoke within the past 120 days; QL (4 EA per 1 FILL)
<i>glucagon emergency kit 1 mg injection</i>	Tier 1	ST: Requires prior prescription for Baqsimi or Gvoke within the past 120 days; QL (4 EA per 1 FILL)
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	Tier 2	QL (0.8 ML per 1 FILL)

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Drug	Status	Notes
<i>mifepristone oral tablet 300 mg</i>	Tier 1	PA; SP
Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 2	QL (1 EA per 1 day)
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET ORAL TABLET 0.8 MG	Tier 3	ST: Requires prior prescription for Metformin, Metformin ER, Glyburide-Metformin, or Glipizide-Metformin within the past 120 days
Incretin Mimetic Agents (Glp-1 Receptor Agonists)		
<i>exenatide subcutaneous solution pen-injector 10 mcg/0.04ml</i>	Tier 1	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (2.4 ML per 30 days)
<i>exenatide subcutaneous solution pen-injector 5 mcg/0.02ml</i>	Tier 1	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (1.2 ML per 30 days)
<i>liraglutide subcutaneous solution pen-injector 18 mg/3ml</i>	Tier 3	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (9 ML per 30 days)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (0.5 ML per 7 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (3 ML per 28 days)
RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG, 4 MG, 9 MG	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (1 EA per 1 day)

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Drug	Status	Notes
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (2 ML per 28 days)
Insulin		
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	Tier 3	PA
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
FIASP INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 3	QL (30 ML per 28 days)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	Tier 2	QL (12 ML per 28 days)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)

Drug	Status	Notes
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 2	QL (40 ML per 28 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	Tier 2	QL (24 ML per 28 days)
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	Tier 2	QL (40 ML per 28 days)
<i>insulin glargine-yfgn subcutaneous solution pen- injector 100 unit/ml</i>	Tier 2	QL (30 ML per 28 days)
<i>insulin lispro (1 unit dial) subcutaneous solution pen- injector 100 unit/ml</i>	Tier 1	QL (30 ML per 28 days)
<i>insulin lispro injection solution 100 unit/ml</i>	Tier 1	QL (40 ML per 28 days)
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	Tier 1	QL (30 ML per 28 days)
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	Tier 1	QL (30 ML per 28 days)
LYUMJEV INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	Tier 2	QL (12 ML per 28 days)
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)

Drug	Status	Notes
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Tier 2	QL (18 ML per 28 days)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Tier 2	QL (13.5 ML per 28 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	Tier 2	QL (18 ML per 28 days)
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
Insulin Sensitizing Agents		
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	

Drug	Status	Notes
Meglitinide Analogues		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors		
FARXIGA ORAL TABLET 10 MG, 5 MG	Tier 2	QL (1 EA per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 2	QL (1 EA per 1 day)
Sulfonylureas		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 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>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	
Antidiarrheal/Probiotic Agents		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI ORAL TABLET DELAYED RELEASE 125 MG	Tier 3	SP; ST: Requires prior prescription for an anti-retroviral therapy within the past 120 days; QL (2 EA per 1 day)
Antidiarrheal/Probiotic Agents - Misc.		
BACILLEX ORAL CAPSULE 250 MG	Tier 3	
<i>bilac oral capsule</i>	Tier 3	
DERMACINRX PROBISOL ORAL CAPSULE	Tier 3	
DERMACINRX PROBITRAN ORAL CAPSULE	Tier 3	
FLORRAXIS ORAL CAPSULE	Tier 3	
LACTEROL ORAL CAPSULE	Tier 3	
<i>lactovive oral capsule</i>	Tier 3	
PAXOTIN ORAL CAPSULE	Tier 3	
PROBINATE ORAL CAPSULE	Tier 3	
<i>promella in prebiotic oral capsule</i>	Tier 3	
<i>relibiotic oral capsule</i>	Tier 3	
<i>surebiotic probiotic support oral capsule</i>	Tier 3	
VISBIOME GI CARE EX ST ORAL PACKET	Tier 3	
<i>wellpro 31 oral capsule</i>	Tier 3	
<i>xybiotic oral capsule</i>	Tier 3	
<i>zelac oral capsule</i>	Tier 3	

Drug	Status	Notes
Antidiarrheal/Probiotic Combinations		
<i>probichew oral tablet chewable</i>	Tier 3	
RESTORA RX ORAL CAPSULE 60-1.25 MG	Tier 3	
Antiperistaltic Agents		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 1	
<i>loperamide hcl oral capsule 2 mg</i>	Tier 1	
<i>opium oral tincture 10 mg/ml (1%)</i>	Tier 1	
Antidotes And Specific Antagonists		
Antidotes - Chelating Agents		
CHEMET ORAL CAPSULE 100 MG	Tier 3	
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	Tier 1	PA; SP
<i>deferasirox oral packet 180 mg, 360 mg, 90 mg</i>	Tier 1	PA; SP
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	Tier 1	PA; SP
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	Tier 1	PA; SP
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	Tier 1	PA; SP
Antidotes And Specific Antagonists		
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	Tier 1	PA
RADIOGARDASE ORAL CAPSULE 0.5 GM	Tier 3	
VISTOGARD ORAL PACKET 10 GM	Tier 2	SP; QL (24 EA per 14 days)
Opioid Antagonists		
KLOXXADO NASAL LIQUID 8 MG/0.1ML	Tier 2	QL (4 EA per 30 days)
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	Tier 1	
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml</i>	Tier 1	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	Tier 1	QL (4 EA per 30 days)
<i>naltrexone hcl oral tablet 50 mg</i>	Tier 1	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML	Tier 3	QL (4 EA per 30 days)
REXTOVY NASAL LIQUID 4 MG/0.25ML	Tier 3	QL (4 EA per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	Tier 3	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML	Tier 3	QL (2 ML per 30 days)

Drug	Status	Notes
Unknown		
<i>pyridostigmine bromide er oral tablet extended release 24 hour 105 mg</i>	Tier 3	
Antiemetics		
5-Ht3 Receptor Antagonists		
ANZEMET ORAL TABLET 50 MG	Tier 3	ST: Requires prior prescription for Ondansetron (tablets, ODT) within the past 120 days; QL (8 EA per 1 FILL)
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	ST: Requires prior prescription for Ondansetron (tablets, ODT) within the past 120 days; QL (8 EA per 30 days)
<i>ondansetron hcl oral solution 4 mg/5ml</i>	Tier 1	QL (50 ML per 15 days)
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	Tier 1	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	Tier 1	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR	Tier 3	ST: Requires prior prescription for Ondansetron (tablets, ODT) within the past 120 days; QL (1 EA per 7 days)
Antiemetics - Anticholinergic		
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	Tier 1	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	Tier 1	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	Tier 1	
Antiemetics - Miscellaneous		
AKYNZEO ORAL CAPSULE 300-0.5 MG	Tier 2	QL (1 EA per 28 days)
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 1	ST: Requires prior prescription for a 5HT3 antagonist, corticosteroid, Emend, or Megestrol suspension within the past 120 days; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML	Tier 3	ST: Requires prior prescription for generic Dronabinol capsules or Megestrol suspension within the past 120 days; QL (2 ML per 1 day)
Substance P/Neurokinin 1 (Nk1) Receptor Antagonists		
<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 & 125 mg</i>	Tier 1	QL (3 EA per 21 days)

Drug	Status	Notes
<i>aprepitant oral capsule 80 mg</i>	Tier 1	QL (2 EA per 21 days)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	Tier 2	QL (3 EA per 21 days)
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG	Tier 3	QL (2 EA per 14 days)
Antifungals		
Antifungal - Glucan Synthesis Inhibitors (Echinocandins)		
BREXAFEMME ORAL TABLET 150 MG	Tier 3	PA
Antifungals		
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	Tier 1	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg</i>	Tier 1	
<i>nystatin oral tablet 500000 unit</i>	Tier 1	
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	
Imidazole-Related Antifungals		
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	Tier 3	PA
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	Tier 1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1	
<i>itraconazole oral capsule 100 mg</i>	Tier 1	
<i>itraconazole oral solution 10 mg/ml</i>	Tier 1	
<i>ketoconazole oral tablet 200 mg</i>	Tier 1	
NOXAFIL ORAL PACKET 300 MG	Tier 3	PA
<i>posaconazole oral suspension 40 mg/ml</i>	Tier 1	PA
<i>posaconazole oral tablet delayed release 100 mg</i>	Tier 1	PA
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG	Tier 3	PA
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	Tier 1	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 1	

Drug	Status	Notes
Antihistamines		
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate er oral suspension extended release 4 mg/5ml</i>	Tier 1	ST: Requires prior prescription for Carbinoxamine IR oral solution within the past 120 days; QL (960 ML per 30 days); AGE (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	AGE (Min 2 Years)
<i>carbzah oral solution 4 mg/5ml</i>	Tier 3	AGE (Min 2 Years)
<i>clemastine fumarate oral tablet 2.68 mg</i>	Tier 1	
CLEMASZ ORAL TABLET 2.68 MG	Tier 3	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML	Tier 3	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	Tier 1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	Tier 1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML	Tier 3	ST: Requires prior prescription for Carbinoxamine IR oral solution within the past 120 days; QL (960 ML per 30 days); AGE (Min 2 Years)
Antihistamines - Non-Sedating		
<i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i>	Tier 1	
<i>desloratadine oral tablet 5 mg</i>	Tier 1	
<i>desloratadine oral tablet dispersible 2.5 mg, 5 mg</i>	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (1 EA per 1 day)
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	Tier 1	
Antihistamines - Phenothiazines		
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	Tier 1	
<i>promethazine hcl oral solution 12.5 mg/10ml, 6.25 mg/5ml</i>	Tier 1	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	Tier 1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Tier 1	

Drug	Status	Notes
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	Tier 3	
Antihistamines - Piperidines		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	Tier 1	
<i>cyproheptadine hcl oral tablet 4 mg</i>	Tier 1	
Antihyperlipidemics		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
NEXLIZET ORAL TABLET 180-10 MG	Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days
<i>sure result o3d3 system oral kit 1 & 1000 gm & unit</i>	Tier 3	
Antihyperlipidemics - Misc.		
<i>icosapent ethyl oral capsule 0.5 gm</i>	Tier 1	QL (8 EA per 1 day)
<i>icosapent ethyl oral capsule 1 gm</i>	Tier 1	QL (4 EA per 1 day)
LOVAZA ORAL CAPSULE 1 GM	Tier 1	ST: Requires prior prescription for generic Fenofibrate within the past 120 days; QL (4 EA per 1 day)
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	Tier 1	ST: Requires prior prescription for generic Fenofibrate within the past 120 days; QL (4 EA per 1 day)
Bile Acid Sequestrants		
<i>cholestyramine light oral packet 4 gm</i>	Tier 1	
<i>cholestyramine light oral powder 4 gm/dose</i>	Tier 1	
<i>cholestyramine light powder 4 gm/dose oral</i>	Tier 3	
<i>cholestyramine light powder 4 gm/dose oral</i>	Tier 1	
<i>cholestyramine oral packet 4 gm</i>	Tier 1	
<i>cholestyramine oral powder 4 gm/dose</i>	Tier 1	
<i>cholestyramine powder 4 gm/dose oral</i>	Tier 3	
<i>cholestyramine powder 4 gm/dose oral</i>	Tier 1	
<i>colesevelam hcl oral packet 3.75 gm</i>	Tier 1	
<i>colesevelam hcl oral tablet 625 mg</i>	Tier 1	
<i>colestipol hcl oral granules 5 gm</i>	Tier 1	
<i>colestipol hcl oral packet 5 gm</i>	Tier 1	
<i>colestipol hcl oral tablet 1 gm</i>	Tier 1	

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Drug	Status	Notes
PREVALITE ORAL PACKET 4 GM	Tier 1	
PREVALITE ORAL POWDER 4 GM/DOSE	Tier 1	
Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	Tier 1	
<i>fenofibrate oral capsule 134 mg, 150 mg, 200 mg, 50 mg, 67 mg</i>	Tier 1	
<i>fenofibrate oral tablet 120 mg, 145 mg, 160 mg, 40 mg, 48 mg, 54 mg</i>	Tier 1	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	Tier 1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	Tier 1	
<i>gemfibrozil oral tablet 600 mg</i>	Tier 1	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	Tier 3	ST: Requires prior prescription for generic Fenofibrate or Gemfibrozil within the past 120 days
Hmg Coa Reductase Inhibitors		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG	Tier 3	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; QL (1 EA per 1 day)
ATORVALIQ ORAL SUSPENSION 20 MG/5ML	Tier 3	PA
<i>atorvastatin calcium 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 DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	Tier 1	QL (1 EA per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	Tier 3	ST: Requires prior prescription for generic Rosuvastatin within the past 120 days; QL (1 EA per 1 day)
<i>flolipid oral suspension 20 mg/5ml, 40 mg/5ml</i>	Tier 3	PA

Drug	Status	Notes
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	\$0	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>fluvastatin sodium oral capsule 20 mg</i>	\$0	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>fluvastatin sodium oral capsule 40 mg</i>	\$0	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; \$0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)

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Drug	Status	Notes
<i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>rosuvastatin calcium oral tablet 20 mg, 40 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin oral tablet 80 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe oral tablet 10 mg</i>	Tier 1	QL (1 EA per 1 day)
Microsomal Triglyceride Transfer Protein (Mtp) Inhibitors		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	Tier 2	PA; SP
Nicotinic Acid Derivatives		
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	Tier 1	
NIACOR ORAL TABLET 500 MG	Tier 3	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days
Unknown		
NEXLETOL ORAL TABLET 180 MG	Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days
Antihypertensives		
Ace Inhibitors		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 1	

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Drug	Status	Notes
<i>enalapril maleate oral solution 1 mg/ml</i>	Tier 1	PA
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 1	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	
QBRELIS ORAL SOLUTION 1 MG/ML	Tier 3	PA
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
Agents For Pheochromocytoma		
<i>metyrosine oral capsule 250 mg</i>	Tier 1	PA; SP
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	Tier 1	PA; SP
Angiotensin II Receptor Antagonists		
ARBLI ORAL SUSPENSION 10 MG/ML	Tier 3	PA
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Tier 1	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Tier 1	
Antiadrenergic Antihypertensives		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	Tier 1	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
TEZRULY ORAL SOLUTION 1 MG/ML	Tier 3	PA

Drug	Status	Notes
Antihypertensive Combinations		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	Tier 1	
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Tier 1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	Tier 1	
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	Tier 1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	Tier 1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Tier 1	
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	Tier 1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 1	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Tier 1	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Tier 1	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	Tier 1	
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	Tier 1	

Drug	Status	Notes
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	Tier 1	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	Tier 1	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Tier 1	
Antihypertensives - Misc.		
VECAMYL ORAL TABLET 2.5 MG	Tier 3	PA; SP
Direct Renin Inhibitors		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	Tier 1	
Selective Aldosterone Receptor Antagonists (Saras)		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1	
Unknown		
TRYVIO ORAL TABLET 12.5 MG	Tier 3	PA; SP
Vasodilators		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1	
Anti-Infective Agents - Misc.		
Anti-Infective Agents - Misc.		
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML	Tier 3	
IMPAVIDO ORAL CAPSULE 50 MG	Tier 2	PA
LIKMEZ ORAL SUSPENSION 500 MG/5ML	Tier 3	PA
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML	Tier 3	
<i>metronidazole oral capsule 375 mg</i>	Tier 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	Tier 1	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	
XIFAXAN ORAL TABLET 200 MG	Tier 3	PA

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Drug	Status	Notes
XIFAXAN ORAL TABLET 550 MG	Tier 2	PA
Anti-Infective Misc. - Combinations		
<i>mb caps oral capsule 120 mg</i>	Tier 1	
<i>me/naphos/mb/hyo1 oral tablet 81.6 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml, 800-160 mg/20ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 1	
SULFATRIM PEDIATRIC ORAL SUSPENSION 200-40 MG/5ML	Tier 1	
URELLE ORAL TABLET 81 MG	Tier 1	
URETRON D/S ORAL TABLET 81.6 MG	Tier 3	
URIBEL ORAL TABLET 81.6 MG	Tier 3	
URIMAR-T ORAL CAPSULE 120 MG	Tier 1	
<i>urneva oral capsule 120 mg</i>	Tier 1	
<i>uro-mp oral capsule 118 mg</i>	Tier 1	
VILAMIT MB ORAL CAPSULE 118 MG	Tier 1	
VILEVEV MB ORAL TABLET 81 MG	Tier 1	
Antiprotozoal Agents		
<i>atovaquone oral suspension 750 mg/5ml</i>	Tier 1	
LAMPIT ORAL TABLET 120 MG, 30 MG	Tier 3	
<i>nitazoxanide oral tablet 500 mg</i>	Tier 1	QL (2 EA per 1 day)
Glycopeptides		
<i>vancomycin hcl oral capsule 125 mg</i>	Tier 1	QL (56 EA per 1 FILL)
<i>vancomycin hcl oral capsule 250 mg</i>	Tier 1	QL (112 EA per 1 FILL)
<i>vancomycin hcl oral solution reconstituted 25 mg/ml</i>	Tier 1	QL (300 ML per 1 FILL)
<i>vancomycin hcl oral solution reconstituted 250 mg/5ml, 50 mg/ml</i>	Tier 1	QL (600 ML per 1 FILL)
VANCOMYCIN+SYRSPEND SF ORAL SUSPENSION 50 MG/ML	Tier 3	
Leprostatics		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 1	
Lincosamides		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Tier 1	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	Tier 1	

Drug	Status	Notes
Monobactams		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	Tier 2	PA; SP
Oxazolidinones		
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	Tier 1	
<i>linezolid oral tablet 600 mg</i>	Tier 1	
SIVEXTRO ORAL TABLET 200 MG	Tier 2	PA
Unknown		
<i>fosfomycin tromethamine oral packet 3 gm</i>	Tier 1	
<i>methenamine hippurate oral tablet 1 gm</i>	Tier 1	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>	Tier 1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml</i>	Tier 1	PA
ORLYNVAH ORAL TABLET 500-500 MG	Tier 3	PA; QL (2 EA per 1 day)
Antimalarials		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	Tier 1	
COARTEM ORAL TABLET 20-120 MG	Tier 3	
Antimalarials		
ARAKODA ORAL TABLET 100 MG	Tier 3	
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 1	QL (36 EA per 16 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 1	QL (18 EA per 16 days)
<i>hydroxychloroquine sulfate oral tablet 100 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Tier 1	QL (100 EA per 30 days)
<i>hydroxychloroquine sulfate oral tablet 300 mg, 400 mg</i>	Tier 1	QL (2 EA per 1 day)
KRINTAFEL ORAL TABLET 150 MG	Tier 2	QL (2 EA per 1 FILL)
<i>mefloquine hcl oral tablet 250 mg</i>	Tier 1	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	Tier 1	
<i>pyrimethamine oral tablet 25 mg</i>	Tier 1	PA; SP
<i>quinine sulfate oral capsule 324 mg</i>	Tier 1	
SOVUNA ORAL TABLET 200 MG	Tier 3	QL (100 EA per 30 days)
SOVUNA ORAL TABLET 300 MG	Tier 3	QL (2 EA per 1 day)

Drug	Status	Notes
Antimyasthenic/Cholinergic Agents		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE ORAL TABLET 10 MG	Tier 3	PA; SP
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	Tier 1	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	Tier 1	
Antimycobacterial Agents		
Antimycobacterial Agents		
<i>cycloserine oral capsule 250 mg</i>	Tier 1	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	Tier 1	
<i>isoniazid oral syrup 50 mg/5ml</i>	Tier 1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1	
PRIFTIN ORAL TABLET 150 MG	Tier 3	
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	
<i>rifabutin oral capsule 150 mg</i>	Tier 1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	
RIFAMPIN+SYRSPEND SF ORAL SUSPENSION 25 MG/ML	Tier 3	
SIRTURO ORAL TABLET 100 MG, 20 MG	Tier 3	PA; SP
TRECTOR ORAL TABLET 250 MG	Tier 3	
Antineoplastics And Adjunctive Therapies		
Alkylating Agents		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 1	SP
<i>cyclophosphamide oral tablet 25 mg</i>	Tier 1	SP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier 3	PA; SP
LEUKERAN ORAL TABLET 2 MG	Tier 2	SP
MYLERAN ORAL TABLET 2 MG	Tier 2	SP
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 1	PA; SP
Antimetabolites		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Tier 1	PA; SP
JYLAMVO ORAL SOLUTION 2 MG/ML	Tier 3	PA

Drug	Status	Notes
<i>mercaptopurine oral suspension 2000 mg/100ml</i>	Tier 1	SP; ST: Requires prior prescription for Mercaptopurine tablets within the past 120 days
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	
<i>methotrexate intramuscular solution prefilled syringe 125 mg/5ml</i>	Tier 1	
<i>methotrexate intravenous solution 1000 mg/40ml</i>	Tier 1	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	Tier 1	
<i>methotrexate sodium injection solution 250 mg/10ml</i>	Tier 1	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	Tier 1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	
ONUREG ORAL TABLET 200 MG, 300 MG	Tier 2	PA; SP
TABLOID ORAL TABLET 40 MG	Tier 2	SP
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 2	
XATMEP ORAL SOLUTION 2.5 MG/ML	Tier 3	ST: Requires prior prescription for Methotrexate tablets or vial within the past 120 days if 12 years of age and older; QL (120 ML per 60 days)
Antineoplastic - Angiogenesis Inhibitors		
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	Tier 2	PA; SP
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 2	PA; SP
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	Tier 2	PA; SP
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	Tier 2	PA; SP
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	Tier 2	PA; SP
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	Tier 2	PA; SP
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	Tier 2	PA; SP
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	Tier 2	PA; SP

Drug	Status	Notes
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	Tier 2	PA; SP
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	Tier 2	PA; SP
Antineoplastic - Bcl-2 Inhibitors		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 2	PA; SP
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	Tier 2	PA; SP
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO ORAL TABLET 100 MG, 25 MG	Tier 2	PA; SP
ERIVEDGE ORAL CAPSULE 150 MG	Tier 2	PA; SP
ODOMZO ORAL CAPSULE 200 MG	Tier 2	PA; SP
Antineoplastic - Hormonal And Related Agents		
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	Tier 1	PA; SP
ABIRTEGA ORAL TABLET 250 MG	Tier 1	PA; SP
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 2	PA; SP
<i>anastrozole oral tablet 1 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>bicalutamide oral tablet 50 mg</i>	Tier 1	
ERLEADA ORAL TABLET 240 MG, 60 MG	Tier 2	PA; SP
EULEXIN ORAL CAPSULE 125 MG	Tier 3	
<i>exemestane oral tablet 25 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	Tier 3	SP; QL (2 EA per 365 days)
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	Tier 3	SP; QL (1 EA per 30 days)
<i>letrozole oral tablet 2.5 mg</i>	Tier 1	
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	Tier 1	PA; SP
<i>leuprolide acetate-bupivacaine intramuscular solution 25-5 mg/ml</i>	Tier 1	SP
LYSODREN ORAL TABLET 500 MG	Tier 2	SP
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	Tier 1	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	Tier 1	
<i>nilutamide oral tablet 150 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG	Tier 2	PA; SP

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Drug	Status	Notes
ORGOVYX ORAL TABLET 120 MG	Tier 2	PA; SP
ORSERDU ORAL TABLET 345 MG, 86 MG	Tier 3	PA; SP
SOLTAMOX ORAL SOLUTION 10 MG/5ML	Tier 2	
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>toremifene citrate oral tablet 60 mg</i>	Tier 1	PA; SP
XTANDI ORAL CAPSULE 40 MG	Tier 2	PA; SP
XTANDI ORAL TABLET 40 MG, 80 MG	Tier 2	PA; SP
YONSA ORAL TABLET 125 MG	Tier 3	PA; SP
Antineoplastic - Immunomodulators		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	PA; SP
Antineoplastic Antibiotics		
JELMYTO SOLUTION RECONSTITUTED 80 (2 X 40) MG	Tier 3	PA; SP
Antineoplastic Combinations		
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG	Tier 3	PA; SP
INQOVI ORAL TABLET 35-100 MG	Tier 2	PA; SP
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 2	PA; SP
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG	Tier 2	PA; SP
ALECENSA ORAL CAPSULE 150 MG	Tier 2	PA; SP
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 3	PA; SP
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	Tier 3	PA; SP
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	Tier 2	PA; SP
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 2	PA; SP
BOSULIF ORAL CAPSULE 100 MG, 50 MG	Tier 2	PA; SP
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Tier 2	PA; SP
BRAFTOVI ORAL CAPSULE 75 MG	Tier 2	PA; SP
BRUKINSA ORAL CAPSULE 80 MG	Tier 2	PA; SP
BRUKINSA ORAL TABLET 160 MG	Tier 2	PA; SP
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 2	PA; SP
CALQUENCE ORAL TABLET 100 MG	Tier 2	PA; SP

Drug	Status	Notes
CAPRELSA ORAL TABLET 100 MG, 300 MG	Tier 3	PA; SP
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	Tier 2	PA; SP
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	Tier 2	PA; SP
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	Tier 2	PA; SP
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 3	PA; SP
COTELLIC ORAL TABLET 20 MG	Tier 2	PA; SP
DANZITEN ORAL TABLET 71 MG, 95 MG	Tier 2	PA; SP
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	Tier 1	PA; SP
ENSACOVE ORAL CAPSULE 100 MG, 25 MG	Tier 3	PA; SP
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Tier 1	PA; SP
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	Tier 1	PA; SP
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Tier 2	PA; SP
GAVRETO ORAL CAPSULE 100 MG	Tier 2	PA; SP
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	Tier 3	PA; SP
GOMEKLI ORAL TABLET SOLUBLE 1 MG	Tier 3	PA; SP
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 3	PA; SP
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 3	PA; SP
IBTROZI ORAL CAPSULE 200 MG	Tier 3	PA; SP
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Tier 2	PA; SP
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 3	PA; SP
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	Tier 1	PA; SP
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 2	PA; SP
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 2	PA; SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Tier 2	PA; SP
<i>imkeldi oral solution 80 mg/ml</i>	Tier 3	PA; SP
INREBIC ORAL CAPSULE 100 MG	Tier 3	PA; SP; QL (4 EA per 1 day)
ITOVEBI ORAL TABLET 3 MG, 9 MG	Tier 2	PA; SP
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 2	PA; SP; QL (2 EA per 1 day)
JAYPIRCA ORAL TABLET 100 MG, 50 MG	Tier 3	PA; SP

Drug	Status	Notes
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 2	PA; SP
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 2	PA; SP
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 2	PA; SP
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 2	PA; SP
KRAZATI ORAL TABLET 200 MG	Tier 2	PA; SP
<i>lapatinib ditosylate oral tablet 250 mg</i>	Tier 1	PA; SP
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 2	PA; SP
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG	Tier 2	PA; SP
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 2	PA; SP
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 3	
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 3	
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 3	
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	Tier 2	PA; SP
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 2	PA; SP
MEKTOVI ORAL TABLET 15 MG	Tier 2	PA; SP
NERLYNX ORAL TABLET 40 MG	Tier 2	PA; SP
<i>nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg</i>	Tier 1	PA; SP
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 2	PA; SP
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	Tier 3	PA; SP
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	Tier 3	PA; SP
OJEMDA ORAL TABLET 100 MG	Tier 3	PA; SP
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Tier 2	PA; SP
<i>pazopanib hcl oral tablet 200 mg</i>	Tier 1	PA; SP
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 2	PA; SP
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 2	PA; SP
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	Tier 2	PA; SP

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Drug	Status	Notes
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	Tier 2	PA; SP
QINLOCK ORAL TABLET 50 MG	Tier 2	PA; SP
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	Tier 2	PA; SP
REZLIDHIA ORAL CAPSULE 150 MG	Tier 2	PA; SP
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	Tier 3	PA; SP
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 2	PA; SP
ROZLYTREK ORAL PACKET 50 MG	Tier 2	PA; SP
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 3	PA; SP
RYDAPT ORAL CAPSULE 25 MG	Tier 2	PA; SP
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	Tier 2	PA; SP
<i>sorafenib tosylate oral tablet 200 mg</i>	Tier 1	PA; SP
STIVARGA ORAL TABLET 40 MG	Tier 2	PA; SP
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 1	PA; SP
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 2	PA; SP
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 2	PA; SP
TAFINLAR ORAL TABLET SOLUBLE 10 MG	Tier 2	PA; SP
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 2	PA; SP
TAZVERIK ORAL TABLET 200 MG	Tier 2	PA; SP
TEPMETKO ORAL TABLET 225 MG	Tier 2	PA; SP
TIBSOVO ORAL TABLET 250 MG	Tier 2	PA; SP
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Tier 1	PA; SP
TRUQAP ORAL TABLET 200 MG	Tier 2	PA; SP
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG	Tier 2	PA; SP
TURALIO ORAL CAPSULE 125 MG	Tier 2	PA; SP
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Tier 2	PA; SP
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 2	PA; SP
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 2	PA; SP
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 2	PA; SP
VONJO ORAL CAPSULE 100 MG	Tier 3	PA; SP; QL (4 EA per 1 day)

Drug	Status	Notes
VORANIGO ORAL TABLET 10 MG, 40 MG	Tier 2	PA; SP
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 2	PA; SP
XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG	Tier 2	PA; SP
XOSPATA ORAL TABLET 40 MG	Tier 2	PA; SP
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 2	PA; SP
ZELBORAF ORAL TABLET 240 MG	Tier 2	PA; SP
ZOLINZA ORAL CAPSULE 100 MG	Tier 2	SP
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 2	PA; SP
ZYKADIA ORAL TABLET 150 MG	Tier 2	PA; SP
Antineoplastic Enzymes		
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML	Tier 3	PA; SP
Antineoplastics Misc.		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	Tier 3	PA; SP
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	Tier 3	PA; SP
<i>bexarotene oral capsule 75 mg</i>	Tier 1	PA; SP
<i>hydroxyurea oral capsule 500 mg</i>	Tier 1	
MATULANE ORAL CAPSULE 50 MG	Tier 2	SP
<i>tretinoin oral capsule 10 mg</i>	Tier 1	SP
UVADEX EXTRACORPOREAL SOLUTION 20 MCG/ML	Tier 3	
Chemotherapy Rescue/Antidote Agents		
IWILFIN ORAL TABLET 192 MG	Tier 2	PA; SP
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 1	
<i>mesna oral tablet 400 mg</i>	Tier 1	
Mitotic Inhibitors		
<i>etoposide oral capsule 50 mg</i>	Tier 1	
Topoisomerase I Inhibitors		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 2	SP
Unknown		
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Tier 2	PA; SP
<i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>	Tier 1	PA; SP

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Drug	Status	Notes
<i>gefitinib oral tablet 250 mg</i>	Tier 1	PA; SP
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 2	PA; SP
HERNEXEOS ORAL TABLET 60 MG	Tier 3	PA; SP; QL (3 EA per 1 day)
LAZCLUZE ORAL TABLET 240 MG, 80 MG	Tier 3	PA; SP
MODEYSO ORAL CAPSULE 125 MG	Tier 3	PA; SP; QL (20 EA per 28 days)
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	Tier 3	PA; SP
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 2	PA; SP
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 2	PA; SP
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 2	PA; SP
WELIREG ORAL TABLET 40 MG	Tier 2	PA; SP
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	Tier 2	PA; SP
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG, 40 MG	Tier 2	PA; SP
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Tier 2	PA; SP
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	Tier 2	PA; SP
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Tier 2	PA; SP
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Tier 2	PA; SP
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Tier 2	PA; SP
Antiparkinson And Related Therapy Agents		
Antiparkinson Adjuvants		
<i>carbidopa oral tablet 25 mg</i>	Tier 1	
Antiparkinson Anticholinergics		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	Tier 1	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	Tier 1	
Antiparkinson Comt Inhibitors		
<i>entacapone oral tablet 200 mg</i>	Tier 1	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Tier 3	PA
<i>tolcapone oral tablet 100 mg</i>	Tier 1	ST: Requires prior prescription for Comtan within the past 120 days; QL (3 EA per 1 day)

Drug	Status	Notes
Antiparkinson Dopaminergics		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	
<i>amantadine hcl oral solution 50 mg/5ml</i>	Tier 1	
<i>amantadine hcl oral tablet 100 mg</i>	Tier 1	
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	Tier 1	PA; SP
<i>bromocriptine mesylate oral capsule 5 mg</i>	Tier 1	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	Tier 1	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	Tier 1	
DHIVY ORAL TABLET 25-100 MG	Tier 3	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML	Tier 3	PA; SP
INBRIJA INHALATION CAPSULE 42 MG	Tier 3	PA; SP
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	Tier 2	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
ONAPGO SUBCUTANEOUS SOLUTION CARTRIDGE 98 MG/20ML	Tier 3	PA; SP
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	Tier 1	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 1	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 1	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 1	

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Drug	Status	Notes
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	Tier 3	ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (10 EA per 1 day)
VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML	Tier 3	PA; SP
Antiparkinson Monoamine Oxidase Inhibitors		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1	
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	
XADAGO ORAL TABLET 100 MG, 50 MG	Tier 3	ST: Requires prior prescription for Carbidopa/Levodopa (Sinemet IR, Sinemet CR, Duopa, Parcopa, or Rytary) within the past 120 days; QL (1 EA per 1 day)
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG	Tier 3	ST: Requires prior prescription for generic Selegiline capsules or tablets within the past 120 days; QL (2 EA per 1 day)
Antipsychotics/Antimanic Agents		
Antimanic Agents		
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	Tier 1	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 1	
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	
<i>lithium oral solution 8 meq/5ml</i>	Tier 1	
Antipsychotics - Misc.		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 2	QL (1 EA per 1 day)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	Tier 3	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>lurasidone hcl oral tablet 80 mg</i>	Tier 1	QL (2 EA per 1 day)
NUPLAZID ORAL CAPSULE 34 MG	Tier 3	PA; SP
NUPLAZID ORAL TABLET 10 MG	Tier 3	PA; SP
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 2	QL (1 EA per 1 day)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	

Drug	Status	Notes
Benzisoxazoles		
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	Tier 3	QL (0.75 ML per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	Tier 3	QL (1 ML per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	Tier 3	QL (1.5 ML per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	Tier 3	QL (0.25 ML per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	Tier 3	QL (0.5 ML per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	ST: Requires prior prescriptions for two generic atypical antipsychotics within the past 365 days; QL (2 EA per 1 day)
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG	Tier 3	ST: Requires prior prescriptions for two generic atypical antipsychotics within the past 365 days; QL (8 EA per 28 days)
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG	Tier 3	ST: Requires prior prescriptions for two generic atypical antipsychotics within the past 365 days; QL (12 EA per 28 days)
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG	Tier 3	ST: Requires prior prescriptions for two generic atypical antipsychotics within the past 365 days; QL (8 EA per 28 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	Tier 2	QL (3.5 ML per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	Tier 2	QL (5 ML per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	Tier 2	QL (0.75 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	Tier 2	QL (1 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	Tier 2	QL (1.5 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	Tier 2	QL (0.25 ML per 21 days)

Drug	Status	Notes
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	Tier 2	QL (0.5 ML per 21 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	Tier 2	QL (0.88 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	Tier 2	QL (1.32 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	Tier 2	QL (1.75 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	Tier 2	QL (2.63 ML per 70 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	Tier 1	QL (2 EA per 1 day)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	Tier 3	QL (1 EA per 28 days)
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 1	QL (1 EA per 14 days)
<i>risperidone oral solution 1 mg/ml</i>	Tier 1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	Tier 2	QL (1 EA per 14 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML, 125 MG/0.35ML, 50 MG/0.14ML, 75 MG/0.21ML	Tier 2	QL (1 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML	Tier 2	QL (1 ML per 56 days)
Butyrophenones		
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1	
Dibenzapines		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG	Tier 2	

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Drug	Status	Notes
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	
<i>quetiapine fumarate oral tablet 150 mg</i>	Tier 1	QL (1 EA per 1 day)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 5 MG	Tier 3	QL (2 EA per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	Tier 3	ST: Requires prior prescriptions for two generic atypical antipsychotics within the past 365 days; QL (1 EA per 1 day)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 3	ST: Requires prior prescriptions for two generic atypical antipsychotics within the past 365 days; QL (18 ML per 1 day)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	Tier 3	QL (1 EA per 14 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	Tier 3	QL (1 EA per 28 days)
Dihydroindolones		
<i>molindone hcl oral tablet 10 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>molindone hcl oral tablet 25 mg</i>	Tier 1	QL (9 EA per 1 day)
<i>molindone hcl oral tablet 5 mg</i>	Tier 1	
Phenothiazines		
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	Tier 1	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	

Drug	Status	Notes
COMPRO RECTAL SUPPOSITORY 25 MG	Tier 1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	Tier 1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>prochlorperazine rectal suppository 25 mg</i>	Tier 1	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
Quinolinone Derivatives		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	Tier 2	QL (2.4 ML per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	Tier 2	QL (3.2 ML per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG	Tier 2	QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 400 MG	Tier 2	QL (2 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG	Tier 2	QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 400 MG	Tier 2	QL (2 EA per 26 days)
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	ST: Requires prior prescriptions for two generic SSRIs, SNRIs, or atypical antipsychotics within the past 365 days
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>aripiprazole oral tablet dispersible 10 mg</i>	Tier 1	ST: Requires prior prescriptions for two generic SSRIs, SNRIs, or atypical antipsychotics within the past 365 days; QL (3 EA per 1 day)
<i>aripiprazole oral tablet dispersible 15 mg</i>	Tier 1	ST: Requires prior prescriptions for two generic SSRIs, SNRIs, or atypical antipsychotics within the past 365 days; QL (2 EA per 1 day)

Drug	Status	Notes
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	Tier 3	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	Tier 2	QL (3.9 ML per 14 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	Tier 2	QL (1.6 ML per 14 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	Tier 2	QL (2.4 ML per 14 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	Tier 2	QL (3.2 ML per 14 days)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	Tier 3	ST: Requires prior prescription for generic Aripiprazole tablets within the past 120 days
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	QL (1 EA per 1 day)
Thioxanthenes		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
Unknown		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	Tier 3	ST: Requires prior prescription for a generic atypical antipsychotic, Caplyta, Rexulti, or Vraylar within the past 120 days; QL (2 EA per 1 day)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	Tier 3	ST: Requires prior prescription for a generic atypical antipsychotic, Caplyta, Rexulti, or Vraylar within the past 120 days
Antiseptics & Disinfectants		
Chlorine Antiseptics		
<i>chlorhexidine gluconate solution 20 %</i>	Tier 3	
Iodine Antiseptics		
<i>lugols strong iodine external solution 5-10 %</i>	Tier 3	
Antivirals		
Antiretrovirals		
<i>abacavir sulfate oral solution 20 mg/ml</i>	Tier 1	SP; QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	Tier 1	SP; QL (1 EA per 1 day)

Drug	Status	Notes
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML	\$0	\$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days)
APTIVUS ORAL CAPSULE 250 MG	Tier 2	SP; QL (4 EA per 1 day)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>atazanavir sulfate oral capsule 300 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	Tier 2	SP; QL (1 EA per 1 day)
CIMDUO ORAL TABLET 300-300 MG	Tier 2	SP; QL (1 EA per 1 day)
<i>darunavir oral tablet 600 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>darunavir oral tablet 800 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG	Tier 2	SP; QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG	\$0	SP; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
DOVATO ORAL TABLET 50-300 MG	Tier 2	SP; QL (1 EA per 1 day)
EDURANT ORAL TABLET 25 MG	Tier 2	SP; QL (1 EA per 1 day)
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG	Tier 2	SP; QL (6 EA per 1 day)
<i>efavirenz oral tablet 600 mg</i>	Tier 1	SP
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
<i>emtricitabine oral capsule 200 mg</i>	\$0	SP; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133- 200 mg, 167-250 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	\$0	SP; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
<i>emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg</i>	Tier 1	SP
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 2	SP; QL (850 ML per 30 days)

Drug	Status	Notes
<i>etravirine oral tablet 100 mg</i>	Tier 1	SP; QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	Tier 2	SP; QL (1 EA per 1 day)
<i>fosamprenavir calcium oral tablet 700 mg</i>	Tier 1	SP; QL (4 EA per 1 day)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	Tier 2	SP; QL (2 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 2	SP; QL (1 EA per 1 day)
INTELENCE ORAL TABLET 25 MG	Tier 2	SP; QL (4 EA per 1 day)
ISENTRESS HD ORAL TABLET 600 MG	Tier 2	SP; QL (2 EA per 1 day)
ISENTRESS ORAL PACKET 100 MG	Tier 2	SP; QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG	Tier 2	SP; QL (2 EA per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	Tier 2	SP; QL (6 EA per 1 day)
JULUCA ORAL TABLET 50-25 MG	Tier 2	SP; QL (1 EA per 1 day)
KALETRA ORAL SOLUTION 400-100 MG/5ML	Tier 3	SP; QL (480 ML per 30 days)
KALETRA ORAL TABLET 100-25 MG	Tier 1	SP; QL (10 EA per 1 day)
<i>lamivudine oral solution 10 mg/ml, 300 mg/30ml</i>	Tier 1	SP; QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	Tier 1	SP; QL (10 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	Tier 1	SP; QL (4 EA per 1 day)
<i>maraviroc oral tablet 150 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>maraviroc oral tablet 300 mg</i>	Tier 1	SP; QL (4 EA per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
<i>nevirapine oral suspension 50 mg/5ml</i>	Tier 1	SP; QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
NORVIR ORAL PACKET 100 MG	Tier 2	SP; QL (12 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 2	SP; QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 2	SP; QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	Tier 2	SP; QL (8 EA per 1 day)
PREZISTA ORAL TABLET 75 MG	Tier 2	SP; QL (16 EA per 1 day)
REYATAZ ORAL PACKET 50 MG	Tier 2	SP; QL (5 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i>	Tier 1	SP; QL (12 EA per 1 day)

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Drug	Status	Notes
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	Tier 2	PA; SP
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 2	SP; QL (31 ML per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 2	SP; QL (1 EA per 1 day)
SUNLENCA ORAL TABLET 300 MG	Tier 2	PA; SP
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	Tier 2	PA; SP
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	Tier 2	PA; SP
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 2	SP; QL (1 EA per 1 day)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	\$0	SP; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
TIVICAY ORAL TABLET 50 MG	Tier 2	SP; QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	Tier 2	SP; QL (6 EA per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 2	SP; QL (1 EA per 1 day)
<i>trimeq pd oral tablet soluble 60-5-30 mg</i>	Tier 2	SP; QL (6 EA per 1 day)
TYBOST ORAL TABLET 150 MG	Tier 2	QL (1 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 2	SP
VIREAD ORAL POWDER 40 MG/GM	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)
YEZTUGO ORAL TABLET 300 MG	Tier 3	PA; SP
YEZTUGO SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	Tier 3	PA; SP
<i>zidovudine oral capsule 100 mg</i>	Tier 1	SP; QL (6 EA per 1 day)
<i>zidovudine oral syrup 50 mg/5ml</i>	Tier 1	SP; QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
Antiviral Combinations		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	Tier 2	QL (20 EA per 28 days); AGE (Min 12 Years)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG	Tier 2	QL (11 EA per 28 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	Tier 2	QL (30 EA per 28 days); AGE (Min 12 Years)
Cmv Agents		
LIVTENCITY ORAL TABLET 200 MG	Tier 2	PA; SP

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Drug	Status	Notes
PREVYMIS ORAL PACKET 120 MG, 20 MG	Tier 3	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG	Tier 3	PA
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	Tier 1	
<i>valganciclovir hcl oral tablet 450 mg</i>	Tier 1	
Hepatitis Agents		
<i>adefovir dipivoxil oral tablet 10 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Tier 2	SP; QL (630 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG	Tier 2	PA; SP
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	Tier 2	PA; SP
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG	Tier 2	PA; SP
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	Tier 2	PA; SP
<i>lamivudine oral tablet 100 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
MAVYRET ORAL PACKET 50-20 MG	Tier 3	PA; SP
MAVYRET ORAL TABLET 100-40 MG	Tier 3	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 2	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	Tier 2	PA; SP
<i>ribavirin oral capsule 200 mg</i>	Tier 1	
<i>ribavirin oral tablet 200 mg</i>	Tier 1	
SOVALDI ORAL PACKET 150 MG, 200 MG	Tier 3	PA; SP
SOVALDI ORAL TABLET 200 MG, 400 MG	Tier 3	PA; SP
VEMLIDY ORAL TABLET 25 MG	Tier 2	SP; QL (1 EA per 1 day)
VOSEVI ORAL TABLET 400-100-100 MG	Tier 2	PA; SP
Herpes Agents		
<i>acyclovir oral capsule 200 mg</i>	Tier 1	
<i>acyclovir oral suspension 200 mg/5ml, 800 mg/20ml</i>	Tier 1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	Tier 1	
Influenza Agents		
<i>oseltamivir phosphate oral capsule 30 mg</i>	Tier 1	QL (40 EA per 180 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	Tier 1	QL (20 EA per 180 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	Tier 1	QL (360 ML per 180 days)

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Drug	Status	Notes
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	Tier 3	QL (40 EA per 180 days)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	Tier 2	QL (2 EA per 180 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	Tier 2	QL (2 EA per 180 days)
Misc. Antivirals		
LAGEVRIO ORAL CAPSULE 200 MG	Tier 2	QL (40 EA per 29 days); AGE (Min 18 Years)
TEMBEXA ORAL SUSPENSION 10 MG/ML	Tier 3	
TEMBEXA ORAL TABLET 100 MG	Tier 3	
TPOXX ORAL CAPSULE 200 MG	Tier 2	
Respiratory Syncytial Virus (Rsv) Agents		
<i>ribavirin inhalation solution reconstituted 6 gm</i>	Tier 1	
Beta Blockers		
Alpha-Beta Blockers		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	Tier 1	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	Tier 1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML	Tier 3	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG	Tier 3	
LOPRESSOR ORAL SOLUTION 10 MG/ML	Tier 3	PA
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	
TENORMIN ORAL TABLET 25 MG	Tier 1	

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Drug	Status	Notes
Beta Blockers Non-Selective		
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Tier 3	ST: Requires prior prescription for generic Propranolol oral solution within the past 120 days if 1 year of age and older; QL (360 ML per 30 days)
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	Tier 1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	Tier 1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	Tier 1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	Tier 3	QL: 8 BOTTLES IN 30 DAYS; ST: Requires prior prescription for Sotalol tablets within the past 120 days
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
Calcium Channel Blockers		
Calcium Channel Blockers		
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML	Tier 3	
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	Tier 1	
CONJUPRI ORAL TABLET 5 MG	Tier 3	PA
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Tier 1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	Tier 1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Tier 1	

Drug	Status	Notes
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Tier 1	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 1	
<i>levamlodipine maleate oral tablet 2.5 mg, 5 mg</i>	Tier 1	PA
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 1	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	Tier 1	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 1	
<i>nimodipine oral capsule 30 mg</i>	Tier 1	
<i>nimodipine oral solution 60 mg/20ml</i>	Tier 1	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	Tier 1	
NORLIQVA ORAL SOLUTION 1 MG/ML	Tier 3	PA
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 1	
NYMALIZE ORAL SOLUTION 6 MG/ML	Tier 3	PA
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 1	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	Tier 1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	Tier 3	

Drug	Status	Notes
Cardiotonics		
Cardiac Glycosides		
<i>digoxin oral solution 0.05 mg/ml</i>	Tier 3	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Tier 1	
<i>digoxin oral tablet 62.5 mcg</i>	Tier 1	PA
<i>digoxin solution 0.05 mg/ml oral</i>	Tier 1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	Tier 3	
LANOXIN ORAL TABLET 62.5 MCG	Tier 3	PA
Cardiovascular Agents - Misc.		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	Tier 1	QL (1 EA per 1 day)
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	Tier 3	QL (8 EA per 1 day)
ENTRESTO ORAL TABLET 24-26 MG	Tier 2	QL (6 EA per 1 day)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	Tier 2	QL (2 EA per 1 day)
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	Tier 1	
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	Tier 2	PA; SP
Impotence Agents		
<i>avanafil oral tablet 100 mg, 200 mg, 50 mg</i>	Tier 1	ST: Requires prior prescription for generic Viagra within the past 120 days; QL (1 EA per 5 days)
<i>bi-mix intracavernosal solution reconstituted 150-5 mg</i>	Tier 3	
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG	Tier 3	QL (1 EA per 5 days)
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG	Tier 3	QL: 6 INJECTIONS IN 30 DAYS
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30-1 MG/ML	Tier 3	
<i>phenylephrine hcl intracavernosal solution 2 mg/2ml</i>	Tier 3	
<i>quad-mix intracavernosal solution reconstituted 150-10-0.1-1 mg</i>	Tier 3	
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (1 EA per 5 days)

Drug	Status	Notes
<i>super bi-mix intracavernosal solution reconstituted 150-10 mg</i>	Tier 3	
<i>super quad-mix intracavernosal solution reconstituted 150-20-0.2-2 mg</i>	Tier 3	
<i>super tri-mix intracavernosal solution reconstituted 150-10-100 mg-mg-mcg</i>	Tier 3	
<i>tadalafil oral tablet 10 mg, 20 mg</i>	Tier 1	QL (1 EA per 5 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
<i>tri-mix intracavernosal solution reconstituted 150-5-50 mg-mg-mcg</i>	Tier 3	
<i>varденаfil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	ST: Requires prior prescription for generic Viagra within the past 120 days; QL (1 EA per 5 days)
<i>varденаfil hcl oral tablet dispersible 10 mg</i>	Tier 1	ST: Requires prior prescription for generic Viagra within the past 120 days; QL (1 EA per 5 days)
Peripheral Vasodilators		
<i>papaverine hcl injection solution 30 mg/ml</i>	Tier 1	
Prostaglandin Vasodilators		
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	Tier 2	PA; SP
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	Tier 2	PA; SP
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25	Tier 2	PA; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 2	PA; SP
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	Tier 1	PA; SP
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	Tier 2	PA; SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	Tier 2	PA; SP
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	Tier 2	PA; SP
TYVASO INHALATION SOLUTION 0.6 MG/ML	Tier 2	PA; SP
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML	Tier 2	PA; SP

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Drug	Status	Notes
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML	Tier 2	PA; SP
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	Tier 3	PA; SP
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Tier 1	PA; SP
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tier 1	PA; SP
<i>bosentan oral tablet soluble 32 mg</i>	Tier 1	PA; SP
OPSUMIT ORAL TABLET 10 MG	Tier 2	PA; SP
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ALYQ ORAL TABLET 20 MG	Tier 1	PA; SP; QL (2 EA per 1 day)
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	Tier 1	PA
<i>sildenafil citrate oral tablet 20 mg</i>	Tier 1	PA
<i>tadalafil (pah) oral tablet 20 mg</i>	Tier 1	PA; SP; QL (2 EA per 1 day)
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 2	PA; SP
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	Tier 2	PA; SP
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 2	PA; SP
Sinus Node Inhibitors		
CORLANOR ORAL SOLUTION 5 MG/5ML	Tier 2	QL (20 ML per 1 day)
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1	ST: Requires prior prescription for Bisoprolol, Carvedilol, or Metoprolol Succinate within the past 120 days; QL (2 EA per 1 day)
Unknown		
ATTRUBY ORAL TABLET THERAPY PACK 356 MG	Tier 3	PA; SP
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Tier 3	PA; SP
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 3	PA

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Drug	Status	Notes
VYNDAMAX ORAL CAPSULE 61 MG	Tier 3	PA; SP
VYNDAQEL ORAL CAPSULE 20 MG	Tier 3	PA; SP
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG	Tier 2	PA; SP
Cephalosporins		
Cephalosporins - 1St Generation		
<i>cefadroxil oral capsule 500 mg</i>	Tier 1	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	Tier 1	
<i>cefadroxil oral tablet 1 gm</i>	Tier 1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	Tier 1	
Cephalosporins - 2Nd Generation		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	Tier 1	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	Tier 1	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 1	
Cephalosporins - 3Rd Generation		
<i>cefdinir oral capsule 300 mg</i>	Tier 1	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	
<i>cefixime oral capsule 400 mg</i>	Tier 1	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Tier 1	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	Tier 1	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	Tier 1	
Chemicals		
Bulk Chemicals - A's		
<i>enovarx-amitriptyline external kit 2 %</i>	Tier 3	

Drug	Status	Notes
Contraceptives		
Combination Contraceptives - Oral		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AMETHYST ORAL TABLET 90-20 MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
APRI ORAL TABLET 0.15-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ASHLYNA ORAL TABLET 0.15-0.03 & 0.01 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUROVELA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUROVELA 1/20 ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AVERI ORAL TABLET 0.15-0.03 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AVIANE ORAL TABLET 0.1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AYUNA ORAL TABLET 0.15-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
BALZIVA ORAL TABLET 0.4-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
CAMRESE ORAL TABLET 0.15-0.03 & 0.01 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
CHARLOTTE 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS

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Drug	Status	Notes
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
DAYSEE ORAL TABLET 0.15-0.03 & 0.01 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
DELYLA ORAL TABLET 0.1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
DOLISHALE ORAL TABLET 90-20 MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ELINEST ORAL TABLET 0.3-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
FALMINA ORAL TABLET 0.1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
FEIRZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
FEIRZA 1/20 ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
FINZALA ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
GALBRIELA ORAL TABLET CHEWABLE 0.8-25 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
GEMMILY ORAL CAPSULE 1-20 MG-MCG(24)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
HAILEY FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ICLEVIA ORAL TABLET 0.15-0.03 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
INTROVALE ORAL TABLET 0.15-0.03 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)

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Drug	Status	Notes
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
JAIMESS ORAL TABLET 0.15-0.03 & 0.01 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
JASMIEL ORAL TABLET 3-0.02 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
JOLESSA ORAL TABLET 0.15-0.03 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
JOYEAUX ORAL TABLET 0.1-20 MG-MCG(21)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (1 EA per 1 day)
JULEBER ORAL TABLET 0.15-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
KALLIGA ORAL TABLET 0.15-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
KURVELO ORAL TABLET 0.15-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LAYOLIS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LESSINA ORAL TABLET 0.1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)

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Drug	Status	Notes
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (1 EA per 1 day)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/125-30 mcg</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LOJAIMIESS ORAL TABLET 0.1-0.02 & 0.01 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
LORYNA ORAL TABLET 3-0.02 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LO-ZUMANDIMINE ORAL TABLET 3-0.02 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LUTERA ORAL TABLET 0.1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MIBELAS 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MILI ORAL TABLET 0.25-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MINZOYA ORAL TABLET 0.1-20 MG-MCG(21)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (1 EA per 1 day)
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS

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Drug	Status	Notes
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
NEXTSTELLIS ORAL TABLET 3-14.2 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (1 EA per 1 day)
NIKKI ORAL TABLET 3-0.02 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>norethindrone-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
OCELLA ORAL TABLET 3-0.03 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
PHILITH ORAL TABLET 0.4-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
RIVELSA ORAL TABLET 42-21-21-7 DAYS	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ROSYRAH ORAL TABLET 42-21-21-7 DAYS	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
SETLAKIN ORAL TABLET 0.15-0.03 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)

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Drug	Status	Notes
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
SIMPESSE ORAL TABLET 0.15-0.03 & 0.01 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
SRONYX ORAL TABLET 0.1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
SYEDA ORAL TABLET 3-0.03 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TAYSOFY ORAL CAPSULE 1-20 MG-MCG(24)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TURQOZ ORAL TABLET 0.3-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS

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Drug	Status	Notes
TYDEMY ORAL TABLET 3-0.03-0.451 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
VALTYA 1/50 ORAL TABLET 1-50 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
VESTURA ORAL TABLET 3-0.02 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
VIENVA ORAL TABLET 0.1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
WERA ORAL TABLET 0.5-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
XARAH FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
XELRIA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ZUMANDIMINE ORAL TABLET 3-0.03 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
Combination Contraceptives - Transdermal		
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	\$0	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR	\$0	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	\$0	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	\$0	
Combination Contraceptives - Vaginal		
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR	\$0	
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	\$0	
ENILLORING VAGINAL RING 0.12-0.015 MG/24HR	\$0	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	\$0	
HALOETTE VAGINAL RING 0.12-0.015 MG/24HR	\$0	
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	\$0	

Drug	Status	Notes
Emergency Contraceptives		
AFTERA ORAL TABLET 1.5 MG	\$0	
AFTERPILL ORAL TABLET 1.5 MG	\$0	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	\$0	
ELLA ORAL TABLET 30 MG	\$0	
HER STYLE ORAL TABLET 1.5 MG	\$0	
<i>levonorgestrel oral tablet 1.5 mg</i>	\$0	
MY CHOICE ORAL TABLET 1.5 MG	\$0	
MY WAY ORAL TABLET 1.5 MG	\$0	
NEW DAY ORAL TABLET 1.5 MG	\$0	
OPCICON ONE-STEP ORAL TABLET 1.5 MG	\$0	
OPTION 2 ORAL TABLET 1.5 MG	\$0	
REACT ORAL TABLET 1.5 MG	\$0	
TAKE ACTION ORAL TABLET 1.5 MG	\$0	
Progestin Contraceptives - Implants		
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1 IN 365 DAYS
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	\$0	\$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (0.65 ML per 84 days)
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	\$0	\$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	\$0	\$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
Progestin Contraceptives - IUD		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	\$0	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	\$0	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	\$0	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	\$0	
Progestin Contraceptives - Oral		
CAMILA ORAL TABLET 0.35 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
DEBLITANE ORAL TABLET 0.35 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS

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Drug	Status	Notes
EMZAHH ORAL TABLET 0.35 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ERRIN ORAL TABLET 0.35 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
HEATHER ORAL TABLET 0.35 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
INCASSIA ORAL TABLET 0.35 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
JENCYCLA ORAL TABLET 0.35 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LYLEQ ORAL TABLET 0.35 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LYZA ORAL TABLET 0.35 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MELEYA ORAL TABLET 0.35 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
NORA-BE ORAL TABLET 0.35 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>norethindrone oral tablet 0.35 mg</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
NORLYROC ORAL TABLET 0.35 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
OPILL ORAL TABLET 0.075 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ORQUIDEA ORAL TABLET 0.35 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
SHAROBEL ORAL TABLET 0.35 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
SLYND ORAL TABLET 4 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (1 EA per 1 day)
Corticosteroids		
Glucocorticosteroids		
AGAMREE ORAL SUSPENSION 40 MG/ML	Tier 3	PA; SP
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Tier 3	PA; SP
BETALOGAN SUIK COMBINATION KIT 30 MG/5ML	Tier 3	
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	Tier 1	ST: Requires prior prescription for Balsalazide Disodium within the past 120 days
<i>budesonide oral capsule delayed release particles 3 mg</i>	Tier 1	
<i>cortisone acetate oral tablet 25 mg</i>	Tier 1	
<i>deflazacort oral suspension 22.75 mg/ml</i>	Tier 1	PA; SP
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	Tier 1	PA; SP
<i>dexamethasone acetate injection suspension 8 mg/ml</i>	Tier 1	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 3	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 1	

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Drug	Status	Notes
DEXONTO 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML	Tier 3	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>hydrocortisone sod suc (pf) injection solution reconstituted 100 mg</i>	Tier 1	
IONTOSONE 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML	Tier 3	
<i>jaythari oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	Tier 1	PA; SP
KENALOG-80 INJECTION SUSPENSION 80 MG/ML	Tier 3	
MEDPREDKIT COMBINATION KIT 4 MG	Tier 1	
MEDROL ORAL TABLET 2 MG	Tier 2	
MEDROLOAN II SUIK COMBINATION KIT 40 MG/ML	Tier 3	
MEDROLOAN SUIK COMBINATION KIT 40 MG/ML	Tier 3	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	Tier 1	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG	Tier 3	
<i>p-care k40g combination kit 40 mg/ml</i>	Tier 3	
<i>p-care k80g combination kit 40 mg/ml</i>	Tier 3	
<i>physicians ez use joint/tunnel combination kit 40-1 mg/ml-%</i>	Tier 3	
<i>pod-care 100cg combination kit 30 mg/5ml</i>	Tier 3	
<i>pod-care 100kg combination kit 40 mg/ml</i>	Tier 3	
<i>prednisolone oral solution 15 mg/5ml</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	Tier 1	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	Tier 1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 2	
<i>prednisone oral solution 5 mg/5ml</i>	Tier 1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	Tier 1	

Drug	Status	Notes
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG, 250 MG, 500 MG	Tier 3	
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG	Tier 3	PA; SP
<i>triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml, 80 mg/ml</i>	Tier 1	
TRILOAN II SUIK COMBINATION KIT 40 MG/ML	Tier 3	
TRILOAN SUIK COMBINATION KIT 40 MG/ML	Tier 3	
Mineralocorticoids		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	Tier 1	
Cough/Cold/Allergy		
Antitussives		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	Tier 1	
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	Tier 1	QL (30 ML per 1 day); AGE (Min 18 Years)
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 18 Years)
<i>hydromet oral solution 5-1.5 mg/5ml</i>	Tier 1	QL (30 ML per 1 day); AGE (Min 18 Years)
Cough/Cold/Allergy Combinations		
<i>bromphen-pseudoeph-dm oral syrup 2-30-10 mg/5ml</i>	Tier 1	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG	Tier 3	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days
<i>coditussin ac oral liquid 200-10 mg/5ml</i>	Tier 3	AGE (Min 12 Years)
<i>coditussin dac oral liquid 30-10-200 mg/5ml</i>	Tier 3	AGE (Min 12 Years)
<i>g tussin ac oral solution 100-10 mg/5ml</i>	Tier 1	AGE (Min 12 Years)
<i>guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml</i>	Tier 1	AGE (Min 12 Years)
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	Tier 1	QL (10 ML per 1 day); AGE (Min 18 Years)
MAR-COF CG EXPECTORANT ORAL LIQUID 225-7.5 MG/5ML	Tier 3	AGE (Min 12 Years)
<i>maxi-tuss ac oral solution 100-10 mg/5ml</i>	Tier 1	AGE (Min 12 Years)
<i>maxi-tuss cd oral liquid 10-4-10 mg/5ml</i>	Tier 3	AGE (Min 12 Years)
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML	Tier 3	
NINJACOF-XG ORAL LIQUID 200-8 MG/5ML	Tier 3	AGE (Min 12 Years)
<i>poly-tussin ac oral liquid 10-4-10 mg/5ml</i>	Tier 3	AGE (Min 12 Years)
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	Tier 3	

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Drug	Status	Notes
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	Tier 1	QL (30 ML per 1 day); AGE (Min 18 Years)
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	Tier 1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	Tier 1	
PRO-RED AC ORAL SYRUP 5-1-9 MG/5ML	Tier 3	AGE (Min 12 Years)
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	Tier 1	
RYDEX ORAL LIQUID 10-1.33-6.33 MG/5ML	Tier 3	AGE (Min 12 Years)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG	Tier 3	ST: Requires prior prescription for Promethazine/codeine within the past 120 days; QL (2 EA per 1 day); AGE (Min 18 Years)
Expectorants		
<i>potassium iodide (expectorant) oral solution 1 gm/ml</i>	Tier 1	
Misc. Respiratory Inhalants		
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %	Tier 3	
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	Tier 1	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	Tier 3	
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %</i>	Tier 1	
Mucolytics		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	Tier 1	
Dermatologicals		
Acne Products		
<i>abenor external cream 4-10 %</i>	Tier 3	
<i>abenor hp external lotion 4-15 %</i>	Tier 3	
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
<i>acioxiay external cream 15-4 %</i>	Tier 3	
<i>adainzoxia external gel 0.3-2.5-4 %</i>	Tier 3	
<i>adalina external gel 4-5 %</i>	Tier 3	
<i>adapalene external cream 0.1 %</i>	Tier 1	
<i>adapalene external gel 0.1 %, 0.3 %</i>	Tier 1	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %</i>	Tier 1	
<i>adeinzde external gel 0.1-2.5-1 %</i>	Tier 3	

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Drug	Status	Notes
<i>adermica external gel 2.5-1-2-0.025 %</i>	Tier 3	
<i>adermica hp external gel 2.5-1-2-0.05 %</i>	Tier 3	
<i>admirazol external cream 6-2-5 %</i>	Tier 3	
<i>admirazol hp external cream 8.5-2-5 %</i>	Tier 3	
<i>alixi external cream 6-4 %</i>	Tier 3	
<i>alixi hp external cream 8.5-4 %</i>	Tier 3	
<i>alomira external gel 5-1-2-0.05 %</i>	Tier 3	
<i>alomira hp external gel 5-1-2-0.1 %</i>	Tier 3	
<i>alomira lp external gel 5-1-2-0.025 %</i>	Tier 3	
ALTRENO EXTERNAL LOTION 0.05 %	Tier 3	
<i>aluris external cream 4-0.05 %</i>	Tier 3	
<i>aluris external gel 4-0.05 %</i>	Tier 3	
<i>aluris hp external cream 4-0.1 %</i>	Tier 3	
<i>aluris hp plus external cream 4-0.1 %</i>	Tier 3	
<i>aluris lp external cream 4-0.025 %</i>	Tier 3	
<i>aluris lp plus external cream 4-0.025 %</i>	Tier 3	
<i>aluris plus external cream 4-0.05 %</i>	Tier 3	
<i>aluxof external therapy pack 10-4 & 2-4-0.05 %</i>	Tier 3	
<i>aluxof hp external therapy pack 10-4 & 2-4-0.1 %</i>	Tier 3	
<i>alvox external cream 4-0.05 %</i>	Tier 3	
<i>alvox hp external cream 4-0.1 %</i>	Tier 3	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
<i>apexol cleanser external suspension 2-8 %</i>	Tier 3	
<i>apexol hp cleanser external suspension 5-10 %</i>	Tier 3	
<i>aphoria external gel 0.3-2.5-4 %</i>	Tier 3	
<i>aporix external gel 1-4 %</i>	Tier 3	
<i>aporix external lotion 1-4 %</i>	Tier 3	
<i>artilis external gel 1-2.5-4 %</i>	Tier 3	
<i>artilis hp external gel 1-5-4 %</i>	Tier 3	
<i>augustil external gel 1-4-2-0.025 %</i>	Tier 3	
AVAR CLEANSER EXTERNAL LIQUID 10-5 %	Tier 1	QL (1419 GM per 1 FILL)
<i>avidora external cream 1-4-0.025 %</i>	Tier 3	
<i>avidora external solution 1-4-0.025 %</i>	Tier 3	
<i>avidora hp external cream 1-4-0.05 %</i>	Tier 3	
<i>awanis external cream 8.5-2-0.025 %</i>	Tier 3	

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Drug	Status	Notes
<i>azalta external gel 2-5-0.025 %</i>	Tier 3	
<i>azalta hp external gel 2-5-0.05 %</i>	Tier 3	
BENZEPRO EXTERNAL 5.8 %	Tier 3	
BENZEPRO EXTERNAL FOAM 5.2 %, 9.7 %	Tier 3	
BENZEPRO EXTERNAL LIQUID 6.8 %	Tier 3	
<i>benzoyl perox-hydrocortisone external lotion 5-0.5 %</i>	Tier 1	
<i>benzoyl peroxide external foam 9.8 %</i>	Tier 1	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	Tier 1	
CABTREO EXTERNAL GEL 0.15-3.1-1.2 %	Tier 3	PA
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
CLINDACIN ETZ EXTERNAL SWAB 1 %	Tier 1	
CLINDACIN EXTERNAL FOAM 1 %	Tier 1	
CLINDACIN-P EXTERNAL SWAB 1 %	Tier 1	
<i>clindamycin phos (once-daily) external gel 1 %</i>	Tier 1	
<i>clindamycin phos (twice-daily) external gel 1 %</i>	Tier 1	
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %</i>	Tier 1	ST: Requires prior prescription for generic Clindamycin/Benzoyl Peroxide 1%-5% gel within the past 120 days
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-3.75 %, 1.2-5 %</i>	Tier 1	
<i>clindamycin phosphate external foam 1 %</i>	Tier 1	
<i>clindamycin phosphate external lotion 1 %</i>	Tier 1	
<i>clindamycin phosphate external solution 1 %</i>	Tier 1	QL (180 ML per 1 FILL)
<i>clindamycin phosphate external swab 1 %</i>	Tier 1	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 %	Tier 3	
<i>dapsone external gel 5 %, 7.5 %</i>	Tier 1	
<i>deoxia external gel 1-4 %</i>	Tier 3	
<i>deoxia external lotion 1-4 %</i>	Tier 3	
<i>deoxiademtar external gel 1-4-2-0.025 %</i>	Tier 3	
<i>deoxiatar external solution 1-4-0.025 %</i>	Tier 3	
<i>deoxiavar external cream 1-4-0.05 %</i>	Tier 3	
<i>diadimaxia external cream 6-2-5 %</i>	Tier 3	
<i>diadimaxia external gel 6-2-5 %</i>	Tier 3	
<i>diaoxia external gel 6-4 %</i>	Tier 3	
<i>diasaxiatar external cream 8.5-2-0.025 %</i>	Tier 3	

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Drug	Status	Notes
<i>diasaxiatar external gel 8.5-2-0.025 %</i>	Tier 3	
<i>diasdimaxia external cream 8.5-2-5 %</i>	Tier 3	
<i>diasdimaxia external gel 8.5-2-5 %</i>	Tier 3	
<i>diasoxia external cream 6-4 %, 8.5-4 %</i>	Tier 3	
<i>diasoxia external gel 8.5-4 %</i>	Tier 3	
<i>dimoxia external gel 4-5 %</i>	Tier 3	
<i>draxacey external suspension 2-8 %</i>	Tier 3	
<i>drixece external suspension 5-10 %</i>	Tier 3	
<i>dynoma external cream 0.05-4 %</i>	Tier 3	
<i>eceoxia external cream 4-10 %</i>	Tier 3	
<i>ery external pad 2 %</i>	Tier 3	
<i>erythromycin external gel 2 %</i>	Tier 1	
<i>erythromycin external solution 2 %</i>	Tier 1	QL (180 ML per 1 FILL)
<i>ethoxia external cream 4-0.05 %</i>	Tier 3	
<i>fluoxia external cream 0.05-4 %</i>	Tier 3	
<i>idyyxiatar external gel 5-0.025 %</i>	Tier 3	
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT 4 & 1 & 5 %	Tier 3	
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT 8 & 2 & 5 %	Tier 3	
INOVA EXTERNAL KIT 4 & 5 %, 8 & 5 %	Tier 3	
<i>inzdeaxiatar external gel 2.5-1-2-0.025 %</i>	Tier 3	
<i>inzdeaxiavar external gel 2.5-1-2-0.05 %</i>	Tier 3	
<i>inzdeoxia external gel 2.5-1-4 %</i>	Tier 3	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>ithoxia external cream 4-0.1 %</i>	Tier 3	
<i>lounzdomdioxatar external therapy pack 10-4 & 2-4-0.05 %</i>	Tier 3	
<i>melzara external cream 10-2-6 %</i>	Tier 3	
MYORISAN ORAL CAPSULE 30 MG	Tier 1	
NEUAC EXTERNAL GEL 1.2-5 %	Tier 1	
<i>onzdeaxiademtar external gel 5-1-2-2-0.025 %</i>	Tier 3	
<i>onzdeaxiademvar external gel 5-1-2-2-0.05 %</i>	Tier 3	
<i>onzdeaxiatar external gel 5-1-2-0.025 %</i>	Tier 3	
<i>onzdeaxiavar external gel 5-1-2-0.05 %</i>	Tier 3	
<i>onzdeaxiazar external gel 5-1-2-0.1 %</i>	Tier 3	

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Drug	Status	Notes
<i>onzdeoxia external gel 1-5-4 %</i>	Tier 3	
<i>oxiaice external lotion 4-15 %</i>	Tier 3	
<i>oxiatar external cream 4-0.025 %</i>	Tier 3	
<i>oxiavar external cream 4-0.05 %</i>	Tier 3	
<i>oxiavarry external cream 4-0.05 %</i>	Tier 3	
<i>oxiavary external cream 4-0.1 %</i>	Tier 3	
<i>oxiazar external cream 4-0.1 %</i>	Tier 3	
PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 %	Tier 3	
PR BENZOYL PEROXIDE EXTERNAL LIQUID 6.9 %	Tier 3	
<i>resorcinol-sulfur external lotion 2-5 %</i>	Tier 1	
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 %	Tier 3	AGE (Max 39 Years)
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %	Tier 3	AGE (Max 39 Years)
<i>rumilo external cream 15-4 %</i>	Tier 3	
<i>saroxia external cream 4-0.05 %</i>	Tier 3	
<i>sirvana external gel 5-0.025 %</i>	Tier 3	
<i>sorixia external cream 4-0.05 %</i>	Tier 3	
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur external liquid 10-5 %</i>	Tier 1	QL (1419 GM per 1 FILL)
<i>sulfacetamide sodium-sulfur external suspension 8-4 %</i>	Tier 1	
<i>sulfacetamide sod-sulfur wash external liquid 9-4 %, 9-4.5 %</i>	Tier 1	
<i>sulfacetamide-sulfur in urea external emulsion 10-5 %</i>	Tier 1	QL (1419 ML per 1 FILL)
SULFACLEANSE 8/4 EXTERNAL SUSPENSION 8-4 %	Tier 1	
<i>tardeoxia external cream 1-4-0.025 %</i>	Tier 3	
<i>tardimaxia external gel 2-5-0.025 %</i>	Tier 3	
<i>taroxia external cream 4-0.025 %</i>	Tier 3	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 1	
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	Tier 1	
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	Tier 1	AGE (Max 39 Years)

Drug	Status	Notes
<i>tretinoin microsphere external gel 0.08 %</i>	Tier 1	ST: Requires prior prescriptions for generic Tretinoin Microsphere 0.04% and 0.10% within the past 365 days; AGE (Max 39 Years)
<i>tretinoin microsphere pump external gel 0.04 %, 0.1 %</i>	Tier 1	AGE (Max 39 Years)
<i>tretinoin microsphere pump external gel 0.08 %</i>	Tier 1	ST: Requires prior prescriptions for generic Tretinoin Microsphere 0.04% and 0.10% within the past 365 days; AGE (Max 39 Years)
<i>unzdomdioxiazar external therapy pack 10-4 & 2-4-0.1 %</i>	Tier 3	
VANOXIDE-HC EXTERNAL LOTION 5-0.5 %	Tier 1	
<i>vardimaxia external gel 2-5-0.05 %</i>	Tier 3	
<i>varoxia external cream 4-0.05 %</i>	Tier 3	
<i>varoxia external gel 4-0.05 %</i>	Tier 3	
WINLEVI EXTERNAL CREAM 1 %	Tier 3	PA; QL (60 GM per 30 days)
ZACARE EXTERNAL KIT 4 & 0.2 %, 8 & 0.2 %	Tier 3	
<i>zacrir cleansing external lotion 8 %</i>	Tier 3	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
Agents For Wrinkles/Lipoatrophy/Other Aesthetic Uses		
<i>sivora external cream 0.3 %</i>	Tier 3	
Analgesics - Topical		
A.A.G.C. KIT IN TERODERM EXTERNAL CREAM 8-4-10-4 %	Tier 3	
<i>enovarx-baclofen external cream 1 %</i>	Tier 3	
<i>enovarx-tramadol external cream 5 %</i>	Tier 3	
MISICARUB EXTERNAL CREAM 2 %, 5 %	Tier 3	
MUSCUSOLICE EXTERNAL CREAM 2 %, 5 %	Tier 3	
PRAKETAMIDE EXTERNAL CREAM 5 %	Tier 3	
Antibiotics - Topical		
<i>batizia external ointment 2-2 %</i>	Tier 3	
<i>baxonil external ointment 1-2 %</i>	Tier 3	
<i>gentamicin sulfate external cream 0.1 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>gentamicin sulfate external ointment 0.1 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>idaran external ointment 1-2 %</i>	Tier 3	
<i>mupirocin calcium external cream 2 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>mupirocin external ointment 2 %</i>	Tier 1	QL (90 GM per 1 FILL)

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Drug	Status	Notes
<i>nanran external ointment 2-2 %</i>	Tier 3	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 %	Tier 3	ST: Requires prior prescription for generic Fluocinolone Acetonide cream, oil, ointment or solution within the past 120 days
Antifungals - Topical		
CICLODAN EXTERNAL SOLUTION 8 %	Tier 1	QL (19.8 ML per 1 FILL)
<i>ciclopirox external gel 0.77 %</i>	Tier 1	
<i>ciclopirox external shampoo 1 %</i>	Tier 1	
<i>ciclopirox external solution 8 %</i>	Tier 1	QL (19.8 ML per 1 FILL)
<i>ciclopirox olamine external cream 0.77 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>ciclopirox olamine external suspension 0.77 %</i>	Tier 1	QL (180 ML per 1 FILL)
<i>ciclopirox treatment external kit 8 %</i>	Tier 3	
<i>clotrimazole external cream 1 %</i>	Tier 1	
<i>clotrimazole external solution 1 %</i>	Tier 1	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	Tier 1	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	Tier 1	
<i>dazinia external cream 1-2.5-2 %</i>	Tier 3	
<i>delibon external cream 2-2.5 %</i>	Tier 3	
<i>denvita external cream 2-4 %</i>	Tier 3	
DERMAZENE EXTERNAL CREAM 1-1 %	Tier 1	
<i>difmetioxime external solution 4-2-1-4 %</i>	Tier 3	
<i>econazole nitrate external cream 1 %</i>	Tier 1	QL (170 GM per 1 FILL)
ECOZA EXTERNAL FOAM 1 %	Tier 3	
EXELDERM EXTERNAL CREAM 1 %	Tier 2	
EXODERM EXTERNAL LOTION 25-1 %	Tier 3	
<i>fenovia external solution 4-2-1-4 %</i>	Tier 3	
<i>fervina external lotion 3-5-20 %</i>	Tier 3	
<i>fidila external shampoo 2-2 %</i>	Tier 3	
<i>filoma external solution 8-1-1 %</i>	Tier 3	
<i>frivo external cream 1-4 %</i>	Tier 3	
<i>fungimez external solution</i>	Tier 3	
FUNGIZYL AC EXTERNAL CREAM 2-2 %	Tier 3	
<i>hexiounyl external lotion 3-5-20 %</i>	Tier 3	
<i>hixdefrima external solution 8-1-1 %</i>	Tier 3	
<i>hydrocortisone-iodoquinol external cream 1-1 %</i>	Tier 1	
<i>imioxia external cream 1-4 %</i>	Tier 3	

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Drug	Status	Notes
<i>iodoquimez-hc external cream 1-1.9 %</i>	Tier 1	
<i>iodoquinol-hydrocortisone-aloe external cream 1-1.9 %</i>	Tier 1	
<i>ketoconazole external cream 2 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>ketoconazole external shampoo 2 %</i>	Tier 1	QL (360 ML per 1 FILL)
KLAYESTA EXTERNAL POWDER 100000 UNIT/GM	Tier 1	
LUZU EXTERNAL CREAM 1 %	Tier 3	ST: Requires prior prescriptions for Ketoconazole and Clotrimazole cream within the past 365 days; QL (60 GM per 28 days)
<i>miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %</i>	Tier 1	
MYCOZYL AL EXTERNAL SOLUTION 1 %	Tier 1	
<i>naftifine hcl external cream 1 %</i>	Tier 1	
<i>naftifine hcl external cream 2 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>naftifine hcl external gel 2 %</i>	Tier 1	
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	Tier 1	
<i>nystatin external cream 100000 unit/gm</i>	Tier 1	
<i>nystatin external ointment 100000 unit/gm</i>	Tier 1	QL (90 GM per 1 FILL)
<i>nystatin external powder 100000 unit/gm</i>	Tier 1	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	Tier 1	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	Tier 1	QL (180 GM per 1 FILL)
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	Tier 1	
<i>oxiconazole nitrate external cream 1 %</i>	Tier 1	QL (180 GM per 1 FILL)
OXISTAT EXTERNAL LOTION 1 %	Tier 3	
<i>phedrax external shampoo 2-2 %</i>	Tier 3	
<i>pheodoyo external cream 1-2.5-2 %</i>	Tier 3	
<i>pheoxia external cream 2-4 %</i>	Tier 3	
<i>pheyo external cream 2.5-2 %</i>	Tier 3	
<i>sulconazole nitrate external solution 1 %</i>	Tier 1	
<i>tavaborole external solution 5 %</i>	Tier 1	PA
VUSION EXTERNAL OINTMENT 0.25-15-81.35 %	Tier 3	
VYTONE EXTERNAL CREAM 1-1.9 %	Tier 1	
Anti-Inflammatory Agents - Topical		
<i>diclofenac epolamine external patch 1.3 %</i>	Tier 1	

Drug	Status	Notes
<i>diclofenac sodium external gel 1 %</i>	Tier 1	
<i>diclofenac sodium external solution 1.5 %</i>	Tier 1	
<i>dual complex formula 1 kit external cream</i>	Tier 3	
<i>enovarx-diclofenac sodium external cream 2.5 %</i>	Tier 3	
<i>enovarx-ibuprofen external cream 10 %</i>	Tier 3	
<i>enovarx-naproxen external cream 10 %</i>	Tier 3	
<i>fbl kit external cream 15-4-5 %</i>	Tier 3	
FLECTOR EXTERNAL PATCH 1.3 %	Tier 3	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 %	Tier 3	
LICART EXTERNAL PATCH 24 HOUR 1.3 %	Tier 3	ST: Requires prior prescription for generic Flector patch within the past 120 days; QL (1 EA per 1 day)
<i>napro external cream 15 %</i>	Tier 3	
TRIFENA PAIN RELIEF EXTERNAL PATCH 1.2-5-4 %	Tier 3	
<i>triple complex formula 3 kit external cream 20-2-10 %</i>	Tier 3	
<i>vp fc kit external cream</i>	Tier 3	
<i>vp gkl kit external cream 20-2-10 %</i>	Tier 3	
Antineoplastic Or Premalignant Lesion Agents - Topical		
AMELUZ EXTERNAL GEL 10 %	Tier 3	
<i>bexarotene external gel 1 %</i>	Tier 1	PA; SP
<i>diclofenac sodium external gel 3 %</i>	Tier 1	QL (100 GM per 1 FILL)
<i>fluorouracil external cream 0.5 %</i>	Tier 1	PA
<i>fluorouracil external cream 5 %</i>	Tier 1	
<i>fluorouracil external solution 2 %, 5 %</i>	Tier 1	
<i>kazuri external gel 5-1-0.05 %</i>	Tier 3	
KEFUNOVA EXTERNAL CREAM 5-0.005 %	Tier 3	
<i>keraxa external gel 3-4 %</i>	Tier 3	
<i>kerida external gel 5-30-0.1 %</i>	Tier 3	
KLISYRI (250 MG) EXTERNAL OINTMENT 1 %	Tier 3	QL (5 EA per 1 FILL)
KLISYRI (350 MG) EXTERNAL OINTMENT 1 %	Tier 3	QL (5 EA per 1 FILL)
<i>kynara external gel 5-1-2 %</i>	Tier 3	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 %	Tier 3	

Drug	Status	Notes
PANRETIN EXTERNAL GEL 0.1 %	Tier 3	SP; QL (60 GM per 28 days)
<i>quidroxzar external gel 5-30-0.1 %</i>	Tier 3	
<i>quihoxaxia external gel 5-1-2 %</i>	Tier 3	
<i>quihoxvar external gel 5-1-0.05 %</i>	Tier 3	
<i>roaoxia external gel 3-4 %</i>	Tier 3	
TOLAK EXTERNAL CREAM 4 %	Tier 2	
VALCHLOR EXTERNAL GEL 0.016 %	Tier 2	PA; SP
Antipsoriatics		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 1	SP
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML	Tier 2	PA; SP
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	Tier 2	PA; SP
<i>calcipotriene external cream 0.005 %</i>	Tier 1	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
<i>calcipotriene external ointment 0.005 %</i>	Tier 1	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
<i>calcipotriene external solution 0.005 %</i>	Tier 1	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
CALCITRENE EXTERNAL OINTMENT 0.005 %	Tier 1	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
<i>calcitriol external ointment 3 mcg/gm</i>	Tier 1	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
<i>diooxia external cream 0.005-4 %</i>	Tier 3	
<i>methoxsalen rapid oral capsule 10 mg</i>	Tier 1	
<i>purazil external cream 0.005-4 %</i>	Tier 3	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Tier 2	PA; SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 2	PA; SP
SOTYKTU ORAL TABLET 6 MG	Tier 2	PA; SP
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	Tier 3	PA; SP
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Tier 2	PA; SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	Tier 2	PA; SP

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Drug	Status	Notes
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML, 80 MG/ML	Tier 2	PA; SP
<i>tazarotene external cream 0.05 %</i>	Tier 1	AGE (Max 39 Years)
<i>tazarotene external cream 0.1 %</i>	Tier 1	
<i>tazarotene external gel 0.05 %, 0.1 %</i>	Tier 1	AGE (Max 39 Years)
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Tier 2	PA; SP
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Tier 2	PA; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 2	PA; SP
VECTICAL EXTERNAL OINTMENT 3 MCG/GM	Tier 3	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
VTAMA EXTERNAL CREAM 1 %	Tier 2	PA; QL (60 GM per 30 days)
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 2	PA; SP
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Tier 2	PA; SP
ZITHRANOL EXTERNAL SHAMPOO 1 %	Tier 3	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
Antiseborrheic Products		
<i>daiflor external shampoo 0.77-2 %</i>	Tier 3	
<i>dionaris external shampoo 0.77-0.05-3 %</i>	Tier 3	
<i>divendo external shampoo 0.77-0.05 %</i>	Tier 3	
ESKATA EXTERNAL SOLUTION 40 %	Tier 3	
<i>haxchlo external shampoo 0.77-0.05 %</i>	Tier 3	
<i>haxchlodrex external shampoo 0.77-0.05-3 %</i>	Tier 3	
<i>haxdrax external shampoo 0.77-2 %</i>	Tier 3	
OVACE PLUS EXTERNAL CREAM 10 %	Tier 3	
OVACE PLUS EXTERNAL LOTION 9.8 %	Tier 3	ST: Requires prior prescription for Ciclopirox (shampoo/gel) or Ketoconazole (shampoo/cream) within the past 120 days
PLEXION NS EXTERNAL SHAMPOO 9.8 %	Tier 1	
<i>selenium sulfide external lotion 2.5 %</i>	Tier 1	
<i>selenium sulfide external shampoo 2.25 %, 2.3 %</i>	Tier 1	
<i>sodium sulfacetamide external shampoo 10 %, 9.8 %</i>	Tier 1	
<i>sodium sulfacetamide wash external liquid 10 %</i>	Tier 1	

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Drug	Status	Notes
<i>sulfacetamide sodium (cleans) external gel 10 %</i>	Tier 1	
<i>sulfacetamide sodium external liquid 10 %</i>	Tier 1	
Antivirals - Topical		
<i>acyclovir external ointment 5 %</i>	Tier 1	
ZELSUVMI EXTERNAL GEL 10.3 %	Tier 3	PA
Burn Products		
<i>mafenide acetate external packet 5 %</i>	Tier 1	
<i>silver sulfadiazine external cream 1 %</i>	Tier 1	
SSD EXTERNAL CREAM 1 %	Tier 1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM	Tier 3	
Cauterizing Agents		
ARZOL SILVER NIT APPLICATORS EXTERNAL 75-25 %	Tier 3	
<i>silver nitrate external solution 0.5 %</i>	Tier 1	
Corticosteroids - Topical		
<i>acioxia external gel 0.5-0.1 %</i>	Tier 3	
ADVANCED ALLERGY COLLECTION EXTERNAL KIT 2.5 %	Tier 3	
ALA SCALP EXTERNAL LOTION 2 %	Tier 1	ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
<i>ala-cort external cream 1 %</i>	Tier 1	
ALA-SCALP EXTERNAL LOTION 2 %	Tier 1	ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
<i>alclometasone dipropionate external cream 0.05 %</i>	Tier 1	
<i>alclometasone dipropionate external ointment 0.05 %</i>	Tier 1	
<i>amcinonide external cream 0.1 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone 0.1% ointment, Fluticasone 0.005% ointment, Mometasone 0.1% ointment, or Triamcinolone 0.5% ointment or cream within the past 120 days
<i>betamethasone dipropionate aug external cream 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	Tier 1	

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Drug	Status	Notes
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate external cream 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate external lotion 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate external ointment 0.05 %</i>	Tier 1	
<i>betamethasone valerate external cream 0.1 %</i>	Tier 1	
<i>betamethasone valerate external foam 0.12 %</i>	Tier 1	
<i>betamethasone valerate external lotion 0.1 %</i>	Tier 1	
<i>betamethasone valerate external ointment 0.1 %</i>	Tier 1	
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	Tier 1	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	Tier 1	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
<i>chlohex external shampoo 0.05-2 %</i>	Tier 3	
<i>chlooxia external cream 0.05-4 %</i>	Tier 3	
<i>chlooxia external ointment 0.05-4 %</i>	Tier 3	
<i>chlooxia external solution 0.05-4 %</i>	Tier 3	
<i>clobetasol propionate e external cream 0.05 %</i>	Tier 1	
<i>clobetasol propionate emulsion external foam 0.05 %</i>	Tier 1	
<i>clobetasol propionate external cream 0.05 %</i>	Tier 1	
<i>clobetasol propionate external foam 0.05 %</i>	Tier 1	
<i>clobetasol propionate external gel 0.05 %</i>	Tier 1	
<i>clobetasol propionate external liquid 0.05 %</i>	Tier 1	
<i>clobetasol propionate external lotion 0.05 %</i>	Tier 1	
<i>clobetasol propionate external ointment 0.05 %</i>	Tier 1	
<i>clobetasol propionate external shampoo 0.05 %</i>	Tier 1	
<i>clobetasol propionate external solution 0.05 %</i>	Tier 1	
<i>clocortolone pivalate external cream 0.1 %</i>	Tier 1	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
CLODAN EXTERNAL SHAMPOO 0.05 %	Tier 1	

Drug	Status	Notes
CORDRAN EXTERNAL TAPE 4 MCG/SQCM	Tier 3	ST: Requires prior prescription for one of the following Betamethasone Augmented (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, or Halobetasol 0.05% (cream, ointment) within the past 120 days; QL (2 EA per 30 days)
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML	Tier 3	
<i>desonide external cream 0.05 %</i>	Tier 1	
<i>desonide external gel 0.05 %</i>	Tier 1	ST: Requires prior prescription for one of the following Betamethasone Augmented (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, or Halobetasol 0.05% (cream, ointment) within the past 120 days
<i>desonide external lotion 0.05 %</i>	Tier 1	
<i>desonide external ointment 0.05 %</i>	Tier 1	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	Tier 1	
<i>desoximetasone external gel 0.05 %</i>	Tier 1	
<i>desoximetasone external liquid 0.25 %</i>	Tier 1	ST: Requires prior prescription for one of the following Betamethasone Augmented (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, or Halobetasol 0.05% (cream, ointment) within the past 120 days
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	Tier 1	
<i>diocloy external solution 0.005-0.05 %</i>	Tier 3	
<i>divinix external cream 0.05-4 %</i>	Tier 3	
<i>divinix external ointment 0.05-4 %</i>	Tier 3	
<i>divinix external solution 0.05-4 %</i>	Tier 3	
<i>domela external cream 0.01-4 %</i>	Tier 3	
ENSTILAR EXTERNAL FOAM 0.005-0.064 %	Tier 2	
EPIFOAM EXTERNAL FOAM 1-1 %	Tier 3	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
<i>fluocinolone acetonide body external oil 0.01 %</i>	Tier 1	

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Drug	Status	Notes
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	Tier 1	
<i>fluocinolone acetonide external ointment 0.025 %</i>	Tier 1	
<i>fluocinolone acetonide external solution 0.01 %</i>	Tier 1	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	Tier 1	
<i>fluocinonide emulsified base external cream 0.05 %</i>	Tier 1	
<i>fluocinonide external cream 0.05 %, 0.1 %</i>	Tier 1	
<i>fluocinonide external gel 0.05 %</i>	Tier 1	
<i>fluocinonide external ointment 0.05 %</i>	Tier 1	
<i>fluocinonide external solution 0.05 %</i>	Tier 1	
<i>flurandrenolide external lotion 0.05 %</i>	Tier 1	
<i>fluticasone propionate external cream 0.05 %</i>	Tier 1	
<i>fluticasone propionate external lotion 0.05 %</i>	Tier 1	
<i>fluticasone propionate external ointment 0.005 %</i>	Tier 1	
<i>halcinonide external cream 0.1 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
<i>halcinonide external solution 0.1 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
<i>halobetasol propionate external cream 0.05 %</i>	Tier 1	
<i>halobetasol propionate external ointment 0.05 %</i>	Tier 1	
<i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>	Tier 1	
<i>hydrocortisone butyrate external cream 0.1 %</i>	Tier 1	
<i>hydrocortisone butyrate external lotion 0.1 %</i>	Tier 1	ST: Requires prior prescription for one of the following Betamethasone Augmented (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, or Halobetasol 0.05% (cream, ointment) within the past 120 days; QL (236 ML per 30 days)

Drug	Status	Notes
<i>hydrocortisone butyrate external ointment 0.1 %</i>	Tier 1	ST: Requires prior prescription for one of the following Betamethasone Augmented (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, or Halobetasol 0.05% (cream, ointment) within the past 120 days
<i>hydrocortisone butyrate external solution 0.1 %</i>	Tier 1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone external lotion 2 %</i>	Tier 1	ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
<i>hydrocortisone external lotion 2.5 %</i>	Tier 1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone valerate external cream 0.2 %</i>	Tier 1	
<i>hydrocortisone valerate external ointment 0.2 %</i>	Tier 1	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
<i>ilexor external shampoo 0.05-2 %</i>	Tier 3	
LIDOTRAL + HYDROCORTISONE EXTERNAL LOTION 3.88-1 %	Tier 3	
<i>mezparox-hc external cream 1-2.5 %</i>	Tier 1	
<i>mezparox-hc forte external cream 2.5-2.5 %</i>	Tier 3	
<i>mometasone furoate external cream 0.1 %</i>	Tier 1	
<i>mometasone furoate external ointment 0.1 %</i>	Tier 1	
<i>mometasone furoate external solution 0.1 %</i>	Tier 1	
NUCORT EXTERNAL LOTION 2 %	Tier 3	
<i>paramox-hc external gel 1-2 %</i>	Tier 1	
<i>plenura external solution 0.005-0.05 %</i>	Tier 3	
PRAMOSONE EXTERNAL CREAM 1-1 %	Tier 2	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 %	Tier 2	
PRAMOSONE EXTERNAL OINTMENT 1-1 %	Tier 2	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days

Drug	Status	Notes
PRAMOSONE EXTERNAL OINTMENT 1-2.5 %	Tier 2	
RADIAURA EXTERNAL CREAM 3-0.5 %	Tier 3	
SCALACORT DK EXTERNAL KIT 2 & 2-2 %	Tier 2	
SCARZEN SKIN REPAIR EXTERNAL KIT 0.1 & 5 % (LOTION)	Tier 3	
SERNIVO EXTERNAL EMULSION 0.05 %	Tier 3	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
<i>teliora external gel 0.1-0.5 %</i>	Tier 3	
<i>tetoxia external cream 0.01-4 %</i>	Tier 3	
TEXACORT EXTERNAL SOLUTION 2.5 %	Tier 2	ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
TOVET EXTERNAL FOAM 0.05 %	Tier 1	
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	Tier 1	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide external cream 0.5 %</i>	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	
TRIDERM EXTERNAL CREAM 0.5 %	Tier 1	QL (454 GM per 30 days)
WYNZORA EXTERNAL CREAM 0.005-0.064 %	Tier 3	ST: Requires prior prescription for generic Taclonex ointment within the past 120 days
Eczema Agents		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	Tier 2	PA; SP
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 2	PA; SP
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML	Tier 2	PA; SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	Tier 2	PA; SP

Drug	Status	Notes
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 250 MG/2ML	Tier 2	PA; SP
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MG/2ML	Tier 2	PA; SP
OPZELURA EXTERNAL CREAM 1.5 %	Tier 2	PA; QL (60 GM per 30 days)
Emollient/Keratolytic Agents		
CEM-UREA EXTERNAL SOLUTION 45 %	Tier 3	
PRONAL EXTERNAL GEL 40-10 %	Tier 3	
UMECTA MOUSSE EXTERNAL FOAM 40 %	Tier 1	
<i>urea external cream 20 %, 39 %, 40 %, 45 %, 47 %</i>	Tier 1	
<i>urea external lotion 40 %</i>	Tier 1	
<i>urea nail external gel 45 %</i>	Tier 1	
UREDEB EXTERNAL CREAM 39 %	Tier 1	
<i>uremez-40 external cream 40 %</i>	Tier 1	
URESOL EXTERNAL CREAM 42.5 %	Tier 3	
<i>xirun external gel 40-10 %</i>	Tier 3	
<i>xurea external cream 39 %</i>	Tier 1	
Emollients		
<i>ammonium lactate external cream 12 %</i>	Tier 1	
<i>ammonium lactate external lotion 12 %</i>	Tier 1	
<i>vitamin c brightening serum external liquid</i>	Tier 1	
Enzymes - Topical		
NEXOBRID EXTERNAL GEL 8.8 %	Tier 3	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	Tier 3	PA
Hair Growth Agents		
<i>finapid external solution 0.1-5 %</i>	Tier 3	
<i>finapod external solution 0.1-7 %</i>	Tier 3	
<i>finapodtar external solution 0.1-7-0.025 %</i>	Tier 3	
<i>flyprogpitdar external solution 0.1-0.1-5-0.025 %</i>	Tier 3	
<i>harisis external solution 0.1-0.1-5-0.025 %</i>	Tier 3	
<i>harviva external solution 0.1-5 %</i>	Tier 3	
<i>harviva hp external solution 0.1-7 %</i>	Tier 3	
<i>hemtara external solution 0.05-5 %</i>	Tier 3	
<i>hemtara hp external solution 0.05-7 %</i>	Tier 3	
<i>hentis external solution 5-0.1-0.025 %</i>	Tier 3	
<i>hentis hp external solution 7-0.1-0.025 %</i>	Tier 3	

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Drug	Status	Notes
<i>hesmilla</i> external solution 0.05-5-2-0.5 %	Tier 3	
<i>hevona</i> external solution 0.01-5-0.025 %	Tier 3	
<i>holixia</i> external solution 0.1-7 %	Tier 3	
<i>holizar</i> external solution 7-0.025 %	Tier 3	
<i>honista</i> external solution 0.1-7-0.025 %	Tier 3	
<i>hovitra</i> external solution 7-4 %	Tier 3	
LITFULO ORAL CAPSULE 50 MG	Tier 3	PA; SP
<i>oxopid</i> external solution 0.05-5 %	Tier 3	
<i>oxopidaxiaqup</i> external solution 0.05-5-2-0.5 %	Tier 3	
<i>oxopod</i> external solution 0.05-7 %	Tier 3	
<i>pidprogtar</i> external solution 5-0.1-0.025 %	Tier 3	
<i>podoxia</i> external solution 7-4 %	Tier 3	
<i>podprog</i> external solution 0.1-7 %	Tier 3	
<i>podprogtar</i> external solution 7-0.1-0.025 %	Tier 3	
<i>podtar</i> external solution 7-0.025 %	Tier 3	
<i>tetpidtar</i> external solution 0.01-5-0.025 %	Tier 3	
Immunomodulating Agents - Topical		
<i>imiquimod</i> external cream 5 %	Tier 1	QL (2 EA per 1 day)
Immunosuppressive Agents - Topical		
<i>elyzia</i> external cream 4-0.1 %	Tier 3	
<i>elyzia</i> external ointment 4-0.1 %	Tier 3	
<i>hovyn</i> external solution 0.1 %	Tier 3	
HYFTOR EXTERNAL GEL 0.2 %	Tier 3	PA; SP
<i>nujo</i> external solution 0.1 %	Tier 3	
<i>nuju</i> external cream 0.1 %	Tier 3	
<i>oxianujo</i> external cream 4-0.1 %	Tier 3	
<i>oxianujo</i> external ointment 4-0.1 %	Tier 3	
<i>pimecrolimus</i> external cream 1 %	Tier 1	ST: Requires prior prescription for generic Mometasone cream or ointment, Clobetasol cream or ointment, Hydrocortisone 1% or 2.5% cream or lotion, or Triamcinolone 0.1% or 0.5% ointment within the past 120 days
<i>tacrolimus</i> external ointment 0.03 %, 0.1 %	Tier 1	ST: Requires prior prescription for generic Mometasone cream or ointment, Clobetasol cream or ointment, Hydrocortisone 1% or 2.5% cream or lotion, or Triamcinolone 0.1% or 0.5% ointment within the past 120 days

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Drug	Status	Notes
<i>veven external cream 0.1 %</i>	Tier 3	
Keratolytic/Antimitotic Agents		
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 %	Tier 3	
KERALYT EXTERNAL SHAMPOO 6 %	Tier 1	
<i>metdray external gel 2-17 %</i>	Tier 3	
PODOCON-25 EXTERNAL SOLUTION 25 %	Tier 3	
<i>podofilox external gel 0.5 %</i>	Tier 1	ST: Requires prior prescription for Podofilox 0.5% solution within the past 120 days; QL (0.5 GM per 1 day)
<i>podofilox external solution 0.5 %</i>	Tier 1	QL (0.5 ML per 1 day)
<i>salicylic acid er external solution 28.5 %</i>	Tier 1	
<i>salicylic acid external foam 6 %</i>	Tier 1	
<i>salicylic acid external shampoo 6 %</i>	Tier 1	
<i>salicylic acid external solution 26 %</i>	Tier 1	
<i>salicylic acid wart remover external liquid 27.5 %</i>	Tier 1	
<i>salimez external cream 6 %</i>	Tier 3	
<i>salimez forte external cream 10 %</i>	Tier 3	
SALVAX DUO PLUS EXTERNAL KIT 6 & 35 %	Tier 3	
SALYCIM EXTERNAL CREAM 6 %	Tier 3	
<i>weleris external gel 2-17 %</i>	Tier 3	
XALIX EXTERNAL SOLUTION 28 %	Tier 3	
YCANTH EXTERNAL SOLUTION 0.7 %	Tier 3	PA
Local Anesthetics - Topical		
<i>alegenix external disk 0.0375-5 %</i>	Tier 1	
<i>anodynerx external patch 0.05-2.5-5 %</i>	Tier 3	
CADIRAMD EXTERNAL KIT 2.5-2.5 %	Tier 3	
CETACAINE EXTERNAL AEROSOL 2-2-14 %	Tier 3	
CETACAINE EXTERNAL GEL 2-2-14 %	Tier 3	
CETACAINE EXTERNAL LIQUID 2-2-14 %	Tier 3	
CLEVER CHOICE COMFORT EZ TRANSDERMAL PATCH 2-4-1 %, 20-4-1 %	Tier 3	
CRYODOSE TA EXTERNAL AEROSOL	Tier 3	
DERMACINRX LIDOGEL EXTERNAL GEL 2.8 %	Tier 1	
<i>dyclopro external solution 0.5 %</i>	Tier 3	
<i>eha external lotion 4 %</i>	Tier 3	
<i>enovarx-lidocaine hcl external cream 10 %, 5 %</i>	Tier 3	

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Drug	Status	Notes
<i>enznonuty external ointment 20-10-10 %</i>	Tier 3	
GEBAUERS SPRAY AND STRETCH EXTERNAL AEROSOL	Tier 3	
GLYDO EXTERNAL PREFILLED SYRINGE 2 %	Tier 1	
<i>l.e.t. (racepinephrine) external gel 4-0.05-0.5 %</i>	Tier 3	
<i>l.e.t. (racepinephrine) external solution 4-0.05-0.5 %</i>	Tier 3	
<i>l.e.t. external gel 4-0.05-0.5 %</i>	Tier 3	
<i>levatio external patch 0.03-5 %</i>	Tier 3	
<i>lidocaine external ointment 5 %</i>	Tier 1	QL (240 GM per 30 days)
<i>lidocaine external patch 5 %</i>	Tier 1	QL (3 EA per 1 day)
<i>lidocaine hcl external cream 3 %, 4.12 %</i>	Tier 1	
<i>lidocaine hcl external solution 4 %</i>	Tier 1	
<i>lidocaine hcl urethral/mucosal external gel 2 %</i>	Tier 1	
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	Tier 1	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	Tier 1	
LIDOCAN EXTERNAL PATCH 5 %	Tier 1	QL (3 EA per 1 day)
<i>lidopin external cream 3 %</i>	Tier 1	
<i>lidopin external cream 3.25 %</i>	Tier 3	
<i>lido-racepinephrine-tetracaine external gel 4-0.05-0.5 %</i>	Tier 1	
<i>lido-racepinephrine-tetracaine external solution 4-0.05-0.5 %</i>	Tier 1	
LIDOREX EXTERNAL GEL 2.8 %	Tier 1	
LIDORUB EXTERNAL CREAM 7.5 %	Tier 3	
<i>lidostream external kit 5 & 10 %</i>	Tier 3	
LIDOTHOL EXTERNAL GEL 4.5-5 %	Tier 3	
LIDTOPIC EXTERNAL CREAM 7.5 %	Tier 3	
LIDTOPIC MAX EXTERNAL CREAM 10 %	Tier 3	
LM PLUS RELIEF EXTERNAL PATCH 3.5-7 %	Tier 3	
LYDEXA EXTERNAL CREAM 4.12 %	Tier 1	
<i>nendrux external gel 5-40 %</i>	Tier 3	
NEUROZYL EXTERNAL CREAM 4.12 %	Tier 1	
<i>nobela external ointment 20-10-10 %</i>	Tier 3	
<i>nolira external cream 23-7 %</i>	Tier 3	
<i>nynutey external cream 23-7 %</i>	Tier 3	

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Drug	Status	Notes
PHARMACIST CHOICE TSX TRANSDERMAL PATCH 2-4-1 %	Tier 3	
<i>premium lidocaine external ointment 5 %</i>	Tier 1	QL (240 GM per 30 days)
<i>premium scar external patch 2-4-30 %</i>	Tier 3	
<i>prepiv supply combination kit 2.5-2.5 & 0.9 %</i>	Tier 3	
QUTENZA (2 PATCH) EXTERNAL KIT 8 %	Tier 3	PA
QUTENZA (4 PATCH) EXTERNAL KIT 8 %	Tier 3	PA
QUTENZA EXTERNAL KIT 8 %	Tier 3	PA
SOOTHEE EXTERNAL PATCH 0.5-0.0375-5-2 %	Tier 3	
STERILE TOPICAL L.E.T. GEL EXTERNAL GEL 4-0.18-0.5 %	Tier 3	
SX1 MEDICATED POST-OPERATIVE EXTERNAL KIT 2 %	Tier 3	
<i>topical l.e.t. external gel 4-0.09-0.5 %</i>	Tier 3	
TRIDACAINE II EXTERNAL PATCH 5 %	Tier 1	QL (3 EA per 1 day)
TRIDACAINE III EXTERNAL PATCH 5 %	Tier 1	QL (3 EA per 1 day)
TRILOCAINE EXTERNAL CREAM 4.12 %	Tier 1	
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT 2 %	Tier 3	
<i>wayzen external gel 5-40 %</i>	Tier 3	
Misc. Dermatological Products		
DERMASO PLUS EXTERNAL CREAM	Tier 3	
GENADUR COMBINATION KIT	Tier 3	
PR CREAM EXTERNAL KIT	Tier 3	
PRESERA EXTERNAL FOAM	Tier 3	
STRATA CTX EXTERNAL GEL	Tier 3	
STRATA XRT EXTERNAL GEL	Tier 3	
Misc. Topical		
<i>benzoin compound external tincture</i>	Tier 1	
<i>dermacinrx surgical combopak external kit</i>	Tier 3	
DRYSOL EXTERNAL SOLUTION 20 %	Tier 2	
HYPOCYN ANTIPRURITIC EXTERNAL GEL 0.012 %	Tier 3	
QBREXZA EXTERNAL PAD 2.4 %	Tier 2	PA
XERAC AC EXTERNAL SOLUTION 6.25 %	Tier 3	
Phosphodiesterase 4 (Pde4) Inhibitors - Topical		
EUCRISA EXTERNAL OINTMENT 2 %	Tier 2	PA; QL (100 GM per 30 days)

Drug	Status	Notes
ZORYVE EXTERNAL CREAM 0.15 %, 0.3 %	Tier 2	PA; QL (60 GM per 30 days)
ZORYVE EXTERNAL FOAM 0.3 %	Tier 2	PA; QL (60 GM per 30 days)
Podiatric Products		
DIABECIN HR EXTERNAL CREAM 4.12-0.13 %	Tier 3	
Rosacea Agents		
<i>aveida external gel 1-1 %</i>	Tier 3	
<i>aveidaoxia external gel 1-1-4 %</i>	Tier 3	
<i>azelaic acid external gel 15 %</i>	Tier 1	
<i>brimonidine tartrate external gel 0.33 %</i>	Tier 1	
<i>dazaveidaoxia external gel 0.25-1-1-4 %</i>	Tier 3	
<i>dazomon external gel 0.25 %</i>	Tier 3	
<i>doxycycline oral capsule delayed release 40 mg</i>	Tier 1	PA
EMROSI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG	Tier 3	PA
FINACEA EXTERNAL FOAM 15 %	Tier 2	
<i>ivermectin external cream 1 %</i>	Tier 1	ST: Requires prior prescription for Finacea gel or foal within the past 120 days
<i>metronidazole external cream 0.75 %</i>	Tier 1	
<i>metronidazole external gel 0.75 %, 1 %</i>	Tier 1	
<i>metronidazole external lotion 0.75 %</i>	Tier 1	
<i>remyda external gel 0.25 %</i>	Tier 3	
<i>rensoti external cream 1-4-1 %</i>	Tier 3	
<i>restimo external gel 1-1 %</i>	Tier 3	
<i>rositara external gel 1-1-4 %</i>	Tier 3	
<i>rovis external gel 0.25-1-1-4 %</i>	Tier 3	
Scabicides & Pediculicides		
<i>malathion external lotion 0.5 %</i>	Tier 1	
NATROBA EXTERNAL SUSPENSION 0.9 %	Tier 3	
<i>permethrin external cream 5 %</i>	Tier 1	
<i>spinosad external suspension 0.9 %</i>	Tier 1	
Scar Treatment Products		
RECEDO EXTERNAL GEL	Tier 3	
Wound Care Products		
ALLEVYN GENTLE EXTERNAL PAD	Tier 3	
AQUACEL AG BURN EXTERNAL PAD 4"X5"	Tier 3	
ATRAPRO CP EXTERNAL KIT	Tier 3	

Drug	Status	Notes
COLLANEX EXTERNAL POWDER	Tier 3	
CURITY HYPERTONIC NACL STRIP EXTERNAL	Tier 3	
CURITY NACL DRESSING 6"X6-3/4" EXTERNAL PAD	Tier 3	
FILSUVEZ EXTERNAL GEL 10 %	Tier 3	PA; SP
HYDROFERA BLUE FOAM DRESSING EXTERNAL PAD	Tier 3	
HYDROFERA BLUE READY FOAM EXTERNAL PAD	Tier 3	
KENDALL ALGINATE 12" ROPE EXTERNAL	Tier 3	
KENDALL ALGINATE DRESS 2"X2" EXTERNAL PAD	Tier 3	
KENDALL ALGINATE DRESS 4"X8" EXTERNAL PAD	Tier 3	
KENDALL HYDROGEL GAUZE 2"X2" EXTERNAL PAD	Tier 3	
KENDALL HYDROGEL GAUZE 4"X4" EXTERNAL PAD	Tier 3	
KENDALL HYDROGEL GAUZE 4"X8" EXTERNAL PAD	Tier 3	
KENDALL HYDROGEL WOUND DRESS EXTERNAL	Tier 3	
KENDALL ZINC CA ALGINATE 4"X4" EXTERNAL PAD	Tier 3	
KERASTAT EXTERNAL CREAM	Tier 3	
KERASTAT EXTERNAL GEL 5 %	Tier 3	
MEDIHONEY WOUND/BURN DRESSING EXTERNAL PAD	Tier 3	
MICROCYN SKIN AND WOUND EXTERNAL GEL	Tier 3	
MICROMATRIX WOUND POWDER EXTERNAL POWDER	Tier 3	
PETROLEUM GAUZE NON-WOVEN 3X9" EXTERNAL	Tier 3	
REGRANEX EXTERNAL GEL 0.01 %	Tier 2	
VASHE WOUND EXTERNAL SOLUTION , 0.033 %	Tier 3	
Diagnostic Products		
Diagnostic Tests		
CONTOUR NEXT TEST IN VITRO STRIP	Tier 2	QL (200 EA per 30 days)
CONTOUR PLUS TEST IN VITRO STRIP	Tier 2	QL (200 EA per 30 days)

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Drug	Status	Notes
CONTOUR TEST IN VITRO STRIP	Tier 2	QL (200 EA per 30 days)
FREESTYLE INSULINX TEST IN VITRO STRIP	Tier 2	QL (200 EA per 30 days)
FREESTYLE LITE TEST IN VITRO STRIP	Tier 2	QL (200 EA per 30 days)
FREESTYLE PRECISION NEO TEST IN VITRO STRIP	Tier 2	QL (200 EA per 30 days)
FREESTYLE TEST IN VITRO STRIP	Tier 2	QL (200 EA per 30 days)
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	Tier 2	QL (200 EA per 30 days)
<i>udsx medicated system combination kit 20 mg</i>	Tier 3	
<i>udsxmp medicated system combination kit 20 mg</i>	Tier 3	
Dietary Products/Dietary Management Products		
Dietary Management Products		
ASTAMED MYO ORAL CAPSULE	Tier 3	
AVAILNEX ORAL TABLET CHEWABLE 750 MG	Tier 3	
AXONA ORAL PACKET	Tier 3	
CEREFOLIN BRAIN WELLNESS ORAL TABLET 6-2-600 MG	Tier 3	
DEPLIN 15 ORAL CAPSULE 15-90.314 MG	Tier 3	
DEPLIN 7.5 ORAL CAPSULE 7.5-90.314 MG	Tier 3	
DEPLIN FC ORAL CAPSULE 15 MG, 7.5 MG	Tier 3	
ELFOLATE ORAL TABLET 15 MG, 7.5 MG	Tier 3	
ENLYTE ORAL CAPSULE	Tier 3	
ENTERAGAM ORAL PACKET 5 GM	Tier 3	
FOSTEUM ORAL CAPSULE 27-20-200 MG-MG-UNIT	Tier 3	
FOSTEUM PLUS ORAL CAPSULE	Tier 3	
GALAXTRA ORAL POWDER	Tier 3	
LDL CARE ORAL POWDER	Tier 3	
<i>l-methylfolate forte oral capsule 15-90.314 mg, 7.5-90.314 mg</i>	Tier 3	
<i>lormate oral capsule</i>	Tier 3	
<i>medactiv oral tablet</i>	Tier 3	
METAFOLBIC PLUS ORAL TABLET 6-2-600 MG	Tier 3	
<i>neoke bhb oral powder</i>	Tier 3	
<i>pro-critic oral packet</i>	Tier 3	
PROLEEVA ORAL CAPSULE	Tier 3	

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Drug	Status	Notes
RHEUMATE ORAL CAPSULE	Tier 3	
SULFZIX ORAL CAPSULE	Tier 3	
TOBAKIENT ORAL CAPSULE	Tier 3	
VASCAZEN ORAL CAPSULE 1 GM	Tier 3	
<i>vb6 p5p oral powder</i>	Tier 3	
Digestive Aids		
Digestive Enzymes		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	Tier 2	
SUCRAID ORAL SOLUTION 8500 UNIT/ML	Tier 3	PA; SP
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	Tier 2	
Diuretics		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	Tier 1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>dichlorphenamide oral tablet 50 mg</i>	Tier 1	PA; SP
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 1	
ORMALVI ORAL TABLET 50 MG	Tier 1	PA; SP
Diuretic Combinations		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	Tier 1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	Tier 1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 1	
Loop Diuretics		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>ethacrynic acid oral tablet 25 mg</i>	Tier 1	PA
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML	Tier 3	PA; SP
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	Tier 1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	

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Drug	Status	Notes
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 1	
Potassium Sparing Diuretics		
<i>amiloride hcl oral tablet 5 mg</i>	Tier 1	
<i>spironolactone oral suspension 25 mg/5ml</i>	Tier 1	PA
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	Tier 1	
Thiazides And Thiazide-Like Diuretics		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	
DIURIL ORAL SUSPENSION 250 MG/5ML	Tier 3	
HEMICLOR ORAL TABLET 12.5 MG	Tier 3	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1	
INZIRQO ORAL SUSPENSION RECONSTITUTED 10 MG/ML	Tier 3	PA
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
THALITONE ORAL TABLET 15 MG	Tier 3	
Endocrine And Metabolic Agents - Misc.		
Adrenal Steroid Inhibitors		
ISTURISA ORAL TABLET 1 MG, 5 MG	Tier 3	PA; SP
RECORLEV ORAL TABLET 150 MG	Tier 3	PA
Bone Density Regulators		
<i>alendronate sodium oral solution 70 mg/75ml</i>	Tier 1	QL (75 ML per 7 days)
<i>alendronate sodium oral tablet 10 mg, 35 mg, 70 mg</i>	Tier 1	
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	Tier 3	PA; SP
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	Tier 1	
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	Tier 1	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT	Tier 2	
<i>ibandronate sodium oral tablet 150 mg</i>	Tier 1	
OSENVLT SUBCUTANEOUS SOLUTION 120 MG/1.7ML	Tier 2	PA; SP
<i>risedronate sodium oral tablet 150 mg</i>	Tier 1	ST: Requires prior prescriptions for Alendronate and Ibandronate within the past 365 days; QL (1 EA per 30 days)

Drug	Status	Notes
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	Tier 1	ST: Requires prior prescriptions for Alendronate and Ibandronate within the past 365 days; QL (1 EA per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	Tier 1	ST: Requires prior prescriptions for Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)
<i>risedronate sodium oral tablet delayed release 35 mg</i>	Tier 1	ST: Requires prior prescriptions for Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	Tier 2	PA; SP
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>	Tier 1	PA; SP
TYMLOS SUBCUTANEOUS SOLUTION PEN- INJECTOR 3120 MCG/1.56ML	Tier 2	PA; SP
Corticotropin		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML	Tier 3	PA; SP
ACTHAR INJECTION GEL 80 UNIT/ML	Tier 3	PA; SP
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML	Tier 3	PA; SP
CORTROPHIN INJECTION GEL 80 UNIT/ML	Tier 3	PA; SP
Fertility Regulators		
<i>chorionic gonadotropin intramuscular solution reconstituted 10000 unit</i>	Tier 3	ST: Requires prior prescription for Novarel or Ovidrel within the past 120 days
CLOMID ORAL TABLET 50 MG	Tier 1	
<i>clomiphene citrate oral tablet 50 mg</i>	Tier 1	
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML	Tier 3	SP; ST: Requires prior prescription for Gonal-f or Gonal-f Rff within the past 120 days
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT	Tier 2	SP
GONAL-F RFF REDIRECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNT/0.48ML, 450 UNT/0.72ML, 900 UNT/1.44ML	Tier 2	SP
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT	Tier 2	SP
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT	Tier 2	SP

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Drug	Status	Notes
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	Tier 2	
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML	Tier 2	
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	Tier 3	ST: Requires prior prescription for Novarel or Ovidrel within the past 120 days
Gnrh/Lhrh Antagonists		
<i>cetorelix acetate subcutaneous kit 0.25 mg</i>	Tier 1	SP
<i>ganirelix acetate subcutaneous solution prefilled syringe 250 mcg/0.5ml</i>	Tier 1	SP
ORILISSA ORAL TABLET 150 MG, 200 MG	Tier 2	PA
Growth Hormone Receptor Antagonists		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 2	SP
Growth Hormone Releasing Hormones (Ghrh)		
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG	Tier 3	PA; SP
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG	Tier 3	PA; SP
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG	Tier 3	PA; SP
Growth Hormones		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	Tier 2	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG	Tier 2	PA; SP
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	Tier 2	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	Tier 3	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	Tier 3	PA; SP
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	Tier 2	PA; SP

Drug	Status	Notes
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	Tier 2	PA; SP
Hormone Receptor Modulators		
<i>raloxifene hcl oral tablet 60 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	Tier 3	PA; SP
Lhrh/Gnrh Agonist Analog Pituitary Suppressants		
SYNAREL NASAL SOLUTION 2 MG/ML	Tier 3	PA; SP
Menopausal Symptoms Suppressants		
VEOZAH ORAL TABLET 45 MG	Tier 3	
Metabolic Modifiers		
<i>betaine oral powder</i>	Tier 1	PA; SP
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 1	
<i>calcitriol oral solution 1 mcg/ml</i>	Tier 1	
<i>carglumic acid oral tablet soluble 200 mg</i>	Tier 1	PA; SP
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>cinacalcet hcl oral tablet 90 mg</i>	Tier 1	SP; QL (4 EA per 1 day)
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 1	
GALAFOLD ORAL CAPSULE 123 MG	Tier 3	PA; SP
HARLIKU ORAL TABLET 2 MG	Tier 3	PA; SP
JAVYGTOR ORAL PACKET 100 MG, 500 MG	Tier 1	SP
JAVYGTOR ORAL TABLET 100 MG	Tier 1	SP
KUVAN ORAL PACKET 100 MG, 500 MG	Tier 2	SP
KUVAN ORAL TABLET 100 MG	Tier 2	SP
<i>levocarnitine oral solution 1 gm/10ml</i>	Tier 1	
<i>levocarnitine oral tablet 330 mg</i>	Tier 1	
<i>levocarnitine sf oral solution 1 gm/10ml</i>	Tier 1	
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG	Tier 3	PA; SP
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1	PA; SP
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 2	PA; SP
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED 9.5 MG	Tier 3	PA; SP

Drug	Status	Notes
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK 2 GM	Tier 3	PA; SP
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK 3 GM	Tier 3	PA; SP
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK 2 & 2 GM	Tier 3	PA; SP
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK 2 & 3 GM	Tier 3	PA; SP
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK 3 & 3 GM	Tier 3	PA; SP
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK 3 & 3.67 GM	Tier 3	PA; SP
OPFOLDA ORAL CAPSULE 65 MG	Tier 3	PA; SP
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 2	PA; SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML	Tier 2	PA; SP
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	Tier 1	
PHEBURANE ORAL PELLET 483 MG/GM	Tier 3	PA; SP
RAVICTI ORAL LIQUID 1.1 GM/ML	Tier 3	PA; SP
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	Tier 2	QL (2 EA per 1 day)
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML	Tier 3	PA; SP
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	Tier 1	SP
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	Tier 1	SP
SEPHIENCE ORAL PACKET 1000 MG, 250 MG	Tier 3	PA; SP
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	Tier 1	PA; SP
<i>sodium phenylbutyrate oral tablet 500 mg</i>	Tier 1	PA; SP
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	Tier 2	PA; SP
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	Tier 3	PA; SP
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 25 MG, 75 MG	Tier 3	PA; SP

Drug	Status	Notes
XPHOZAH ORAL TABLET 20 MG, 30 MG	Tier 3	ST: Requires prior prescription for Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL within the past 365 days; QL (2 EA per 1 day)
XURIDEN ORAL PACKET 2 GM	Tier 2	PA; SP
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML, 294 MCG/0.98ML, 420 MCG/1.4ML	Tier 3	PA; SP
Posterior Pituitary Hormones		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	Tier 1	
<i>desmopressin acetate injection solution 4 mcg/ml</i>	Tier 1	
<i>desmopressin acetate nasal solution 1.5 mg/ml</i>	Tier 3	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	Tier 1	
<i>desmopressin acetate pf injection solution 4 mcg/ml</i>	Tier 1	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	Tier 1	
NOC DURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	Tier 3	QL (1 EA per 1 day)
Progesterone Receptor Antagonists		
<i>mifepristone oral tablet 200 mg</i>	Tier 1	
Prolactin Inhibitors		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	
Somatostatic Agents		
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG	Tier 3	PA; SP
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 1	SP
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 1	SP
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	Tier 3	PA; SP
Unknown		
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG	Tier 3	PA; SP
CRENESSITY ORAL SOLUTION 50 MG/ML	Tier 3	PA; SP
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 3	PA

Drug	Status	Notes
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG	Tier 3	PA; SP
Vasopressin Receptor Antagonists		
JYNARQUE ORAL TABLET 15 MG, 30 MG	Tier 1	PA; SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	Tier 1	PA; SP
<i>tolvaptan oral tablet 15 mg</i>	Tier 1	SP; QL (30 EA per 365 days)
<i>tolvaptan oral tablet 30 mg</i>	Tier 1	SP; QL (60 EA per 365 days)
Estrogens		
Estrogen Combinations		
ABIGALE LO ORAL TABLET 0.5-0.1 MG	Tier 1	
ABIGALE ORAL TABLET 1-0.5 MG	Tier 1	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 3	
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG	Tier 2	QL (1 EA per 1 day)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	Tier 2	QL (2 EA per 7 days)
COVARYX HS ORAL TABLET 0.625-1.25 MG	Tier 1	
COVARYX ORAL TABLET 1.25-2.5 MG	Tier 1	
DUAVEE ORAL TABLET 0.45-20 MG	Tier 2	
EEMT HS ORAL TABLET 0.625-1.25 MG	Tier 1	
EEMT ORAL TABLET 1.25-2.5 MG	Tier 1	
<i>est estrogens-methyltest ds oral tablet 1.25-2.5 mg</i>	Tier 1	
<i>est estrogens-methyltest hs oral tablet 0.625-1.25 mg</i>	Tier 1	
<i>est estrogens-methyltest oral tablet 1.25-2.5 mg</i>	Tier 1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1- 0.5 mg</i>	Tier 1	
ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG	Tier 1	
ESTRATEST H.S. ORAL TABLET 0.625-1.25 MG	Tier 1	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG- MCG	Tier 1	
JINTELI ORAL TABLET 1-5 MG-MCG	Tier 1	
MIMVEY ORAL TABLET 1-0.5 MG	Tier 1	
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Tier 2	PA
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg- mcg, 1-5 mg-mcg</i>	Tier 1	

Drug	Status	Notes
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG	Tier 2	PA
PREMPHASE ORAL TABLET 0.625-5 MG	Tier 2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 2	
Estrogens		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 3	QL (2 EA per 7 days)
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	Tier 3	
DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 1	QL (2 EA per 7 days)
<i>ec-rx estradiol transdermal cream 0.4 %, 0.6 %</i>	Tier 3	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%)	Tier 3	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (52 GM per 30 days)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm</i>	Tier 1	QL (1 EA per 1 day)
<i>estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)</i>	Tier 1	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days
<i>estradiol transdermal gel 1 mg/gm</i>	Tier 1	QL (1 GM per 1 day)
<i>estradiol transdermal gel 1.25 mg/1.25gm</i>	Tier 1	QL (37.5 GM per 30 days)
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Tier 1	QL (2 EA per 7 days)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Tier 1	QL (1 EA per 7 days)
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	Tier 1	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY	Tier 3	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (16.2 ML per 30 days)
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 1	QL (2 EA per 7 days)

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Drug	Status	Notes
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR	Tier 3	QL (1 EA per 7 days)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	Tier 2	
Fluoroquinolones		
Fluoroquinolones		
BAXDELA ORAL TABLET 450 MG	Tier 3	PA
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%)	Tier 2	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>levofloxacin oral solution 25 mg/ml</i>	Tier 1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>moxifloxacin hcl oral tablet 400 mg</i>	Tier 1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 1	
Gastrointestinal Agents - Misc.		
5-Ht4 Receptor Agonists		
<i>prucalopride succinate oral tablet 1 mg, 2 mg</i>	Tier 1	QL (1 EA per 1 day)
Agents For Chronic Idiopathic Constipation (Cic)		
TRULANCE ORAL TABLET 3 MG	Tier 2	QL (1 EA per 1 day)
Bile Acid Synthesis Disorder Agents		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 3	PA; SP
Farnesoid X Receptor (Fxr) Agonists		
OALIVA ORAL TABLET 10 MG, 5 MG	Tier 2	PA; SP
Gallstone Solubilizing Agents		
CHENODAL ORAL TABLET 250 MG	Tier 3	PA; SP
CTEXLI ORAL TABLET 250 MG	Tier 3	PA; SP
<i>ursodiol oral capsule 300 mg</i>	Tier 1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	Tier 1	
URSODIOL+SYRSPEND SF ORAL SUSPENSION 30 MG/ML	Tier 3	
Gastrointestinal Antiallergy Agents		
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	Tier 1	
Gastrointestinal Chloride Channel Activators		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 1	QL (2 EA per 1 day)
Gastrointestinal Stimulants		
<i>dexpanthenol injection solution 250 mg/ml</i>	Tier 3	
GIMOTI NASAL SOLUTION 15 MG/ACT	Tier 3	PA; SP

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Drug	Status	Notes
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	Tier 1	
Hepatotropics		
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	Tier 3	PA; SP
Inflammatory Bowel Agents		
<i>balsalazide disodium oral capsule 750 mg</i>	Tier 1	
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	Tier 3	PA; SP
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Tier 3	PA; SP
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	Tier 3	PA; SP
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML	Tier 3	PA; SP
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	Tier 1	
<i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>	Tier 1	
<i>mesalamine rectal enema 4 gm</i>	Tier 1	
<i>mesalamine rectal suppository 1000 mg</i>	Tier 1	
<i>mesalamine-cleanser rectal kit 4 gm</i>	Tier 1	
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML & 200 MG/2ML	Tier 2	PA; SP
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML & 200 MG/2ML	Tier 2	PA; SP
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Tier 2	PA; SP
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 2	PA; SP
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG	Tier 3	
SFROWASA RECTAL ENEMA 4 GM/60ML	Tier 3	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML	Tier 2	PA; SP

Drug	Status	Notes
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Tier 1	
TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	Tier 2	PA; SP
TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML	Tier 2	PA; SP
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	Tier 2	PA; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	Tier 2	PA; SP
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML	Tier 2	PA; SP
Intestinal Acidifiers		
<i>enulose oral solution 10 gm/15ml</i>	Tier 1	
<i>generlac oral solution 10 gm/15ml</i>	Tier 1	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	Tier 1	
Irritable Bowel Syndrome (Ibs) Agents		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	Tier 1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 2	QL (1 EA per 1 day)
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 2	QL (2 EA per 1 day)
Peripheral Opioid Receptor Antagonists		
<i>alvimopan oral capsule 12 mg</i>	Tier 1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 2	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG	Tier 3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	Tier 3	PA
SYMPROIC ORAL TABLET 0.2 MG	Tier 2	QL (1 EA per 1 day)
Phosphate Binder Agents		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	Tier 1	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	Tier 1	
<i>calcium acetate oral tablet 667 mg</i>	Tier 1	
<i>ferric citrate oral tablet 1 gm 210 mg(fe)</i>	Tier 1	ST: Requires prior prescription for Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL within the past 365 days; QL (12 EA per 1 day)

Drug	Status	Notes
FOSRENOL ORAL PACKET 1000 MG, 750 MG	Tier 3	ST: Requires prior prescription for Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL within the past 365 days; QL (3 EA per 1 day)
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	Tier 1	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	Tier 1	
<i>sevelamer carbonate oral tablet 800 mg</i>	Tier 1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	Tier 1	
VELPHORO ORAL TABLET CHEWABLE 500 MG	Tier 2	QL (6 EA per 1 day)
Short Bowel Syndrome (Sbs) Agents		
GATTEX SUBCUTANEOUS KIT 5 MG	Tier 2	PA; SP
Tryptophan Hydroxylase Inhibitors		
XERMELO ORAL TABLET 250 MG	Tier 2	PA; SP
Unknown		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG	Tier 3	PA; SP
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG	Tier 3	PA; SP
IQIRVO ORAL TABLET 80 MG	Tier 2	PA; SP
LIVDELZI ORAL CAPSULE 10 MG	Tier 2	PA; SP
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	Tier 3	PA; SP
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	Tier 3	PA; SP
REBYOTA RECTAL SUSPENSION 150 ML	Tier 3	PA; SP
VOWST ORAL CAPSULE	Tier 2	PA; SP
General Anesthetics		
Volatile Anesthetics		
<i>desflurane inhalation solution</i>	Tier 1	
<i>isoflurane inhalation solution</i>	Tier 1	
<i>sevoflurane inhalation solution</i>	Tier 1	
TERRELL INHALATION SOLUTION	Tier 1	
Genitourinary Agents - Miscellaneous		
Acidifiers		
K-PHOS NO 2 ORAL TABLET 305-700 MG	Tier 3	
Alkalinizers		
<i>cytra k crystals oral packet 3300-1002 mg</i>	Tier 3	

Drug	Status	Notes
ORACIT ORAL SOLUTION 490-640 MG/5ML	Tier 3	
<i>oral citrate oral solution 490-640 mg/5ml</i>	Tier 3	
<i>pot & sod cit-cit ac oral solution 550-500-334 mg/5ml</i>	Tier 1	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	Tier 1	
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>	Tier 1	
<i>sod citrate-citric acid oral solution 1.5-1 gm/15ml, 3-2 gm/30ml, 500-334 mg/5ml</i>	Tier 1	
<i>tricitrates oral solution 550-500-334 mg/5ml</i>	Tier 1	
Cystinosis Agents		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 3	SP
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG	Tier 2	PA; SP
PROCYSBI ORAL PACKET 300 MG, 75 MG	Tier 2	PA; SP
Genitourinary Irrigants		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 1	
ARGYLE STERILE SALINE IRRIGATION SOLUTION 0.9 %	Tier 1	
CURITY STERILE SALINE IRRIGATION SOLUTION 0.9 %	Tier 1	
<i>glycine irrigation solution 1.5 %</i>	Tier 1	
<i>glycine urologic irrigation solution 1.5 %</i>	Tier 1	
<i>neomycin-polymyxin b gu irrigation solution 40-200000</i>	Tier 1	
RENACIDIN IRRIGATION SOLUTION	Tier 3	
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 1	
Interstitial Cystitis Agents		
ELMIRON ORAL CAPSULE 100 MG	Tier 2	PA
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	Tier 1	
AVODART ORAL CAPSULE 0.5 MG	Tier 1	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	Tier 3	
<i>dutasteride oral capsule 0.5 mg</i>	Tier 1	

Drug	Status	Notes
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	Tier 1	ST: Requires prior prescription for Alfuzosin, Doxazosin, Finasteride 5mg, Prazosin, Silodosin, Tamsulosin, or Terazosin within the past 120 days
<i>finasteride oral tablet 5 mg</i>	Tier 1	
<i>silodosin oral capsule 4 mg, 8 mg</i>	Tier 1	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	Tier 1	
Unknown		
FILSPARI ORAL TABLET 200 MG, 400 MG	Tier 3	PA; SP
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5ML	Tier 3	PA; SP
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML	Tier 3	PA; SP
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML, 160 MG/ML	Tier 3	PA; SP
VANRAFIA ORAL TABLET 0.75 MG	Tier 3	PA; SP
Urinary Analgesics		
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	Tier 1	
Urinary Stone Agents		
LITHOSTAT ORAL TABLET 250 MG	Tier 3	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG	Tier 2	SP
<i>tiopronin oral tablet 100 mg</i>	Tier 1	SP
<i>tiopronin oral tablet delayed release 100 mg, 300 mg</i>	Tier 1	SP
VENXXIVA ORAL TABLET DELAYED RELEASE 100 MG, 300 MG	Tier 1	SP
Gout Agents		
Gout Agent Combinations		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	Tier 1	
Gout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 1	
<i>colchicine oral capsule 0.6 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>colchicine oral tablet 0.6 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Tier 1	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
GLOPERBA ORAL SOLUTION 0.6 MG/5ML	Tier 3	ST: Requires prior prescription for Colchicine capsules or tablets within the past 120 days; QL (10 ML per 1 day)
Uricosurics		
<i>probenecid oral tablet 500 mg</i>	Tier 1	
Hematological Agents - Misc.		
Antihemophilic Products		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 2	SP
<i>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit</i>	Tier 2	SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT	Tier 2	SP
ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/1.5ML, 300 MG/3ML, 60 MG/1.5ML	Tier 3	PA; SP
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Tier 3	SP
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	Tier 3	SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 3	SP
ALTUVIIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 750 UNIT	Tier 2	SP
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 3	SP
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT	Tier 3	SP
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT	Tier 3	SP

Drug	Status	Notes
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT	Tier 2	SP
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 2	SP
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT	Tier 3	SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	Tier 3	PA; SP
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	Tier 3	SP
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	Tier 3	SP
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML	Tier 3	PA; SP
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT	Tier 3	SP
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 3000 UNIT, 500 UNIT	Tier 3	SP
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 2	SP
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT	Tier 3	SP
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	Tier 3	SP
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 2	SP
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 2	SP

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Drug	Status	Notes
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 2	SP
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG	Tier 3	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 3	SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 3	SP
<i>obizur intravenous solution reconstituted 500 unit</i>	Tier 3	SP
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	Tier 3	SP
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2ML	Tier 3	PA; SP
QFITLIA SUBCUTANEOUS SOLUTION AUTO- INJECTOR 50 MG/0.5ML	Tier 3	PA; SP
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	Tier 3	SP
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT	Tier 3	SP
<i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>	Tier 3	SP
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG	Tier 3	SP
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT	Tier 3	SP
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT	Tier 3	SP
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500- 500 UNIT	Tier 3	SP
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Tier 2	SP
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 2	SP

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Drug	Status	Notes
Bradykinin B2 Receptor Antagonists		
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	Tier 1	PA; SP
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	Tier 1	PA; SP
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML	Tier 1	PA; SP
Complement Inhibitors		
BERINERT INTRAVENOUS KIT 500 UNIT	Tier 3	PA; SP
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	Tier 3	PA; SP
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML	Tier 3	PA; SP
FABHALTA ORAL CAPSULE 200 MG	Tier 2	PA; SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT	Tier 3	PA; SP
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT	Tier 3	PA; SP
TAVNEOS ORAL CAPSULE 10 MG	Tier 3	PA; SP
VOYDEYA ORAL TABLET 100 MG	Tier 3	PA; SP
VOYDEYA ORAL TABLET THERAPY PACK 50 & 100 MG	Tier 3	PA; SP
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML	Tier 3	PA; SP
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 2	PA; SP
Hematorheologic Agents		
<i>pentoxifylline er oral tablet extended release 400 mg</i>	Tier 1	
Plasma Kallikrein Inhibitors		
EKTERLY ORAL TABLET 300 MG	Tier 3	PA; SP; QL (4 EA per 1 day)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Tier 3	PA; SP
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	Tier 3	PA; SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	Tier 3	PA; SP

Drug	Status	Notes
Plasma Proteins		
RYPLAZIM INTRAVENOUS SOLUTION RECONSTITUTED 68.8 MG	Tier 3	PA; SP
Platelet Aggregation Inhibitors		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	Tier 1	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	Tier 1	
BRILINTA ORAL TABLET 90 MG	Tier 2	QL (2 EA per 1 day)
CABLIVI INJECTION KIT 11 MG	Tier 3	PA; SP
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	
<i>clopidogrel bisulfate oral tablet 300 mg</i>	Tier 1	QL (4 EA per 30 days)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Tier 1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	Tier 1	QL (2 EA per 1 day)
ZONTIVITY ORAL TABLET 2.08 MG	Tier 3	QL (1 EA per 1 day)
Unknown		
ANDEMBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.2ML	Tier 3	PA; SP
DAWNZERA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	Tier 3	PA; SP; QL (0.8 ML per 28 days)
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	Tier 3	PA; SP
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	Tier 3	PA; SP
Hematopoietic Agents		
Agents For Gaucher Disease		
CERDELGA ORAL CAPSULE 84 MG	Tier 2	SP
<i>miglustat oral capsule 100 mg</i>	Tier 1	PA; SP
YARGESA ORAL CAPSULE 100 MG	Tier 1	PA; SP
Agents For Sick Cell Anemia		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 3	
<i>L-glutamine oral packet 5 gm</i>	Tier 1	PA; SP
SIKLOS ORAL TABLET 100 MG	Tier 3	QL (2 EA per 1 day)
SIKLOS ORAL TABLET 1000 MG	Tier 3	ST: Requires prior prescription for Droxia or Hydroxyurea within the past 365 days
XROMI ORAL SOLUTION 100 MG/ML	Tier 3	PA

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Drug	Status	Notes
Cobalamins		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	Tier 1	
<i>hydroxocobalamin acetate intramuscular solution 1000 mcg/ml</i>	Tier 1	
<i>methylcobalamin injection solution reconstituted 10000 mcg</i>	Tier 1	
Folic Acid/Folates		
<i>cvs folic acid oral tablet 800 mcg</i>	\$0	
<i>folate oral tablet 400 mcg</i>	\$0	
<i>folic acid injection solution 5 mg/ml</i>	Tier 1	
<i>folic acid oral tablet 1 mg</i>	Tier 1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	\$0	
<i>ft folic acid oral tablet 400 mcg, 800 mcg</i>	\$0	
<i>gnp folic acid oral tablet 400 mcg</i>	\$0	
<i>kp folic acid oral tablet 800 mcg</i>	\$0	
<i>qc folic acid oral tablet 800 mcg</i>	\$0	
<i>ra folic acid oral tablet 400 mcg, 800 mcg</i>	\$0	
<i>true folic acid oral tablet 400 mcg</i>	\$0	
<i>yl folic acid oral tablet 400 mcg</i>	\$0	
Hematopoietic Growth Factors		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	Tier 3	PA; SP
DOPTLET ORAL TABLET 20 MG	Tier 2	PA; SP
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 120 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	Tier 3	PA; SP
MULPLETA ORAL TABLET 3 MG	Tier 3	PA; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Tier 2	PA; SP
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Tier 2	PA; SP
PROMACTA ORAL PACKET 12.5 MG, 25 MG	Tier 2	PA; SP
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Tier 2	PA; SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	Tier 2	PA; SP

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Drug	Status	Notes
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 3	PA; SP
VAFSEO ORAL TABLET 150 MG, 300 MG	Tier 3	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 2	PA; SP
Hematopoietic Mixtures		
<i>cholecal df oral tablet 1-3800 mg-unit</i>	Tier 3	
CIFEREX ORAL CAPSULE 1-3775 MG-UNIT	Tier 3	
DERMACINRX FOLTAMIN ORAL TABLET 125-1 MCG-MG	Tier 3	
<i>folic d3 oral capsule 1-3775 mg-unit</i>	Tier 3	
FOLI-D ORAL TABLET 1-2000 MG-UNIT	Tier 3	
<i>folite oral tablet</i>	Tier 3	
FOLIXAPURE ORAL TABLET 1-5000 MG-UNIT	Tier 3	
FOLIXATE ORAL TABLET 1-125 MG-MCG	Tier 3	
FOLTREXYL ORAL TABLET 1-5000 MG-UNIT	Tier 3	
FOLVITE-D ORAL TABLET 1-3775 MG-UNIT	Tier 3	
<i>hematinic/folic acid oral tablet 324-1 mg</i>	Tier 3	
<i>ortho df oral capsule 1-3775 mg-unit</i>	Tier 3	
<i>ortho-folic oral capsule 1-3760 mg-unit</i>	Tier 3	
<i>ostachol oral tablet 1-3800 mg-unit</i>	Tier 3	
Stem Cell Mobilizers		
XOLREMDI ORAL CAPSULE 100 MG	Tier 3	PA; SP
Hemostatics		
Hemostatics - Systemic		
<i>aminocaproic acid oral solution 0.25 gm/ml</i>	Tier 1	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	Tier 1	
<i>tranexamic acid oral tablet 650 mg</i>	Tier 1	
Hemostatics - Topical		
ARTISS EXTERNAL KIT 10 ML, 2 ML, 4 ML	Tier 3	
ARTISS EXTERNAL SOLUTION	Tier 3	
ASTRINGYN EXTERNAL SOLUTION 259 MG/GM	Tier 3	
GEL-FLOW EXTERNAL KIT	Tier 3	
GELFOAM-JMI POWDER EXTERNAL KIT	Tier 3	
GELFOAM-JMI SPONGE EXTERNAL KIT	Tier 3	
<i>monsels ferric subsulfate external paste</i>	Tier 3	

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Drug	Status	Notes
<i>monsels ferric subsulfate external solution</i>	Tier 3	
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT, 5000 UNIT	Tier 3	
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT	Tier 3	
THROMBIN-JMI EPISTAXIS EXTERNAL KIT 5000 UNIT	Tier 3	
THROMBIN-JMI EXTERNAL KIT 20000 UNIT, 5000 UNIT	Tier 3	
THROMBIN-JMI EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT, 5000 UNIT	Tier 3	
THROMBOGEN EXTERNAL KIT 10000 UNIT	Tier 3	
THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED 1000 UNIT, 10000 UNIT	Tier 3	
TISSEEL EXTERNAL KIT 10 ML, 2 ML, 4 ML	Tier 3	
TISSEEL EXTERNAL SOLUTION	Tier 3	
VISTASEAL EXTERNAL PREFILLED SYRINGE KIT 10 ML, 2 ML, 4 ML	Tier 3	
Hypnotics/Sedatives/Sleep Disorder Agents		
Barbiturate Hypnotics		
<i>phenobarbital oral elixir 20 mg/5ml, 30 mg/7.5ml, 60 mg/15ml</i>	Tier 1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Tier 1	
Hypnotics - Tricyclic Agents		
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	Tier 1	ST: Requires prior prescription for Doxepin solution or 10mg capsule, Eszopiclone, Zaleplon, or Zolpidem within the past 120 days; QL (1 EA per 1 day)
Non-Barbiturate Hypnotics		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	Tier 1	
<i>midazolam hcl (pf) injection solution 10 mg/2ml, 5 mg/ml</i>	Tier 1	
<i>midazolam hcl injection solution 10 mg/2ml, 5 mg/ml</i>	Tier 1	
<i>midazolam hcl oral syrup 2 mg/ml</i>	Tier 1	

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Drug	Status	Notes
MIDAZOLAM+SYRSPEND SF ORAL SUSPENSION 1 MG/ML	Tier 3	
<i>quazepam oral tablet 15 mg</i>	Tier 1	ST: Requires prior prescription for one of the following oral generics: Eszopiclone, Flurazepam, Temazepam, Zaleplon, or Zolpidem within the past 120 days
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	Tier 1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	Tier 1	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	Tier 1	QL (1 EA per 1 day)
Orexin Receptor Antagonists		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 2	ST: Requires prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 130 days; QL (1 EA per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG	Tier 2	ST: Requires prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 130 days; QL (1 EA per 1 day)
QUVIVIQ ORAL TABLET 25 MG, 50 MG	Tier 3	ST: Requires prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 130 days; QL (1 EA per 1 day)
Selective Melatonin Receptor Agonists		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Tier 3	PA; SP
<i>ramelteon oral tablet 8 mg</i>	Tier 1	ST: Requires prior prescription for Eszopiclone, Zaleplon, or Zolpidem IR within the past 120 days
<i>tasimelteon oral capsule 20 mg</i>	Tier 1	PA; SP
Laxatives		
Laxative Combinations		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/175ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 350, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (350 ML per 1 FILL)

Drug	Status	Notes
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 354, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (354 ML per 1 FILL)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (1 EA per 1 FILL)
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (1 EA per 1 FILL)
PEG-PREP ORAL KIT 5-210 MG-GM	\$0	\$0 COPAY IF FILL OF 2 IN 365 DAYS AND 45-75 YEARS OF AGE
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM	\$0	ST: Requires prior prescription for Sutab, Clenpiq, or generic bowel prep within the past 120 days; \$0 COPAY IF QUANTITY IS LIMITED TO 3, FILL OF 2 IN 365 DAYS, TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP, AND 45-75 YEARS OF AGE; QL (3 EA per 1 FILL)

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Drug	Status	Notes
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM	\$0	ST: Requires prior prescription for Sutab, Clenpiq, or generic bowel prep within the past 120 days; \$0 COPAY IF QUANTITY IS LIMITED TO 2, FILL OF 2 IN 365 DAYS, TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP, AND 45-75 YEARS OF AGE; QL (2 EA per 1 FILL)
SUTAB ORAL TABLET 1479-225-188 MG	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 24, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (24 EA per 1 FILL)
Laxatives - Miscellaneous		
<i>constulose oral solution 10 gm/15ml</i>	Tier 1	
GIALAX ORAL KIT	Tier 3	
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	Tier 1	
Lubricant Laxatives		
<i>mineral oil heavy oral oil</i>	Tier 1	
Local Anesthetics-Parenteral		
Local Anesthetic Combinations		
<i>lets kit</i>	Tier 3	
MARVONA SUIK COMBINATION KIT 0.5 %	Tier 3	
Local Anesthetics - Amides		
<i>bupivacaine hcl injection solution prefilled syringe 0.125 % (50 ml)</i>	Tier 1	
XARACOLL IMPLANT IMPLANT 3 X 100 MG	Tier 3	
Macrolides		
Azithromycin		
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Tier 1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Tier 1	
ZITHROMAX ORAL PACKET 1 GM	Tier 3	
Clarithromycin		
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	Tier 1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1	

Drug	Status	Notes
Erythromycins		
E.E.S. 400 ORAL TABLET 400 MG	Tier 3	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	Tier 1	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	Tier 1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	Tier 1	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	Tier 1	
Fidaxomicin		
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	Tier 2	QL (10 ML per 1 day)
DIFICID ORAL TABLET 200 MG	Tier 2	QL (2 EA per 1 day)
Medical Devices And Supplies		
Bandages-Dressings-Tape		
AMD FOAM DRESSING PAD 3-1/2"X3" , 4"X4" , 6"X6"	Tier 3	
AMD FOAM DRESSING TOPSHEET PAD 4"X4"	Tier 3	
CURITY AMD ANTIMICROBIAL SPNGE PAD 4"X4"	Tier 3	
CURITY AMD ANTIMICROBIAL STRIP	Tier 3	
CURITY IODOFORM PACKING STRIP	Tier 3	
CURITY WOUND CLOSURE 1/2"X4"	Tier 3	
CURITY WOUND CLOSURE 1/4"X1.5"	Tier 3	
CURITY WOUND CLOSURE 1/4"X3"	Tier 3	
CURITY WOUND CLOSURE 1/4"X4"	Tier 3	
CURITY WOUND CLOSURE 1/8"X3"	Tier 3	
EXCILON AMD DRAIN SPONGES PAD 4"X4"	Tier 3	
KERLIX AMD ANTIMICROBIAL	Tier 3	
KERLIX AMD SUPER SPONGES PAD 6"X6-3/4"	Tier 3	
TELF A AMD ISLAND DRESSING PAD 4"X5" , 4"X8"	Tier 3	
TELF A AMD NON-ADHERENT PAD 3"X8"	Tier 3	
Contraceptives		
<i>aimsco lubricated</i>	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
CAYA VAGINAL DIAPHRAGM	\$0	

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Drug	Status	Notes
<i>condoms</i>	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX EXTRA SENSITIVE THIN	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX EXTRA SENSITIVE THIN DEVICE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX REALFEEL DEVICE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX TROPICAL	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
FANTASY LUBRICATED	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
FANTASY LUBRICATED/SPERMICIDE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
FC2 FEMALE CONDOM	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND QUANTITY DOES NOT EXCEED 60
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	\$0	
KAMELEON LUBRICATED	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
<i>kimono</i>	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO COLORS DEVICE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO MAXX-LARGE FLARE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
<i>kimono micro thin</i>	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
<i>kimono micro thin plus</i>	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
<i>kimono plus</i>	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
<i>kimono ps</i>	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
<i>kimono ps plus</i>	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
<i>kimono sensation</i>	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60

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Drug	Status	Notes
<i>kimono sensation plus</i>	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO SPECIAL DEVICE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
<i>maxx</i>	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
<i>maxx plus</i>	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	\$0	
REALITY LATEX CONDOMS	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
REALITY LATEX/ULTRA TEXTURED DEVICE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
REALITY LATEX/ULTRA THIN DEVICE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TROJAN ENZ	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TROJAN MAGNUM	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TROJAN ULTRA RIBBED LUBRICATED DEVICE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TROJAN ULTRA THIN	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TROJAN ULTRA THIN/SPERMICIDAL	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TROJAN-ENZ LUBRICATED	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TROJAN-ENZ/SPERMICIDAL	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
<i>true cover device</i>	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX COLOR CONDOMS + LUBE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX LUB/RIBBED/STUDDER	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX LUB/SPERMICIDE EX ST	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60

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Drug	Status	Notes
TRUSTEX LUB/SPERMICIDE XL	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX LUBRICATED	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX LUBRICATED EX LARGE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX LUBRICATED EXTRA ST	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX LUBRICATED/SPERMICIDE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX NATURAL CONDOMS + LUBE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX NON-LUBRICATED	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX RIA LUB/SPERMICIDE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX RIA LUBRICATED	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX RIA NON-LUBRICATED	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX-NONOXYNOL-9/RIB/STUD	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %	\$0	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %	\$0	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %	\$0	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %	\$0	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %	\$0	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 %	\$0	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 %	\$0	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 %	\$0	

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Drug	Status	Notes
Diabetic Supplies		
ACCU-CHEK FASTCLIX LANCETS	Tier 2	
ACCU-CHEK SAFE-T PRO LANCETS	Tier 2	
ACCU-CHEK SOFTCLIX LANCETS	Tier 2	
<i>acti-lance 28g</i>	Tier 2	
<i>acti-lance lite lancets 28g</i>	Tier 2	
<i>acti-lance special lancets 17g</i>	Tier 2	
<i>acti-lance universal 23g</i>	Tier 2	
<i>advanced mobile lancet</i>	Tier 2	
ADVOCATE LANCETS	Tier 2	
ADVOCATE LANCETS 30G	Tier 2	
ADVOCATE SAFETY LANCETS	Tier 2	
ADVOCATE SAFETY LANCETS 21G	Tier 2	
ADVOCATE SAFETY LANCETS 23G	Tier 2	
ADVOCATE SAFETY LANCETS 26G	Tier 2	
ADVOCATE SAFETY LANCETS 28G	Tier 2	
AGAMATRIX ULTRA-THIN LANCETS	Tier 2	
<i>aimsco twist lancets 32g</i>	Tier 2	
AIMSCO TWIST LANCETS 33G	Tier 2	
AMIGO INSULIN PUMP DEVICE	Tier 3	
AQUALANCE LANCETS 30G	Tier 2	
<i>assure comfort lancets 28g</i>	Tier 2	
ASSURE LANCE LANCETS	Tier 2	
ASSURE LANCE LANCETS 21G	Tier 2	
ASSURE LANCE PLUS SAFETY 25G	Tier 2	
ASSURE LANCE PLUS SAFETY 30G	Tier 2	
ASSURE LANCE SAFETY LANCET 28G	Tier 2	
<i>aurora lancet super thin 30g</i>	Tier 2	
<i>aurora lancet thin 23g</i>	Tier 2	
BD MICROTAINER LANCETS	Tier 2	
CAREONE LANCET SUPER THIN 30G	Tier 2	
<i>careone lancet thin 23g</i>	Tier 2	
CARESENS LANCETS	Tier 2	
CARESENS LANCETS 30G	Tier 2	
CARETOUCH SAFETY LANCETS	Tier 2	
CARETOUCH SAFETY LANCETS 26G	Tier 2	

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Drug	Status	Notes
CARETOUCH TWIST LANCETS 28G	Tier 2	
CARETOUCH TWIST LANCETS 30G	Tier 2	
CARETOUCH TWIST LANCETS 33G	Tier 2	
CARETOUCH TWIST MC LANCETS 30G	Tier 2	
CHOSEN LANCETS 30G	Tier 2	
CHOSEN SAFETY LANCETS 28G	Tier 2	
CLEANLET LANCETS 28G	Tier 2	
CLEVER CHEK LANCETS	Tier 2	
CLEVER CHOICE COMFORT EZ	Tier 2	
CLEVER CHOICE LANCETS 21G	Tier 2	
CLEVER CHOICE LANCETS 23G	Tier 2	
CLEVER CHOICE LANCETS 28G	Tier 2	
COAGUCHEK LANCETS	Tier 2	
<i>comfort assured lancets 28g</i>	Tier 2	
<i>comfort assured lancets 33g</i>	Tier 2	
COMFORT TOUCH LANCETS 31G	Tier 2	
COMFORT TOUCH PLUS LANCETS 28G	Tier 2	
COMFORT TOUCH PLUS LANCETS 30G	Tier 2	
COMFORT TOUCH TWIST LANCET 30G	Tier 2	
<i>cvs lancets 21g</i>	Tier 2	
<i>cvs lancets micro thin 33g</i>	Tier 2	
<i>cvs lancets original</i>	Tier 2	
<i>cvs lancets thin 26g</i>	Tier 2	
<i>cvs lancets ultra thin 30g</i>	Tier 2	
<i>cvs lancets ultra-thin 30g</i>	Tier 2	
<i>cvs ultra thin lancets</i>	Tier 2	
DEXCOM G6 RECEIVER DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
DEXCOM G6 SENSOR	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 10 days)
DEXCOM G6 TRANSMITTER	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 90 days)

Drug	Status	Notes
DEXCOM G7 15 DAY SENSOR	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 10 days)
DEXCOM G7 RECEIVER DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
DEXCOM G7 SENSOR	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 10 days)
<i>diabetes monitor digit add-on kit</i>	Tier 3	
<i>diabetes monitor digit soln kit</i>	Tier 3	
DIATHRIVE LANCET ULTRA THIN 30	Tier 2	
DIATHRIVE LANCETS	Tier 2	
DROPLET LANCETS ULTRA THIN 30G	Tier 2	
DROPLET PERSONAL LANCETS 30G	Tier 2	
DROPSAFE ACTI-LANCE 23G	Tier 2	
<i>drug mart lancets thin 26g</i>	Tier 2	
DRUG MART ON-THE-GO LANCET 30G	Tier 2	
DRUG MART UNILET LANCETS 28G	Tier 2	
DRUG MART UNILET LANCETS 30G	Tier 2	
DRUG MART UNILET LANCETS 33G	Tier 2	
<i>easy comfort lancets</i>	Tier 2	
<i>easy comfort lancets twist top</i>	Tier 2	
EASY TOUCH LANCETS 21G	Tier 2	
EASY TOUCH LANCETS 23G	Tier 2	
EASY TOUCH LANCETS 26G	Tier 2	
EASY TOUCH LANCETS 28G	Tier 2	
EASY TOUCH LANCETS 28G/TWIST	Tier 2	
EASY TOUCH LANCETS 30G	Tier 2	
EASY TOUCH LANCETS 30G/TWIST	Tier 2	
EASY TOUCH LANCETS 32G	Tier 2	
EASY TOUCH LANCETS 32G/TWIST	Tier 2	
EASY TOUCH LANCETS 33G/TWIST	Tier 2	
EASY TOUCH SAFETY LANCETS 21G	Tier 2	
EASY TOUCH SAFETY LANCETS 23G	Tier 2	
EASY TOUCH SAFETY LANCETS 26G	Tier 2	

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Drug	Status	Notes
EASY TOUCH SAFETY LANCETS 28G	Tier 2	
EMBRACE LANCETS ULTRA THIN 30G	Tier 2	
EMBRACE PRESSURE ACTIVATED 21G	Tier 2	
EMBRACE PRESSURE ACTIVATED 28G	Tier 2	
ENLITE GLUCOSE SENSOR	Tier 3	
<i>eql color lancets 21g</i>	Tier 2	
<i>eql color lancets micro 33g</i>	Tier 2	
<i>eql super thin lancets 30g</i>	Tier 2	
<i>eql thin lancets 26g</i>	Tier 2	
EVERSENSE 365 SENSOR/HOLDER	Tier 3	PA
EVERSENSE 365 SMART TRANSMIT	Tier 3	PA
EVERSENSE E3 SENSOR/HOLDER	Tier 3	PA
EVERSENSE E3 SMART TRANSMITTER	Tier 3	PA
EVERSENSE SENSOR/HOLDER	Tier 3	PA
EVERSENSE SMART TRANSMITTER	Tier 3	PA
E-Z JECT LANCET MICRO-THIN 33G	Tier 2	
E-Z JECT LANCET SUPER THIN 30G	Tier 2	
E-Z JECT LANCETS	Tier 2	
E-Z JECT LANCETS 21G	Tier 2	
E-Z JECT LANCETS THIN 26G	Tier 2	
EZ-LETS LANCETS 21G	Tier 2	
EZ-LETS LANCETS 26G	Tier 2	
EZ-LETS LANCETS 28G	Tier 2	
EZ-LETS LANCETS 30G	Tier 2	
FIFTY50 SAFETY SEAL LANCETS	Tier 2	
FIFTY50 UNILET LANCETS 33G	Tier 2	
FINGERSTIX LANCETS	Tier 2	
FORA LANCETS	Tier 2	
FREESTYLE LANCETS	Tier 2	
FREESTYLE LIBRE 14 DAY READER DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 14 days)

Drug	Status	Notes
FREESTYLE LIBRE 2 PLUS SENSOR	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 14 days)
FREESTYLE LIBRE 2 READER DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 14 days)
FREESTYLE LIBRE 3 PLUS SENSOR	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 14 days)
FREESTYLE LIBRE 3 READER DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 14 days)
FREESTYLE LIBRE READER DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE UNISTICK II LANCETS	Tier 2	
GENTEEL BUTTERFLY TOUCH LANCET	Tier 2	
<i>global inject ease lancets 28g</i>	Tier 2	
<i>global inject ease lancets 30g</i>	Tier 2	
GLUCOCOM LANCETS 28G	Tier 2	
GLUCOCOM LANCETS 30G	Tier 2	
GLUCOCOM LANCETS 33G	Tier 2	
<i>gnp lancets 21g</i>	Tier 2	
<i>gnp lancets thin 26g</i>	Tier 2	
<i>gnp sterile lancets 28g</i>	Tier 2	
<i>gnp sterile lancets 30g</i>	Tier 2	
<i>gnp sterile lancets 33g</i>	Tier 2	
GOJJI STERILE LANCETS	Tier 2	
<i>goodsense color lancets 33g</i>	Tier 2	
<i>goodsense lancets 26g univ</i>	Tier 2	
<i>goodsense lancets 30g</i>	Tier 2	

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Drug	Status	Notes
<i>goodsense lancets 30g univ</i>	Tier 2	
<i>goodsense lancets 33g</i>	Tier 2	
<i>goodsense lancets 33g univ</i>	Tier 2	
GUARDIAN 4 GLUCOSE SENSOR	Tier 3	PA
GUARDIAN 4 TRANSMITTER	Tier 3	PA
GUARDIAN LINK 3 TRANSMITTER	Tier 3	PA
GUARDIAN REAL-TIME REPLACE PED DEVICE	Tier 3	
GUARDIAN SENSOR (3)	Tier 3	PA
<i>guardian sensor 3</i>	Tier 3	PA
HAEMOLANCE	Tier 2	
HAEMOLANCE LOW FLOW LANCETS	Tier 2	
HAEMOLANCE PLUS	Tier 2	
HAEMOLANCE PLUS HIGH FLOW	Tier 2	
HAEMOLANCE PLUS LOW FLOW	Tier 2	
HAEMOLANCE PLUS MAX FLOW	Tier 2	
HAEMOLANCE PLUS PEDIATRIC FLOW	Tier 2	
<i>h-e-b incontrol lancets 28g</i>	Tier 2	
<i>h-e-b incontrol lancets 30g</i>	Tier 2	
<i>h-e-b incontrol lancets 33g</i>	Tier 2	
HY-VEE LANCETS	Tier 2	
<i>hy-vee thin lancets</i>	Tier 2	
<i>ilet insulin pump device</i>	Tier 3	PA
IN TOUCH STERILE LANCETS 30G	Tier 2	
<i>kinney lancets</i>	Tier 2	
<i>kinney thin lancets</i>	Tier 2	
KROGER HEALTHPRO LANCET 26G	Tier 2	
<i>croger lancets</i>	Tier 2	
<i>croger lancets 21g</i>	Tier 2	
<i>croger lancets micro thin 33g</i>	Tier 2	
<i>croger lancets super thin</i>	Tier 2	
<i>croger lancets thin</i>	Tier 2	
<i>croger lancets thin 26g</i>	Tier 2	
<i>croger lancets ultrathin 30g</i>	Tier 2	
<i>lancets</i>	Tier 2	
<i>lancets 28g thin</i>	Tier 2	
<i>lancets 30g</i>	Tier 2	

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Drug	Status	Notes
<i>lancets 33g</i>	Tier 2	
<i>lancets micro thin 33g</i>	Tier 2	
LANCETS SUPER THIN	Tier 2	
<i>lancets super thin 28g</i>	Tier 2	
<i>lancets thin</i>	Tier 2	
LANCETS ULTRA THIN	Tier 2	
<i>lancets ultra thin 30g</i>	Tier 2	
LIBERTY MEDICAL LANCETS	Tier 2	
<i>lite touch lancets</i>	Tier 2	
LITETOUCH LANCETS	Tier 2	
<i>live better lancet super thin</i>	Tier 2	
<i>longs lancets standard</i>	Tier 2	
<i>longs lancets thin</i>	Tier 2	
<i>longs lancets ultra thin</i>	Tier 2	
<i>medichoice safety lancet</i>	Tier 2	
<i>medichoice safety lancet extra</i>	Tier 2	
<i>medichoice safety lancet norm</i>	Tier 2	
MEDLANCE PLUS EXTRA 21G	Tier 2	
MEDLANCE PLUS LITE 25G	Tier 2	
MEDLANCE PLUS SPECIAL 0.8MM	Tier 2	
MEDLANCE PLUS SUPERLITE 30G	Tier 2	
MEDLANCE PLUS UNIVERSAL 21G	Tier 2	
MEIJER LANCETS	Tier 2	
MEIJER LANCETS THIN	Tier 2	
MEIJER LANCETS UNIVERSAL 21G	Tier 2	
MEIJER LANCETS UNIVERSAL 30G	Tier 2	
MEIJER LANCETS UNIVERSAL 33G	Tier 2	
MEIJER SUPER THIN LANCETS	Tier 2	
MICROLET LANCETS	Tier 2	
MINILINK REAL-TIME TRANSMITTER	Tier 3	
MINIMED 630G GUARDIAN PRESS	Tier 3	PA
MINIMED 630G INSULIN PUMP KIT	Tier 3	PA
MINIMED 770G INSULIN PUMP SYS KIT	Tier 3	PA
MINIMED 780G INSULIN PUMP KIT	Tier 3	PA
MM TWIST LANCETS	Tier 2	
<i>mobile lancets 30g</i>	Tier 2	

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Drug	Status	Notes
MONOLET LANCETS	Tier 2	
MONOLET OPD LANCETS	Tier 2	
MONOLETTOR SAFETY LANCETS	Tier 2	
MYGLUCOHEALTH LANCETS 30G	Tier 2	
NOVA SAFETY LANCETS 23G	Tier 2	
NOVA SAFETY LANCETS 28G	Tier 2	
NOVA SUREFLEX LANCETS	Tier 2	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	Tier 2	QL (1 EA per 365 days)
OMNIPOD 5 DEXG7G6 PODS GEN 5	Tier 2	
OMNIPOD 5 LIBRE2 G6 INTRO G5 KIT	Tier 2	QL (1 EA per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	Tier 2	
OMNIPOD DASH INTRO (GEN 4) KIT	Tier 2	QL (1 EA per 365 days)
OMNIPOD DASH PDM (GEN 4) KIT	Tier 2	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	Tier 2	
ONETOUCH DELICA PLUS LANCET30G	Tier 2	
ONETOUCH DELICA PLUS LANCET33G	Tier 2	
ONETOUCH DELICA SAFETY LANCING	Tier 3	
ONETOUCH ULTRASOFT 2 LANCETS	Tier 2	
PARADIGM REAL-TIME TRANSMITTER	Tier 3	
PERFECT LANCETS 28G	Tier 2	
PERFECT LANCETS 30G	Tier 2	
PERFECT POINT SAFETY LANCETS	Tier 2	
PHARMACIST CHOICE LANCETS	Tier 2	
PHARMACY COUNTER LANCETS	Tier 2	
<i>pip lancets 28g</i>	Tier 2	
<i>pip lancets 30g</i>	Tier 2	
<i>preferred plus lancets colored</i>	Tier 2	
<i>preferred plus lancets thin</i>	Tier 2	
<i>pro comfort lancets 30g</i>	Tier 2	
<i>pro comfort lancets 31g</i>	Tier 2	
<i>pro comfort safety lancets 30g</i>	Tier 2	
PRODIGY LANCETS 28G	Tier 2	
PRODIGY SAFETY LANCETS 26G	Tier 2	
PRODIGY TWIST TOP LANCETS 28G	Tier 2	
<i>pure comfort lancets 30g</i>	Tier 2	
<i>px lancets microthin 33g</i>	Tier 2	

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Drug	Status	Notes
<i>px lancets ultra thin 28g</i>	Tier 2	
<i>qc lancets super thin 30g</i>	Tier 2	
<i>qc lancets ultra thin</i>	Tier 2	
<i>qc unilet lancets 28g</i>	Tier 2	
<i>qc unilet lancets micro thin</i>	Tier 2	
RA E-ZJECT LANCETS 28G	Tier 2	
RA E-ZJECT LANCETS THIN 26G	Tier 2	
RA E-ZJECT LANCETS THIN 28G	Tier 2	
RA E-ZJECT LANCETS ULTRA THIN	Tier 2	
READYLANCE SAFETY LANCETS	Tier 2	
<i>reality lancets</i>	Tier 2	
<i>reality trigger lancets</i>	Tier 2	
RELION LANCET DEVICES 30G	Tier 3	
RELION LANCETS	Tier 3	
RELION LANCETS MICRO-THIN 33G	Tier 2	
RELION LANCETS THIN 26G	Tier 2	
RELION LANCETS ULTRA-THIN 30G	Tier 2	
RELION ULTRA THIN LANCETS 30G	Tier 2	
RELION ULTRA THIN PLUS LANCETS	Tier 2	
REXALL LANCETS ULTRA THIN 30G	Tier 2	
RIGHTTEST GL300 LANCETS	Tier 2	
<i>safety lancet 30g/pressure act</i>	Tier 2	
SAFETY LANCETS	Tier 2	
SAFETY LANCETS 21G	Tier 2	
SAFETY LANCETS 23G	Tier 2	
<i>safety lancets 28g</i>	Tier 2	
<i>saps health plus lancets</i>	Tier 2	
<i>saps health twist top lancets</i>	Tier 2	
<i>saps twist top lancets</i>	Tier 2	
<i>sapscare twist top lancets</i>	Tier 2	
<i>sb lancets thin</i>	Tier 2	
<i>sb lancets ultra thin</i>	Tier 2	
SIMPLERA SENSOR	Tier 3	PA
SIMPLERA SYNC SENSOR	Tier 3	PA
SIMPLERA SYSTEM	Tier 3	PA
SINGLE-LET	Tier 2	

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Drug	Status	Notes
<i>sm lancets 33g</i>	Tier 2	
SMART SENSE COLOR LANCETS 33G	Tier 2	
SMART SENSE STANDARD LANCETS	Tier 2	
SMART SENSE SUPER THIN LANCETS	Tier 2	
SMART SENSE THIN LANCETS 26G	Tier 2	
SMARTEST LANCETS 28G	Tier 2	
SOLUS V2 LANCETS 28G	Tier 2	
SOLUS V2 TWIST LANCETS 30G	Tier 2	
STERILANCE TL	Tier 2	
<i>super thin lancets</i>	Tier 2	
<i>sure comfort lancets 18g</i>	Tier 2	
<i>sure comfort lancets 21g</i>	Tier 2	
<i>sure comfort lancets 23g</i>	Tier 2	
<i>sure comfort lancets 28g</i>	Tier 2	
<i>sure comfort lancets 30g</i>	Tier 2	
SURELITE LANCETS	Tier 2	
T:SLIM X2 BASAL-IQ PUMP DEVICE	Tier 3	PA
T:SLIM X2 CONTROL-IQ 7.7 PUMP DEVICE	Tier 3	PA
T:SLIM X2 CONTROL-IQ 7.8 PUMP DEVICE	Tier 3	PA
T:SLIM X2 INSULIN PMP BASAL6.4 DEVICE	Tier 3	PA
T:SLIM X2 INSULIN PUMP DEVICE	Tier 3	PA
TANDEM MOBI SYSTEM STARTER KIT	Tier 3	PA
TECHLITE AST LANCETS	Tier 2	
TECHLITE LANCETS	Tier 2	
TECHLITE LANCETS 26G	Tier 2	
<i>tgt lancet micro thin 33g</i>	Tier 2	
<i>tgt lancet thin 26g</i>	Tier 2	
<i>tgt lancet ultra thin 30g</i>	Tier 2	
<i>todays health thin lancets 28g</i>	Tier 2	
<i>todays health thin lancets 30g</i>	Tier 2	
<i>topcare lancets micro-thin 33g</i>	Tier 2	
TRAVEL LANCETS ADVANCED 28G	Tier 2	
<i>true comfort safety lancets</i>	Tier 2	
<i>true comfort twist top lancets</i>	Tier 2	
TRUEPLUS LANCETS 26G	Tier 2	
TRUEPLUS LANCETS 28G	Tier 2	

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Drug	Status	Notes
TRUEPLUS LANCETS 30G	Tier 2	
TRUEPLUS LANCETS 33G	Tier 2	
TRUEPLUS SAFETY LANCETS 28G	Tier 2	
<i>twist top lancets 30g</i>	Tier 2	
ULTILET CLASSIC LANCETS	Tier 2	
ULTILET LANCETS	Tier 2	
ULTILET SAFETY LANCETS	Tier 2	
ULTILET SAFETY LANCETS 23G	Tier 2	
<i>ultra thin lancets 31g</i>	Tier 2	
<i>ultra-care lancets 30g</i>	Tier 2	
ULTRA-THIN II AUTO LANCET	Tier 2	
ULTRA-THIN II LANCETS	Tier 2	
UNILET COMFORTOUCH LANCET	Tier 2	
UNILET EXCELITE	Tier 2	
UNILET EXCELITE II	Tier 2	
UNILET G.P. LANCET	Tier 2	
UNILET G.P. SUPERLITE LANCET	Tier 2	
UNILET GP 28 ULTRA THIN	Tier 2	
UNILET LANCET	Tier 2	
UNILET MICRO-THIN 33G	Tier 2	
UNILET SUPERLITE LANCET	Tier 2	
UNILET SUPER-THIN 30G	Tier 2	
UNILET ULTRA-THIN 28G	Tier 2	
UNISTIK 1	Tier 2	
UNISTIK 2	Tier 2	
UNISTIK 2 COMFORT	Tier 2	
UNISTIK 2 EXTRA	Tier 2	
UNISTIK 2 NEONATAL	Tier 2	
UNISTIK 2 NORMAL	Tier 2	
UNISTIK 2 SUPER	Tier 2	
UNISTIK 3	Tier 2	
UNISTIK 3 COMFORT	Tier 2	
UNISTIK 3 EXTRA	Tier 2	
UNISTIK 3 GENTLE	Tier 2	
UNISTIK 3 NEONATAL	Tier 2	
UNISTIK 3 NORMAL	Tier 2	

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Drug	Status	Notes
UNISTIK CZT COMFORT	Tier 2	
UNISTIK CZT NORMAL	Tier 2	
UNISTIK NORMAL	Tier 2	
UNISTIK PRO SAFETY LANCET	Tier 2	
UNISTIK SAFETY LANCETS 28G	Tier 2	
UNISTIK SAFETY LANCETS 30G	Tier 2	
UNISTIK TOUCH SAFETY LANC 21G	Tier 2	
UNISTIK TOUCH SAFETY LANC 23G	Tier 2	
UNISTIK TOUCH SAFETY LANC 28G	Tier 2	
UNISTIK TOUCH SAFETY LANC 30G	Tier 2	
UNIVERSAL 1 LANCETS THIN 26G	Tier 2	
UNIVERSAL 1 LANCETS THIN 33G	Tier 2	
UNIVERSAL 1 LANCETS ULTRA THIN	Tier 2	
<i>value plus lancet standard 21g</i>	Tier 2	
<i>value plus lancets super thin</i>	Tier 2	
<i>value plus lancets thin 26g</i>	Tier 2	
VERIFINE SAFE LANCET MINI 21G	Tier 2	
VERIFINE SAFE LANCET MINI 23G	Tier 2	
VERIFINE SAFE LANCET MINI 28G	Tier 2	
VERIFINE SAFE LANCET MINI 30G	Tier 2	
VERIFINE UNIVERSAL LANCETS 28G	Tier 2	
VERIFINE UNIVERSAL LANCETS 30G	Tier 2	
VERIFINE UNIVERSAL LANCETS 33G	Tier 2	
V-GO 20 KIT 20 UNIT/24HR	Tier 2	
V-GO 30 KIT 30 UNIT/24HR	Tier 2	
V-GO 40 KIT 40 UNIT/24HR	Tier 2	
VIVAGUARD LANCETS	Tier 2	
VIVAGUARD LANCETS 30G	Tier 2	
VIVAGUARD SAFETY LANCETS 28G	Tier 2	
WALGREENS LANCETS	Tier 2	
<i>walgreens lancets micro thin</i>	Tier 2	
<i>walgreens lancets super thin</i>	Tier 2	
WALGREENS THIN LANCETS	Tier 2	
WALGREENS ULTRA THIN LANCETS	Tier 2	
<i>zevrx twist top lancets 30g</i>	Tier 2	

Drug	Status	Notes
Foot Care Products		
BIOFREQUENCY INSOLES	Tier 3	
Gi-Gu Ostomy & Irrigation Supplies		
URESTA STARTER KIT	Tier 3	
<i>yoni fit bladder support kit 1 vaginal device</i>	Tier 3	
<i>yoni fit bladder support kit 2 vaginal device</i>	Tier 3	
<i>yoni fit bladder support kit 3 vaginal device</i>	Tier 3	
<i>yoni fit bladder support kit 4 vaginal device</i>	Tier 3	
<i>yoni fit bladder support kit 5 vaginal device</i>	Tier 3	
Impotence Aids		
RAPPORT RLS KIT	Tier 3	
RAPPORT VTD KIT	Tier 3	
Misc. Devices		
<i>alcoh-wipe sheet</i>	Tier 3	
<i>essentra wipes 9x9" sheet 70 %</i>	Tier 3	
Oral Hygiene Products		
MI PASTE DENTAL PASTE	Tier 3	
MI PASTE PLUS DENTAL PASTE	Tier 3	
REMESENSE DENTAL 3 %	Tier 3	
Parenteral Therapy Supplies		
AUTOJECT 2	Tier 3	
BD AUTOSHIELD DUO 30G X 5 MM	Tier 2	
BD INS SYR ULTRAFINE 1/2UNIT 31G X 5/16" 0.3 ML	Tier 2	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	Tier 2	
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM	Tier 2	
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM	Tier 2	
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	Tier 2	
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM	Tier 2	
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM	Tier 2	
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM	Tier 2	
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML	Tier 2	

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Drug	Status	Notes
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	Tier 2	
CEQUR SIMPLICITY 2U DEVICE	Tier 2	QL (10 EA per 30 days)
CEQUR SIMPLICITY INSERTER	Tier 2	QL (1 EA per 365 days)
EMBECTA AUTOSHIELD DUO 30G X 5 MM	Tier 2	
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML	Tier 2	
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	Tier 2	
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM	Tier 2	
EMBECTA PEN NEEDLE NANO 32G X 4 MM	Tier 2	
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 6 MM	Tier 2	
<i>inject-ease</i>	Tier 3	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	Tier 2	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	Tier 2	
INPEN 100-GREY-LILLY-HUMALOG DEVICE	Tier 2	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	Tier 2	
INPEN 100-PINK-LILLY-HUMALOG DEVICE	Tier 2	
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	Tier 2	
J-TIP KIT W/VIAL ADAPTERS KIT	Tier 3	
NORDIPEN 5 INJECTION DEVICE	Tier 3	
NORDIPEN DELIVERY SYSTEM	Tier 3	
Migraine Products		
Migraine Combinations		
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 1	QL (10 EA per 7 days)
Migraine Products		
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	Tier 1	QL (15 ML per 14 days)
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (8 ML per 28 days)

Drug	Status	Notes
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG	Tier 3	QL (10 EA per 7 days)
TRUDHESA NASAL AEROSOL SOLUTION 0.725 MG/ACT	Tier 3	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (12 ML per 28 days); AGE (Min 18 Years)
Migraine Products - Monoclonal Antibodies		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 2	PA; QL (1 ML per 30 days)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML	Tier 2	PA; QL (1.5 ML per 30 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML	Tier 2	PA; QL (1.5 ML per 30 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 2	PA; QL (3 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	Tier 2	PA; QL (1 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	Tier 2	PA; QL (1 ML per 30 days)
NURTEC ORAL TABLET DISPERSIBLE 75 MG	Tier 2	PA; QL (18 EA per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	Tier 2	PA; QL (1 EA per 1 day)
UBRELVY ORAL TABLET 100 MG, 50 MG	Tier 2	PA; QL (16 EA per 30 days)
ZAVZPRET NASAL SOLUTION 10 MG/ACT	Tier 3	PA; QL (8 EA per 30 days)
Migraine Products - Nsaids		
ELYXYB ORAL SOLUTION 120 MG/4.8ML	Tier 3	PA
Serotonin Agonists		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
<i>frovatriptan succinate oral tablet 2.5 mg</i>	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML	Tier 3	QL (18 ML per 30 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	Tier 1	QL (18 EA per 30 days)

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Drug	Status	Notes
RELPAX ORAL TABLET 20 MG, 40 MG	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
REYVOW ORAL TABLET 100 MG, 50 MG	Tier 2	PA; QL (8 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (27 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	Tier 1	QL (27 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act</i>	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan nasal solution 5 mg/act</i>	Tier 1	QL (36 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	Tier 1	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	Tier 1	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	Tier 1	QL (18 ML per 30 days)
<i>zolmitriptan nasal solution 5 mg</i>	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
ZOMIG NASAL SOLUTION 2.5 MG	Tier 3	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
Minerals & Electrolytes		
Calcium		
CALCIFOL ORAL WAFER 1342-1.6 MG	Tier 3	
Fluoride		
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML	Tier 3	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	\$0	\$0 COPAY IF AGE 6 MONTHS TO 6 YEARS

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Drug	Status	Notes
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	\$0	\$0 COPAY IF AGE 6 MONTHS TO 6 YEARS
Iodine Products		
<i>iodine strong oral solution 5 %</i>	Tier 1	
Phosphate		
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG	Tier 1	
<i>phosphorous oral tablet 155-852-130 mg</i>	Tier 1	
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET 155-852-130 MG	Tier 1	
PHOSPHO-TRIN K500 ORAL TABLET 500 MG	Tier 1	
<i>wes-phos 250 neutral oral tablet 155-852-130 mg</i>	Tier 1	
Potassium		
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	Tier 3	
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	Tier 1	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier 1	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier 1	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	Tier 1	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	Tier 1	
KLOR-CON ORAL PACKET 20 MEQ	Tier 1	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	Tier 1	
KLOR-CON/EF ORAL TABLET EFFERVESCENT 25 MEQ	Tier 1	
K-PRIME ORAL TABLET EFFERVESCENT 25 MEQ	Tier 1	
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	Tier 1	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	Tier 1	
<i>potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq</i>	Tier 1	
<i>potassium chloride oral packet 20 meq</i>	Tier 1	

Drug	Status	Notes
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	Tier 1	
Sodium		
<i>sodium chloride (pf) injection solution 0.9 %</i>	Tier 1	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %</i>	Tier 1	
Zinc		
GALZIN ORAL CAPSULE 25 MG, 50 MG	Tier 3	
Miscellaneous Therapeutic Classes		
Chelating Agents		
CUVRIOR ORAL TABLET 300 MG	Tier 3	PA; SP
<i>penicillamine oral capsule 250 mg</i>	Tier 1	PA; SP
<i>penicillamine oral tablet 250 mg</i>	Tier 1	PA; SP
<i>trientine hcl oral capsule 250 mg, 500 mg</i>	Tier 1	PA; SP
Continuous Renal Replacement Therapy (Crrt)		
Solutions		
<i>phoxillum b22k4/0 extracorporeal solution 22-4-1 meq-mmoll</i>	Tier 3	
<i>phoxillum bk4/2.5 extracorporeal solution 32-4-2.5-1 meq-mmoll</i>	Tier 3	
PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION 22-4 MEQ/L	Tier 3	
PRISMASOL BGK 0/2.5 EXTRACORPOREAL SOLUTION 32-2.5 MEQ/L	Tier 3	
PRISMASOL BGK 2/0 EXTRACORPOREAL SOLUTION 32-2 MEQ/L	Tier 3	
PRISMASOL BGK 2/3.5 EXTRACORPOREAL SOLUTION 32-2-3.5 MEQ/L	Tier 3	
PRISMASOL BGK 4/0/1.2 EXTRACORPOREAL SOLUTION 32-4-1.2 MEQ/L	Tier 3	
PRISMASOL BGK 4/2.5 EXTRACORPOREAL SOLUTION 32-4-2.5 MEQ/L	Tier 3	
PRISMASOL BK 0/0/1.2 EXTRACORPOREAL SOLUTION 32-1.2 MEQ/L	Tier 3	
REGIOCIT EXTRACORPOREAL SOLUTION 0.529 %	Tier 3	
<i>trisodium citrate/crrt extracorporeal solution</i>	Tier 3	
Homeopathic Products		
ACUNOL ORAL TABLET	Tier 3	

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Drug	Status	Notes
COLCIGEL EXTERNAL GEL	Tier 3	
ECZEMOL ORAL TABLET	Tier 3	
<i>morcin external cream</i>	Tier 3	
PSORIZIDE FORTE ORAL TABLET 30-1-15 MG	Tier 3	
PSORIZIDE ULTRA ORAL TABLET	Tier 3	
SPEEDGEL RX EXTERNAL GEL	Tier 3	
<i>streptococcinum 30c sublingual pellet</i>	Tier 3	
TRANZGEL EXTERNAL GEL	Tier 3	
Immunomodulators		
JOENJA ORAL TABLET 70 MG	Tier 3	PA; SP
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	Tier 1	PA; SP
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	Tier 2	PA; SP
REZUROCK ORAL TABLET 200 MG	Tier 2	PA; SP
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 2	PA; SP
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1000-10000 MG-UNT/5ML	Tier 3	PA; SP
Immunosuppressive Agents		
AZASAN ORAL TABLET 100 MG, 75 MG	Tier 1	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>cyclosporine modified capsule 50 mg oral</i>	Tier 1	
<i>cyclosporine modified capsule 50 mg oral</i>	Tier 3	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 1	
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	Tier 3	PA; SP
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	Tier 1	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	Tier 1	
GENGRAF ORAL SOLUTION 100 MG/ML	Tier 1	
LUPKYNIS ORAL CAPSULE 7.9 MG	Tier 3	PA; SP
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	Tier 1	

Drug	Status	Notes
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1	
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	Tier 1	
<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	Tier 1	
MYHIBBIN ORAL SUSPENSION 200 MG/ML	Tier 3	PA
NEORAL ORAL CAPSULE 100 MG, 25 MG	Tier 3	
NEORAL ORAL SOLUTION 100 MG/ML	Tier 3	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	Tier 3	
PROGRAF ORAL PACKET 0.2 MG, 1 MG	Tier 2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	Tier 3	
<i>sirolimus oral solution 1 mg/ml</i>	Tier 1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 1	
Irrigation Solutions		
ARGYLE STERILE WATER IRRIGATION SOLUTION	Tier 1	
<i>lactated ringers irrigation solution</i>	Tier 1	
PHYSIOLYTE IRRIGATION SOLUTION	Tier 1	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION	Tier 1	
<i>sterile water for irrigation irrigation solution</i>	Tier 1	
<i>sterile water for irrigation solution irrigation</i>	Tier 3	
<i>sterile water for irrigation solution irrigation</i>	Tier 1	
<i>water for irrigation, sterile irrigation solution</i>	Tier 1	
Misc Natural Products		
BRUSELIX ORAL TABLET	Tier 3	
<i>imubolic oral capsule</i>	Tier 3	
<i>ultra hers rx oral capsule</i>	Tier 3	
<i>ultra his oral capsule</i>	Tier 3	
<i>ultra pcas oral capsule</i>	Tier 3	
Miscellaneous Therapeutic Classes		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML	Tier 3	
Potassium Removing Agents		
KIONEX COMBINATION SUSPENSION 15 GM/60ML	Tier 1	
LOKELMA ORAL PACKET 10 GM, 5 GM	Tier 2	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	

Drug	Status	Notes
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML	Tier 1	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML	Tier 3	
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM	Tier 3	PA
Sclerosing Agents		
<i>polidocanol intravenous solution 5 %</i>	Tier 1	
Systemic Lupus Erythematosus Agents		
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	Tier 3	PA; SP
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	Tier 3	PA; SP
Unknown		
<i>eua patient assessment</i>	Tier 3	
VIJOICE ORAL PACKET 50 MG	Tier 3	PA; SP
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG	Tier 3	PA; SP
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Tier 3	PA; SP
Mouth/Throat/Dental Agents		
Anesthetics Topical Oral		
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION	Tier 3	
<i>lidocaine hcl mouth/throat solution 4 %</i>	Tier 1	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	Tier 1	
Anti-Infectives - Throat		
<i>clotrimazole mouth/throat troche 10 mg</i>	Tier 1	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	Tier 1	
ORAVIG BUCCAL TABLET 50 MG	Tier 3	
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Tier 1	
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 %	Tier 3	
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	Tier 1	
Dental Products		
CLINPRO 5000 DENTAL PASTE 1.1 %	Tier 1	
DENTA 5000 PLUS DENTAL CREAM 1.1 %	Tier 1	

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Drug	Status	Notes
<i>denta 5000 plus sensitive dental gel 1.1-5 %</i>	Tier 3	
DENTAGEL DENTAL GEL 1.1 %	Tier 1	
EASYGEL DENTAL GEL 0.4 %	Tier 1	
FLUORIDEX DAILY RENEWAL MOUTH/THROAT CONCENTRATE 0.63 %	Tier 1	
FLUORIDEX DENTAL PASTE 1.1 %	Tier 1	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE 1.1 %	Tier 1	
FLUORIDEX SENSITIVITY RELIEF DENTAL GEL 1.1-5 %	Tier 3	
FLUORIMAX 5000 DENTAL PASTE 1.1 %	Tier 1	
FLUORIMAX 5000 SENSITIVE DENTAL GEL 1.1-5 %	Tier 3	
<i>fraiche 5000 dental dental gel 1.1 %</i>	Tier 1	
<i>fraiche 5000 previ dental gel 1.1-3 %</i>	Tier 3	
JUST RIGHT 5000 DENTAL PASTE 1.1 %	Tier 1	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL 1.1-5 %	Tier 3	
PREVIDENT 5000 KIDS DENTAL PASTE 1.1 %	Tier 1	
PREVIDENT 5000 SENSITIVE DENTAL GEL 1.1-5 %	Tier 3	
<i>sf 5000 plus dental cream 1.1 %</i>	Tier 1	
<i>sf dental gel 1.1 %</i>	Tier 1	
<i>sod fluoride-potassium nitrate dental gel 1.1-5 %</i>	Tier 1	
<i>sodium fluoride 5000 enamel dental gel 1.1-5 %</i>	Tier 3	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	Tier 1	
<i>sodium fluoride 5000 ppm dental cream 1.1 %</i>	Tier 1	
<i>sodium fluoride 5000 ppm dental gel 1.1 %</i>	Tier 1	
<i>sodium fluoride 5000 ppm dental paste 1.1 %</i>	Tier 1	
<i>sodium fluoride 5000 sensitive dental gel 1.1-5 %</i>	Tier 3	
<i>sodium fluoride dental cream 1.1 %</i>	Tier 1	
<i>sodium fluoride dental gel 1.1 %</i>	Tier 1	
<i>sodium fluoride mouth/throat solution 0.2 %</i>	Tier 1	
VANISH DENTAL LIQUID EXTENDED RELEASE 5 %	Tier 3	
Steroids - Mouth/Throat/Dental		
<i>acyclonine mum mouth/throat aerosol powder 36.7-16.7-3.33 %</i>	Tier 3	

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Drug	Status	Notes
ORALONE MOUTH/THROAT PASTE 0.1 %	Tier 1	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Tier 1	
Throat Products - Misc.		
<i>cevimeline hcl oral capsule 30 mg</i>	Tier 1	
NUMOISYN MOUTH/THROAT LIQUID	Tier 3	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1	
Multivitamins		
Multiple Vitamins W/ Minerals & Fluoride-Iron-Folic Acid		
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG	Tier 3	
Ped Multi Vitamins W/FI & Fe		
<i>multi-vit/iron/fluoride oral solution 0.25-10 mg/ml</i>	Tier 1	
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	Tier 1	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML	Tier 3	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG	Tier 3	
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML	Tier 3	
Ped Mv W/ Fluoride		
FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML	Tier 3	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG	Tier 3	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML	Tier 3	
FLOTREX ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	Tier 3	
<i>multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	Tier 1	
<i>multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 3	
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 3	
<i>multivitamin/fluoride oral suspension 0.25 mg/ml</i>	Tier 3	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	Tier 3	

Drug	Status	Notes
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	Tier 3	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML	Tier 3	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	Tier 3	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML	Tier 3	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	Tier 3	
SOLUVITA ACD WITH FLUORIDE ORAL SOLUTION 0.25 MG/ML	Tier 3	
SOLUVITA WITH FLUORIDE ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML	Tier 3	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML	Tier 3	
<i>tri-vi-floro oral suspension 0.25 mg/ml, 0.5 mg/ml</i>	Tier 3	
<i>tri-vitamin with fluoride oral suspension 0.25 mg/ml</i>	Tier 3	
<i>tri-vitelfluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 3	
<i>vitamins acd-fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 3	
Pediatric Multiple Vitamins & Minerals W/ Fluoride		
FLORIVA ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	Tier 3	
Prenatal Vitamins		
ALIVE DAILY SUP PRENATAL GUMMI ORAL TABLET CHEWABLE 0.18-25 MG	\$0	
ALIVE PREMIUM PRENATAL ORAL CAPSULE 13.5-0.2-100 MG	\$0	
ALIVE PRENATAL ORAL TABLET CHEWABLE 0.12-25 MG	\$0	
<i>altrixa ob oral tablet 15-0.4-0.6 mg</i>	\$0	
ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG	\$0	
ATABEX OB ORAL TABLET 29-1 MG	\$0	
ATABEX ORAL TABLET CHEWABLE 18-0.8 MG	\$0	
<i>cadeau dha oral capsule 29-0.4-0.8-375 mg</i>	\$0	
CENTRUM PRENATAL GUMMIES ORAL TABLET CHEWABLE 0.18-25 MG	\$0	

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Drug	Status	Notes
CENTRUM SPECIALIST PRENATAL ORAL 27-0.8 & 200 MG	\$0	
CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG	\$0	
<i>classic prenatal oral tablet 28-0.8 mg</i>	\$0	
<i>complete natal dha oral 29-1-200 & 200 mg</i>	\$0	
<i>completenate oral tablet chewable 29-1 mg</i>	\$0	
CO-NATAL FA ORAL TABLET	\$0	
CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG	\$0	
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG	\$0	
<i>cvs prenatal gummy oral tablet chewable 0.18-25 mg, 0.4 mg, 0.4-113.5 mg, 0.4-25 mg</i>	\$0	
<i>cvs prenatal multi+dha oral capsule 27-0.8-250 mg</i>	\$0	
<i>cvs prenatal multivitamin oral capsule 27-0.8-250 mg</i>	\$0	
<i>cvs prenatal oral tablet 27-0.8 mg</i>	\$0	
<i>cvs womens prenatal+dha oral 28-0.975 & 200 mg</i>	\$0	
ENFAMIL EXPECTA ORAL 28-0.8 & 200 MG	\$0	
<i>eql prenatal formula oral tablet 28-0.8 mg</i>	\$0	
FOLIVANE-OB ORAL CAPSULE 85-1 MG	\$0	
<i>ft prenatal oral tablet 28-0.8 mg</i>	\$0	
<i>gnp prenatal oral tablet 28-0.8 mg</i>	\$0	
<i>gnp prenatal/folic acid oral tablet 28-0.8 mg</i>	\$0	
GOOD START PRENATAL NOURISH ORAL TABLET CHEWABLE 0.12-33.3 MG	\$0	
HEALTHY MAMA BE WELL ROUNDED ORAL THERAPY PACK 28-0.8 & 450 MG	\$0	
INATAL GT ORAL TABLET	\$0	
<i>jenliva prenatal/postnatal oral capsule 1 mg</i>	\$0	
<i>kp prenatal multivitamins oral tablet 28-0.8 mg</i>	\$0	
<i>kpn prenatal oral tablet 0.1 mg</i>	\$0	
<i>masonatal oral tablet 28-0.8 mg</i>	\$0	
<i>matervia oral capsule 0.5 mg</i>	\$0	
<i>m-natal plus oral tablet 27-1 mg</i>	\$0	
<i>multi prenatal oral tablet 27-0.8 mg</i>	\$0	
NEONATAL PLUS ORAL TABLET 27-1 MG	\$0	
<i>neonatal prenatal oral tablet 27-0.8 mg</i>	\$0	
NEONATAL VITAMIN ORAL TABLET 27-0.8 MG	\$0	

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Drug	Status	Notes
NIVA-PLUS ORAL TABLET 27-1 MG	\$0	
OBSTETRIX DHA ORAL 29-1 & 350 MG	\$0	
OBSTETRIX EC ORAL TABLET DELAYED RELEASE 29-1 MG	\$0	
OBSTETRIX ONE ORAL CAPSULE 38-1-225 MG	\$0	
OBTREX DHA ORAL 29-1 & 350 MG	\$0	
OBTREX ORAL TABLET	\$0	
ONE A DAY PRENATAL ADV BRAIN ORAL THERAPY PACK	\$0	
ONE A DAY PRENATAL ORAL TABLET CHEWABLE 0.4-25 MG	\$0	
<i>one vite womens oral tablet 27-0.8 mg</i>	\$0	
<i>one vite womens plus oral tablet 27-1 mg</i>	\$0	
ONE-A-DAY WOMENS PRENATAL 1 ORAL CAPSULE 28-0.8-235 MG	\$0	
<i>pnv 27-cal/fel/fa oral tablet 60-1 mg</i>	\$0	
<i>pnv prenatal plus multivit+dha oral 27-1 & 312 mg</i>	\$0	
<i>pnv-dha+docusate oral capsule 27-1.25-300 mg</i>	\$0	
<i>pnv-select oral tablet 27-0.6-0.4 mg</i>	\$0	
<i>prenatabs fa oral tablet 29-1 mg</i>	\$0	
PRENATABS RX ORAL TABLET 29-1 MG	\$0	
<i>prenatal (w/iron & fa) oral tablet 27-0.8 mg</i>	\$0	
<i>prenatal + complete multi oral therapy pack 0.267 & 373 mg, 18-0.8 & 290 mg</i>	\$0	
<i>prenatal 19 oral tablet , 29-1 mg</i>	\$0	
<i>prenatal 19 oral tablet chewable , 29-1 mg</i>	\$0	
<i>prenatal complete oral capsule therapy pack</i>	\$0	
<i>prenatal complete oral tablet 14-0.4 mg</i>	\$0	
PRENATAL ESSENTIALS ORAL CAPSULE 0.272 MG	\$0	
<i>prenatal fa + dha + choline oral tablet chewable 0.18- 35 mg</i>	\$0	
<i>prenatal formula a-free oral tablet 9-0.267 mg</i>	\$0	
<i>prenatal formula oral capsule 28-0.8-235 mg</i>	\$0	
<i>prenatal forte oral tablet</i>	\$0	
<i>prenatal gummies oral tablet chewable 0.18-25 mg</i>	\$0	

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Drug	Status	Notes
<i>prenatal gummies/dha & fa oral tablet chewable 0.4-32.5 mg</i>	\$0	
<i>prenatal multi +dha oral capsule 27-0.8-200 mg, 27-0.8-228 mg, 27-0.8-250 mg</i>	\$0	
PRENATAL MULTIVITAMIN + DHA ORAL 28-0.8 & 200 MG	\$0	
<i>prenatal multivitamin plus dha oral capsule 27-0.8-250 mg</i>	\$0	
<i>prenatal one daily oral tablet 27-0.8 mg</i>	\$0	
<i>prenatal oral tablet 27-0.8 mg, 27-1 mg, 28-0.8 mg, 6.75-0.2 mg</i>	\$0	
<i>prenatal plus oral tablet 27-1 mg</i>	\$0	
<i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i>	\$0	
<i>prenatal vitamin and mineral oral tablet 28-0.8 mg</i>	\$0	
<i>prenatal vitamins oral tablet 27-0.8 mg</i>	\$0	
<i>prenatal/folic acid+dha oral capsule 27-0.8-200 mg</i>	\$0	
<i>prenatal/iron oral tablet , 28-0.8 mg</i>	\$0	
<i>prenatal+dha oral 28-0.975 & 200 mg</i>	\$0	
PRENATAL-U ORAL CAPSULE 106.5-1 MG	\$0	
<i>prelate max oral tablet 15-0.4-0.6 mg</i>	\$0	
PRENATOL-M ORAL TABLET 27-1.2 MG	\$0	
PROVIDA OB ORAL CAPSULE 20-20-1.25 MG	\$0	
<i>qc prenatal oral tablet 28-0.8 mg</i>	\$0	
<i>ra prenatal formula oral tablet 28-0.8 mg</i>	\$0	
<i>ra prenatal oral tablet 28-0.8 mg</i>	\$0	
<i>se-natal 19 oral tablet 29-1 mg</i>	\$0	
<i>se-natal 19 oral tablet chewable 29-1 mg</i>	\$0	
SIMILAC PRENATAL EARLY SHIELD ORAL 27-0.8 & 200 MG	\$0	
STUART ONE ORAL CAPSULE 27-0.8-200 MG	\$0	
TARON-C DHA ORAL CAPSULE 35-1 MG	\$0	
THERANATAL COMPLETE ORAL 27-1 & 300 MG	\$0	
THERANATAL CORE NUTRITION ORAL TABLET 27-1 MG	\$0	
THERANATAL ONE ORAL CAPSULE 27-1-300 MG	\$0	

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Drug	Status	Notes
THERANATAL OVAVITE ORAL THERAPY PACK 18-1 & 125 MG	\$0	
<i>thrivite rx oral tablet 29-1 mg</i>	\$0	
<i>trinatal rx 1 oral tablet 60-1 mg</i>	\$0	
TRINATE ORAL TABLET	\$0	
<i>ultra prenatal vit/min + dha oral capsule 23-0.8-200 mg</i>	\$0	
UPSPRING PRENATAL COMPLETE ORAL CAPSULE 9-0.267-191.67 MG	\$0	
VINATE CARE ORAL TABLET CHEWABLE 40-1 MG	\$0	
VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG	\$0	
VITAFUSION PRENATAL ORAL TABLET CHEWABLE 0.18-32.5 MG	\$0	
<i>vita-pac oral capsule 0.9 mg</i>	\$0	
<i>wescap-c dha oral capsule 53.5-38-1 mg</i>	\$0	
<i>wesnatal dha complete oral 29-1-200 & 200 mg</i>	\$0	
<i>westab plus oral tablet 27-1 mg</i>	\$0	
Musculoskeletal Therapy Agents		
Central Muscle Relaxants		
<i>baclofen oral solution 10 mg/5ml, 5 mg/5ml</i>	Tier 1	PA
<i>baclofen oral suspension 25 mg/5ml</i>	Tier 1	PA
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	Tier 1	
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>enovarx-cyclobenzaprine hcl transdermal cream 20 mg/gm</i>	Tier 3	
FEXMID ORAL TABLET 7.5 MG	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 er oral tablet extended release 12 hour 100 mg</i>	Tier 1	
TABRADOL FUSEPAQ ORAL SUSPENSION 1 MG/ML	Tier 3	
TANLOR ORAL TABLET 1000 MG	Tier 1	

Drug	Status	Notes
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	Tier 1	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	Tier 1	
Direct Muscle Relaxants		
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
Muscle Relaxant Combinations		
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	Tier 3	QL (4 EA per 1 day)
Unknown		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	Tier 3	PA; SP
Viscosupplements		
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML	Tier 2	PA; QL (6 ML per 180 days)
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML	Tier 2	PA; QL (6 ML per 180 days)
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML	Tier 2	PA; QL (6 ML per 180 days)
Nasal Agents - Systemic And Topical		
Nasal Agent Combinations		
<i>azelastine-fluticasone nasal suspension 137-50 mcg/act</i>	Tier 1	ST: Requires prior prescription for nasal Flunisolide or Fluticasone within the past 120 days; QL (23 GM per 30 days)
<i>lidocaine hcl-oxymetazoline nasal solution prefilled syringe 2-0.025 % (2 ml)</i>	Tier 1	
Nasal Anesthetics		
<i>cocaine hcl nasal solution 40 mg/ml</i>	Tier 1	
NUMBRINO NASAL SOLUTION 40 MG/ML	Tier 3	
Nasal Antiallergy		
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	Tier 1	
<i>olopatadine hcl nasal solution 0.6 %</i>	Tier 1	
Nasal Anticholinergics		
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	Tier 1	
Nasal Steroids		
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	Tier 1	QL (25 ML per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	Tier 1	
<i>mometasone furoate nasal suspension 50 mcg/act</i>	Tier 1	

Drug	Status	Notes
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT	Tier 2	ST: Requires prior prescription for nasal Flunisolide or Fluticasone within the past 120 days; QL (6.8 GM per 30 days)
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT	Tier 2	ST: Requires prior prescription for nasal Flunisolide or Fluticasone within the past 120 days; QL (10.6 GM per 30 days)
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT	Tier 2	ST: Requires prior prescription for one of the following intranasal corticosteroids: Flunisolide, Fluticasone Propionate, or Mometasone within the past 120 days; QL (32 ML per 30 days)
Sympathomimetic Decongestants		
<i>epinephrine hcl (nasal) nasal solution 0.1 %</i>	Tier 1	
Neuromuscular Agents		
Als Agents		
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML	Tier 3	PA; SP
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML	Tier 3	PA; SP
<i>riluzole oral tablet 50 mg</i>	Tier 1	
TEGLUTIK ORAL SUSPENSION 50 MG/10ML	Tier 3	PA; SP
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	Tier 3	PA; SP
Muscular Dystrophy Agents		
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	Tier 3	PA; SP
Spinal Muscular Atrophy Agents (Sma)		
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	Tier 3	PA; SP
EVRYSDI ORAL TABLET 5 MG	Tier 3	PA; SP
Unknown		
DAYBUE ORAL SOLUTION 200 MG/ML	Tier 3	PA; SP
SKYCLARYS ORAL CAPSULE 50 MG	Tier 3	PA; SP
Nutrients		
Lipids		
DOJOLVI ORAL LIQUID 100 %	Tier 3	PA; SP
NEOKE MCT70 ORAL POWDER 70 GM/100GM	Tier 3	
Misc. Nutritional Substances		
ALTEMIA ORAL EMULSION	Tier 3	
CYTOTINE ORAL POWDER	Tier 3	

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Drug	Status	Notes
Proteins		
AMINOAMRMS ORAL CAPSULE	Tier 1	
AMINORELIEFRMS ORAL CAPSULE	Tier 1	
NEOKE ALCAR ORAL POWDER	Tier 3	
REFRESH AA 15 PKU ORAL LIQUID	Tier 3	
REFRESH AA 15 TYR ORAL LIQUID	Tier 3	
Ophthalmic Agents		
Beta-Blockers - Ophthalmic		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	Tier 1	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	Tier 3	
<i>bimatoprost-timolol maleate ophthalmic solution 0.01-0.5 %</i>	Tier 1	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	Tier 1	
<i>carteolol hcl ophthalmic solution 1 %</i>	Tier 1	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	Tier 1	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	Tier 1	ST: Requires prior prescription for Dorzolamide/Timolol (non cosopt pf formulation) within the past 120 days; QL (2 EA per 1 day)
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Tier 1	
<i>timolol hemihydrate ophthalmic solution 0.5 %</i>	Tier 1	
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	Tier 1	
TIMOLOL MALEATE OCUDOSE OPHTHALMIC SOLUTION 0.5 %	Tier 1	ST: Requires prior prescription for Timolol drops (non-ocudose formulation) within the past 120 days; QL (2 EA per 1 day)
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	Tier 1	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	Tier 1	
<i>timolol maleate pf ophthalmic solution 0.25 %</i>	Tier 1	QL (2 EA per 1 day)
<i>timolol maleate pf ophthalmic solution 0.5 %</i>	Tier 1	ST: Requires prior prescription for Timolol drops (non-ocudose formulation) within the past 120 days; QL (2 EA per 1 day)
<i>timolol-brimon-dorzol-bimatopr ophthalmic solution 0.5-0.1-2-0.01 %</i>	Tier 1	

Drug	Status	Notes
<i>timolol-brimonidine-dorzolamid ophthalmic solution 0.5-0.1-2 %</i>	Tier 1	
Cycloplegic Mydriatics		
ALTAFRIN OPHTHALMIC SOLUTION 10 %, 2.5 %	Tier 1	
<i>atropine sulfate ophthalmic solution 0.01 %, 0.025 %, 0.05 %, 1 %</i>	Tier 1	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 %	Tier 3	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 %	Tier 3	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Tier 1	
HOMATROPAIRE OPHTHALMIC SOLUTION 5 %	Tier 3	
MYDCOMBI OPHTHALMIC SOLUTION CARTRIDGE 1-2.5 %	Tier 3	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	Tier 1	
<i>tropicamide-cyclopentolate-pe ophthalmic solution 1-1-2.5 %</i>	Tier 1	
<i>tropicamide-cyclopentolate-pe solution 1-1-2.5 % ophthalmic</i>	Tier 1	
<i>tropicamide-cyclopentolate-pe solution 1-1-2.5 % ophthalmic</i>	Tier 3	
<i>tropicamide-phenylephrine ophthalmic solution 1-2.5 %</i>	Tier 1	
<i>tropic-cyclopent-pe-ketorolac ophthalmic solution 1-1-10-0.5 %, 1-1-2.5-0.5 %</i>	Tier 1	
<i>tropic-cyclopent-pe-ketorolac ophthalmic solution prefilled syringe 1-1-10-0.5 %, 1-1-2.5-0.5 %</i>	Tier 1	
<i>tropic-cyclop-pe-keto-propar ophthalmic solution prefilled syringe</i>	Tier 1	
Miotics		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	Tier 3	SP
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Tier 1	
<i>pilocarpine hcl ophthalmic solution 1.25 %</i>	Tier 1	QL (10 ML per 30 days)
QLOSI OPHTHALMIC SOLUTION 0.4 %	Tier 3	ST: Requires prior prescription for generic Pilocarpine ophthalmic solution within the past 120 days; QL (60 EA per 30 days)
VIZZ OPHTHALMIC SOLUTION 1.44 %	Tier 3	QL (1 EA per 1 day)

Drug	Status	Notes
Ophthalmic Adrenergic Agents		
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	Tier 1	
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %</i>	Tier 1	
<i>brimonidine-dorzolamide ophthalmic solution 0.1-2 %</i>	Tier 1	
IOPIDINE OPHTHALMIC SOLUTION 1 %	Tier 3	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	Tier 2	
Ophthalmic Anti-Infectives		
BACIGUENT OPHTHALMIC OINTMENT 500 UNIT/GM	Tier 3	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	Tier 1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Tier 1	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	Tier 2	
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION 5 %	Tier 3	
CILOXAN OPHTHALMIC OINTMENT 0.3 %	Tier 2	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	Tier 1	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	Tier 1	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	Tier 1	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	Tier 1	
<i>levofloxacin ophthalmic solution 0.5 %, 1.5 %</i>	Tier 1	
MITOSOL OPHTHALMIC KIT 0.2 MG	Tier 3	
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>	Tier 1	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	Tier 1	
<i>moxifloxacin-bromfenac ophthalmic solution 0.5-0.075 %</i>	Tier 1	
NATACYN OPHTHALMIC SUSPENSION 5 %	Tier 3	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Tier 1	
NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000	Tier 1	
<i>ofloxacin ophthalmic solution 0.3 %</i>	Tier 1	
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM	Tier 1	

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Drug	Status	Notes
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	Tier 1	
<i>povidone-iodine ophthalmic solution 5 %</i>	Tier 1	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	Tier 1	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	Tier 1	
<i>tobramycin ophthalmic solution 0.3 %</i>	Tier 1	
TOBREX OPHTHALMIC OINTMENT 0.3 %	Tier 2	
<i>trifluridine ophthalmic solution 1 %</i>	Tier 1	
XDEMVIY OPHTHALMIC SOLUTION 0.25 %	Tier 3	PA; SP
Ophthalmic Immunomodulators		
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	Tier 1	QL (2 EA per 1 day)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	Tier 2	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC EMULSION 0.05 %	Tier 1	QL (2 EA per 1 day)
VERKAZIA OPHTHALMIC EMULSION 0.1 %	Tier 3	PA
Ophthalmic Integrin Antagonists		
XIIDRA OPHTHALMIC SOLUTION 5 %	Tier 2	QL (2 EA per 1 day)
Ophthalmic Kinase Inhibitors		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	Tier 3	ST: Requires prior prescriptions for Latanoprost and one of the following: Lumigan 0.01%, Combigan, Alphagan P 0.1%, Travatan Z, Azopt, or Simbrinza within the past 365 days; QL (2.5 ML per 30 days)
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	Tier 3	ST: Requires prior prescriptions for Latanoprost and one of the following: Lumigan 0.01%, Combigan, Alphagan P 0.1%, Travatan Z, Azopt, or Simbrinza within the past 365 days; QL (2.5 ML per 25 days)
Ophthalmic Local Anesthetics		
AKTEN OPHTHALMIC GEL 3.5 %	Tier 3	
ALTACAINE OPHTHALMIC SOLUTION 0.5 %	Tier 1	
IHEEZO OPHTHALMIC GEL 3 %	Tier 3	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	Tier 1	
<i>tetracaine hcl ophthalmic solution 0.5 %</i>	Tier 1	
Ophthalmic Nerve Growth Factors		
OXERVATE OPHTHALMIC SOLUTION 0.002 %	Tier 3	PA; SP

Drug	Status	Notes
Ophthalmic Photoenhancers		
PHOTREXA-PHOTREXA VISCOUS KIT OPHTHALMIC SOLUTION PREFILLED SYRINGE 0.146 & 0.146-20 %	Tier 3	SP
Ophthalmic Steroids		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	Tier 1	
<i>clobetasol propionate ophthalmic suspension 0.05 %</i>	Tier 3	ST: Requires prior prescription for Dexamethasone 0.1% (ophthalmic), Fluorometholone 0.1% (ophthalmic), or Prednisolone 0.1% (ophthalmic) within the past 120 days; QL (3.5 ML per 14 days)
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	Tier 1	QL (15 ML per 14 days)
DEXTENZA OPHTHALMIC INSERT 0.4 MG	Tier 3	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	Tier 1	QL (5 ML per 7 days)
<i>double pm ophthalmic solution reconstituted 1-0.5 %</i>	Tier 3	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	Tier 1	QL (5 ML per 7 days)
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	Tier 2	QL (7 GM per 14 days)
LOTEMAX SM OPHTHALMIC GEL 0.38 %	Tier 2	QL (5 GM per 7 days)
<i>loteprednol etabonate ophthalmic gel 0.5 %</i>	Tier 1	QL (5 GM per 7 days)
<i>loteprednol etabonate ophthalmic suspension 0.2 %</i>	Tier 1	ST: Requires prior prescription for Dexamethasone 0.1% (ophthalmic), Fluorometholone 0.1% (ophthalmic), or Prednisolone 0.1% (ophthalmic) within the past 120 days; QL (5 ML per 7 days)
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	Tier 1	QL (10 ML per 7 days)
MAXIDEX OPHTHALMIC SUSPENSION 0.1 %	Tier 3	ST: Requires prior prescription for Dexamethasone 0.1% (ophthalmic), Fluorometholone 0.1% (ophthalmic), or Prednisolone 0.1% (ophthalmic) within the past 120 days; QL (25 ML per 14 days)
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Tier 1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1</i>	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	Tier 1	

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Drug	Status	Notes
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 %	Tier 1	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Tier 1	QL (10 ML per 7 days)
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	Tier 1	QL (10 ML per 7 days)
<i>prednisolone-bromfenac ophthalmic solution 1-0.075 %</i>	Tier 1	
<i>prednisolone-moxifloxacin ophthalmic solution 1-0.5 %</i>	Tier 1	
<i>prednisolone-moxiflox-bromfenac ophthalmic solution 1-0.5-0.075 %</i>	Tier 1	
<i>prednisolone-moxiflox-ketorolac ophthalmic solution 1-0.5-0.5 %</i>	Tier 1	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	Tier 1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	Tier 2	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	Tier 1	
<i>triple pmb ophthalmic solution reconstituted 1-0.5-0.09 %</i>	Tier 3	
<i>triple pmk ophthalmic solution reconstituted 1-0.5-0.5 %</i>	Tier 3	
Ophthalmic Surgical Aids		
GELFILM OPHTHALMIC FILM	Tier 3	
Ophthalmics - Misc.		
ACUVAIL OPHTHALMIC SOLUTION 0.45 %	Tier 3	ST: Requires prior prescriptions for Ilevro 0.3% and one of the following: Diclofenac 0.1% or Ketorolac 0.5% within the past 365 days; QL (4 EA per 1 day)
ALOCRIL OPHTHALMIC SOLUTION 2 %	Tier 3	ST: Requires prior prescription for Cromolyn 4% ophthalmic drops within the past 120 days; QL (20 ML per 30 days)
<i>azelastine hcl ophthalmic solution 0.05 %</i>	Tier 1	QL (12 ML per 30 days)
<i>brinzolamide ophthalmic suspension 1 %</i>	Tier 1	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	Tier 1	ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (3.4 ML per 16 days)

Drug	Status	Notes
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	Tier 1	ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (3 ML per 16 days)
<i>bromfenac sodium ophthalmic solution 0.075 %</i>	Tier 1	ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (5 ML per 16 days)
<i>cromolyn sodium ophthalmic solution 4 %</i>	Tier 1	QL (50 ML per 30 days)
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	Tier 2	PA; SP
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	Tier 2	PA; SP
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	Tier 1	QL (5 ML per 7 days)
<i>dorzolamide hcl ophthalmic solution 2 %</i>	Tier 1	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	Tier 1	QL (10 ML per 30 days)
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	Tier 1	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	Tier 2	QL (3.4 ML per 16 days)
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	Tier 1	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	Tier 1	QL (2 ML per 3 days)
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML	Tier 2	
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	Tier 1	QL (3 ML per 30 days)
UPNEEQ OPHTHALMIC SOLUTION 0.1 %	Tier 3	PA
Prostaglandins - Ophthalmic		
<i>bimatoprost ophthalmic solution 0.03 %</i>	Tier 1	QL (2.5 ML per 30 days)
<i>latanoprost ophthalmic solution 0.005 %</i>	Tier 1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Tier 2	QL (2.5 ML per 25 days)
<i>tafluprost (pf) ophthalmic solution 0.0015 %</i>	Tier 1	QL (1 EA per 1 day)
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	Tier 1	QL (2.5 ML per 25 days)
VYZULTA OPHTHALMIC SOLUTION 0.024 %	Tier 3	ST: Requires prior prescriptions for generic prostaglandin analog and Lumigan within the past 365 days; QL (2.5 ML per 30 days)
XELPROS OPHTHALMIC EMULSION 0.005 %	Tier 3	ST: Requires prior prescriptions for generic prostaglandin analog and Lumigan within the past 365 days; QL (2.5 ML per 25 days)
Unknown		
TYRVAYA NASAL SOLUTION 0.03 MG/ACT	Tier 2	PA

Drug	Status	Notes
Otic Agents		
Otic Agents - Miscellaneous		
<i>acetic acid otic solution 2 %</i>	Tier 1	
Otic Anti-Infectives		
<i>ciprofloxacin hcl otic solution 0.2 %</i>	Tier 1	
<i>ofloxacin otic solution 0.3 %</i>	Tier 1	
Otic Combinations		
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	Tier 1	
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	Tier 1	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	Tier 3	
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	Tier 1	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	Tier 1	
OTOVEL OTIC SOLUTION 0.3-0.025 %	Tier 3	
PRAMOTIC OTIC LIQUID 1-0.1 %	Tier 3	
Otic Steroids		
FLAC OTIC OIL 0.01 %	Tier 1	
<i>fluocinolone acetonide otic oil 0.01 %</i>	Tier 1	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	Tier 1	
Oxytocics		
Abortifacients/Agents For Cervical Ripening		
CERVIDIL VAGINAL INSERT 10 MG	Tier 3	
PREPIDIL VAGINAL GEL 0.5 MG/3GM	Tier 3	
Oxytocics		
METHERGINE ORAL TABLET 0.2 MG	Tier 1	QL (28 EA per 30 days)
<i>methylergonovine maleate oral tablet 0.2 mg</i>	Tier 1	QL (28 EA per 30 days)
Passive Immunizing And Treatment Agents		
Antitoxins-Antivenins		
ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED	Tier 3	
Immune Serums		
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	Tier 2	PA; SP
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	Tier 3	PA; SP

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Drug	Status	Notes
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	Tier 2	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	Tier 3	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	Tier 3	PA; SP
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	Tier 3	PA; SP
Monoclonal Antibodies		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 2, FILL OF 2 IN 120 DAYS, AND 19 MONTHS OF AGE OR YOUNGER
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 2 IN 120 DAYS, AND 19 MONTHS OF AGE OR YOUNGER
Passive Immunizing Agents - Combinations		
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	Tier 3	PA; SP
Penicillins		
Aminopenicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	Tier 1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	Tier 1	
<i>ampicillin oral capsule 500 mg</i>	Tier 1	
Natural Penicillins		
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	
Penicillin Combinations		
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	Tier 1	

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Drug	Status	Notes
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet chewable 400-57 mg</i>	Tier 1	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	Tier 1	
Pharmaceutical Adjuvants		
Gelatin Capsules (Empty)		
<i>capsule ezeefit #0 clear capsule</i>	Tier 3	
<i>capsule ezeefit #00 clear capsule</i>	Tier 3	
DRCAPS SIZE 00 CAPSULE	Tier 3	
DRCAPS SIZE 1 CAPSULE	Tier 3	
Liquid Vehicles		
ADA EXTERNAL SHAMPOO	Tier 3	
<i>bacteriostatic water(benz alc) injection solution</i>	Tier 3	
FLAVOR BLEND ORAL SUSPENSION	Tier 3	
<i>flavor plus oral liquid</i>	Tier 3	
<i>flavor sweet oral syrup</i>	Tier 3	
FOAMIL EXTERNAL LIQUID	Tier 3	
LOZIBASE S	Tier 3	
<i>multi-peptide serum external liquid</i>	Tier 3	
ORA-BLEND ORAL SUSPENSION	Tier 3	
ORA-BLEND SF ORAL SUSPENSION	Tier 3	
ORAPENN SD ANHYD SWEETENED ORAL LIQUID	Tier 3	
ORA-PLUS ORAL LIQUID	Tier 3	
ORA-SWEET ORAL SYRUP	Tier 3	
ORA-SWEET SF ORAL SYRUP	Tier 3	
PCCA ACACIA SYRUP BASE ORAL SYRUP	Tier 3	
PCCA SWEET-SF ORAL SYRUP	Tier 3	
PCCA SYRUP VEHICLE ORAL SYRUP	Tier 3	
PCCA-PLUS ORAL SUSPENSION	Tier 3	
<i>raspberry syrup oral syrup</i>	Tier 1	
RHEOSPRAY EXTERNAL LIQUID	Tier 3	
<i>saline bacteriostatic injection solution 0.9 %</i>	Tier 1	
SERAQUA EXTERNAL LIQUID	Tier 3	
<i>sodium chloride bacteriostatic injection solution 0.9 %</i>	Tier 1	

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Drug	Status	Notes
SOLYDRA EXTERNAL LIQUID	Tier 3	
SUSPENDRX W/BITTERBLOC SWEET ORAL SUSPENSION	Tier 3	
SUSPENDRX W/BITTERBLOC UNSWEET ORAL SUSPENSION	Tier 3	
SYRPALTA ORAL SYRUP , 85 %	Tier 3	
SYRSPEND SF ORAL LIQUID	Tier 3	
SYRSPEND SF PH4 ORAL SUSPENSION RECONSTITUTED	Tier 3	
TRICHOSOL EXTERNAL SOLUTION	Tier 3	
U-MILD EXTERNAL SHAMPOO	Tier 3	
UNISPEND ANHYDROUS SWEETENED ORAL SUSPENSION	Tier 3	
VERSAFREE ORAL SYRUP	Tier 3	
VERSAPLUS ORAL SYRUP	Tier 3	
VERSAPRO EXTERNAL SHAMPOO	Tier 3	
Non Gelatin Capsules (Empty)		
<i>non gelatin capsules (empty) capsule</i>	Tier 1	
Semi Solid Vehicles		
<i>1st base external cream</i>	Tier 3	
ALPAWASH EXTERNAL OINTMENT	Tier 3	
ALTADERM EXTERNAL CREAM	Tier 3	
<i>anhydrous cream base cream</i>	Tier 3	
ATREVIS HYDROGEL EXTERNAL CREAM	Tier 3	
AUXIPRO VANISHING EXTERNAL CREAM	Tier 3	
CARBOGEL 940 GEL	Tier 3	
CARBOHOL 940 GEL	Tier 3	
CHRYSADERM DAY EXTERNAL CREAM	Tier 3	
CHRYSADERM NIGHT EXTERNAL CREAM	Tier 3	
<i>cutis plus external cream</i>	Tier 3	
DURABASE ADVANCED EXTERNAL CREAM	Tier 3	
DURABASE EXTERNAL CREAM	Tier 3	
EMOLIVAN EXTERNAL CREAM	Tier 3	
ESPUMIL FOAM	Tier 3	
<i>fagron ls plus external cream</i>	Tier 3	
<i>fagron natural external cream</i>	Tier 3	

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Drug	Status	Notes
<i>fagron supreme external cream</i>	Tier 3	
FITALITE EXTERNAL CREAM	Tier 3	
<i>freedom adaptaderm external cream</i>	Tier 3	
<i>freedom derma serum external cream</i>	Tier 3	
FREEDOM DERMA-D EXTERNAL CREAM	Tier 3	
FREEDOM DERMA-N EXTERNAL CREAM	Tier 3	
HUMCO BASE PAIN MGMT EXTERNAL CREAM	Tier 3	
HYDROGEL GEL	Tier 3	
LIOPEN ABSORPTION ENHANCING EXTERNAL CREAM	Tier 3	
<i>lipo cream base external cream</i>	Tier 3	
LIPOCREAM BASE EXTERNAL CREAM	Tier 3	
<i>lipofoam rx foam</i>	Tier 3	
<i>lipolayer external cream</i>	Tier 3	
<i>lipopen ultra base external cream</i>	Tier 3	
LIPOZYME EXTERNAL CREAM	Tier 3	
MEDIDERM EXTERNAL CREAM	Tier 3	
MEDIHOL BASE GEL	Tier 3	
<i>multi-phasic penetrating cmpd external cream</i>	Tier 3	
NOURILITE EXTERNAL CREAM	Tier 3	
NOURIVAN ANTIOX BASE EXTERNAL CREAM	Tier 3	
OCCLUVAN EXTERNAL OINTMENT	Tier 3	
OMNIBASE EXTERNAL CREAM	Tier 3	
PCCA ALADERM BASE EXTERNAL CREAM	Tier 3	
PCCA ANHYDROUS BASE OINTMENT	Tier 3	
PCCA ANHYDROUS LIPODERM BASE EXTERNAL CREAM	Tier 3	
PCCA BIOPEPTIDE BASE EXTERNAL CREAM	Tier 3	
PCCA COBASE #1 EXTERNAL OINTMENT	Tier 3	
PCCA COSMETIC HRT BASE EXTERNAL CREAM	Tier 3	
PCCA CUSTOM LIPO-MAX EXTERNAL CREAM	Tier 3	
PCCA ELLAGE VAGINAL CREAM	Tier 3	
PCCA HYDRABASE SB CUSTOM BASE EXTERNAL CREAM	Tier 3	
PCCA LIPODERM BASE EXTERNAL CREAM	Tier 3	
PCCA LIPOSOMIC BASE DRY EXTERNAL CREAM	Tier 3	

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Drug	Status	Notes
PCCA LIPOSOMIC BASE NORMAL EXTERNAL CREAM	Tier 3	
PCCA LIPOSOMIC BASE OILY EXTERNAL CREAM	Tier 3	
PCCA LIPOSOMIC BASE SENSITIVE EXTERNAL CREAM	Tier 3	
PCCA MVC BASE EXTERNAL CREAM	Tier 3	
PCCA NATACREAM EXTERNAL CREAM	Tier 3	
PCCA POLYPEG BASE EXTERNAL OINTMENT	Tier 3	
PCCA PRACASIL TM-PLUS BASE EXTERNAL CREAM	Tier 3	
PCCA VANISHING CREAM BASE EXTERNAL CREAM	Tier 3	
PCCA VANISHING CREAM LIGHT EXTERNAL CREAM	Tier 3	
PCCA VANPEN BASE EXTERNAL CREAM	Tier 3	
<i>penderm external cream</i>	Tier 3	
<i>pensomal external cream</i>	Tier 3	
PHARMABASE COSMETIC EXTERNAL CREAM	Tier 3	
PHARMABASE HEAVY EXTERNAL CREAM	Tier 3	
PHYTOBASE EXTERNAL CREAM	Tier 3	
PLO GEL - MEDIFLO 30 EXTERNAL KIT	Tier 3	
PLO GEL - MEDIFLO 30 PRE-MIXED EXTERNAL GEL	Tier 3	
PLO GEL - MEDIFLO EXTERNAL KIT	Tier 3	
PLO GEL - MEDIFLO PRE-MIXED EXTERNAL GEL	Tier 3	
<i>p-siloxan ds external cream</i>	Tier 3	
<i>sa3 derm external cream</i>	Tier 3	
<i>salt durable cream external cream</i>	Tier 3	
SALT STABLE LS ADVANCED EXTERNAL CREAM	Tier 3	
SALTSTABLE LO EXTERNAL CREAM	Tier 3	
<i>silprotex plus external cream</i>	Tier 3	
<i>skyy derm external cream</i>	Tier 3	
<i>teroderm external cream</i>	Tier 3	
<i>teroderm-plus external cream</i>	Tier 3	
<i>vanishing cream botanical base external cream</i>	Tier 3	
<i>vanishing external cream</i>	Tier 3	

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Drug	Status	Notes
<i>vanish-pen external cream</i>	Tier 3	
VASELINE EXTERNAL GEL	Tier 1	
VERSAPRO EXTERNAL CREAM	Tier 3	
VERSAPRO FOAM	Tier 3	
<i>versatile cream base external cream</i>	Tier 3	
VERSATILE RICH BASE EXTERNAL CREAM	Tier 3	
<i>vp dermabase external cream</i>	Tier 3	
<i>white petrolatum external gel</i>	Tier 1	
XEMATOP BASE EXTERNAL CREAM	Tier 3	
ZOE SCRIPTS IDEALBASE EXTERNAL CREAM	Tier 3	
Progestins		
Progestins		
<i>ec-rx progesterone transdermal cream 10 %, 20 %</i>	Tier 3	
GALLIFREY ORAL TABLET 5 MG	Tier 1	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	Tier 1	ST: Requires prior prescription for Megestrol Acetate 40mg/mL suspension within the past 120 days
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 1	
<i>progesterone intramuscular oil 50 mg/ml</i>	Tier 1	
<i>progesterone micronized transdermal cream 10 %</i>	Tier 3	
<i>progesterone oral capsule 100 mg, 200 mg</i>	Tier 1	
PROMETRIUM ORAL CAPSULE 200 MG	Tier 1	
Psychotherapeutic And Neurological Agents - Misc.		
Agents For Chemical Dependency		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	Tier 1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>lofexidine hcl oral tablet 0.18 mg</i>	Tier 1	PA
Anti-Cataleptic Agents		
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM	Tier 3	PA; SP
LUMRYZ STARTER PACK ORAL THERAPY PACK 4.5 & 6 & 7.5 GM	Tier 3	PA; SP
<i>sodium oxybate oral solution 500 mg/ml</i>	Tier 3	PA; SP

Drug	Status	Notes
XYWAV ORAL SOLUTION 500 MG/ML	Tier 3	PA; SP
Antidementia Agents		
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	Tier 1	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	Tier 1	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	Tier 1	QL (200 ML per 30 days)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	Tier 1	ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (1 EA per 1 day)
<i>memantine hcl oral solution 10 mg/5ml, 2 mg/ml</i>	Tier 1	QL (300 ML per 30 days)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	Tier 1	QL (49 EA per 28 days)
<i>memantine hcl-donepezil hcl oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg</i>	Tier 1	ST: Requires prior prescriptions for Donepezil and Memantine within the past 365 days; QL (1 EA per 1 day)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG	Tier 2	ST: Requires prior prescriptions for Donepezil and Memantine within the past 365 days; QL (1 EA per 1 day)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	Tier 1	QL (1 EA per 1 day)
ZUNVEYL ORAL TABLET DELAYED RELEASE 10 MG, 15 MG, 5 MG	Tier 3	ST: Requires prior prescription for generic Galantamine tablets or Galantamine ER capsules within the past 120 days; QL (2 EA per 1 day)
Combination Psychotherapeutics		
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 1	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	Tier 3	ST: Requires prior prescription for a generic atypical antipsychotic within the past 365 days; QL (1 EA per 1 day)
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Tier 1	QL (1 EA per 1 day)

Drug	Status	Notes
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 1	
Hypoactive Sexual Desire Disorder (Hsdd) Agents		
ADDYI ORAL TABLET 100 MG	Tier 3	PA
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML	Tier 3	PA
Movement Disorder Drug Therapy		
AUSTEDO ORAL TABLET 12 MG, 9 MG	Tier 2	PA; SP; QL (4 EA per 1 day)
AUSTEDO ORAL TABLET 6 MG	Tier 2	PA; SP; QL (2 EA per 1 day)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	Tier 2	PA; SP
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 1	PA; SP
Multiple Sclerosis Agents		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	Tier 2	PA; SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	Tier 2	PA; SP
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 2	PA; SP
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Tier 2	PA; SP
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	Tier 1	PA; SP
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	Tier 1	PA; SP
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	Tier 1	PA; SP
<i>fingolimod hcl oral capsule 0.5 mg</i>	Tier 1	PA; SP
GILENYA ORAL CAPSULE 0.25 MG	Tier 3	PA; SP

Drug	Status	Notes
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	Tier 1	PA; SP
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML	Tier 1	PA; SP
KESIMPTA SUBCUTANEOUS SOLUTION AUTO- INJECTOR 20 MG/0.4ML	Tier 2	PA; SP
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG	Tier 2	PA; SP
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG	Tier 2	PA; SP
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG	Tier 2	PA; SP
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG	Tier 2	PA; SP
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG	Tier 2	PA; SP
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG	Tier 2	PA; SP
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG	Tier 2	PA; SP
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	Tier 2	PA; SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG, 7 X 0.25 MG	Tier 2	PA; SP
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	Tier 2	PA; SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML	Tier 2	PA; SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML	Tier 2	PA; SP
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO- INJECTOR 125 MCG/0.5ML	Tier 2	PA; SP
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	Tier 2	PA; SP
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	Tier 2	PA; SP

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Drug	Status	Notes
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	Tier 2	PA; SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	Tier 2	PA; SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	Tier 2	PA; SP
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Tier 1	PA; SP
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	Tier 2	PA; SP
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	Tier 3	PA; SP
ZEPOSIA ORAL CAPSULE 0.92 MG	Tier 3	PA; SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	Tier 3	PA; SP
Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents		
CONVENIENCE PAK COMBINATION THERAPY PACK 600 & 5 MG & %	Tier 3	
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Divalproex, Duloxetine, Gabapentin, Pregabalin IR, TCA, Valproic Acid, or Venlafaxine within the past 365 days; QL (3 EA per 1 day)
<i>pregabalin er oral tablet extended release 24 hour 330 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Divalproex, Duloxetine, Gabapentin, Pregabalin IR, TCA, Valproic Acid, or Venlafaxine within the past 365 days; QL (2 EA per 1 day)
Premenstrual Dysphoric Disorder (Pmdd) Agents		
<i>fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg</i>	Tier 1	
Pseudobulbar Affect (Pba) Agents		
NUDEXTA ORAL CAPSULE 20-10 MG	Tier 3	PA
Psychotherapeutic And Neurological Agents - Misc.		
AQNEURSA ORAL PACKET 1 GM	Tier 2	PA; SP
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	Tier 2	PA; SP

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Drug	Status	Notes
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1	
Smoking Deterrents		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	\$0	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>cvs nicotine mouth/throat gum 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>cvs nicotine mouth/throat lozenge 2 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>eq nicotine mouth/throat lozenge 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>eq nicotine polacrilex mouth/throat gum 2 mg</i>	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER

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Drug	Status	Notes
<i>folding paddle walker</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>ft nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>ft nicotine mouth/throat gum 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>ft nicotine mouth/throat lozenge 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>ft nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>gnp nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>gnp nicotine mouth/throat gum 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>gnp nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>goodsense nicotine mouth/throat gum 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>goodsense nicotine mouth/throat lozenge 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER

Drug	Status	Notes
HABITROL TRANSDERMAL PATCH 24 HOUR 21 MG/24HR	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
KLS QUIT2 MOUTH/THROAT GUM 2 MG	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
KLS QUIT2 MOUTH/THROAT LOZENGE 2 MG	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
KLS QUIT4 MOUTH/THROAT GUM 4 MG	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
KLS QUIT4 MOUTH/THROAT LOZENGE 4 MG	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
NICORETTE MOUTH/THROAT LOZENGE 2 MG	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine polacrilex mini mouth/throat lozenge 2 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER

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Drug	Status	Notes
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
NICOTROL INHALATION INHALER 10 MG	\$0	\$0 COPAY IF QUANTITY 168 IN 10 DAYS, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (168 EA per 10 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML	\$0	\$0 COPAY IF QUANTITY 10 IN 2 DAYS, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (10 ML per 2 days)
<i>qc nicotine transdermal system transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>ra mini nicotine mouth/throat lozenge 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>ra nicotine gum mouth/throat gum 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>ra nicotine mouth/throat gum 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>ra nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>sm nicotine polacrilex mouth/throat gum 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
THRIVE MOUTH/THROAT GUM 2 MG	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER

Drug	Status	Notes
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	\$0	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	\$0	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
<i>varenicline tartrate(continue) oral tablet 1 mg</i>	\$0	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
Transthyretin Amyloidosis Agents		
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML	Tier 3	PA; SP
Vasomotor Symptom Agents		
<i>paroxetine mesylate oral capsule 7.5 mg</i>	Tier 1	ST: Requires prior prescription for Paroxetine or Venlafaxine within the past 120 days; QL (1 EA per 1 day)
Respiratory Agents - Misc.		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	Tier 3	PA; SP
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML, 4 GM/200ML, 5 GM/250ML	Tier 3	PA; SP
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	Tier 3	PA; SP
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG	Tier 3	PA; SP
Cystic Fibrosis Agents		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG	Tier 2	PA; SP
BRONCHITOL INHALATION CAPSULE 40 MG	Tier 3	SP; ST: Requires prior prescription for inhaled 7% Sodium Chloride solution within the past 120 days; QL (20 EA per 1 day); AGE (Min 18 Years)

Drug	Status	Notes
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG	Tier 3	SP; ST: Requires prior prescription for inhaled 7% Sodium Chloride solution within the past 120 days; QL (20 EA per 1 day); AGE (Min 18 Years)
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	Tier 2	PA; SP
KALYDECO ORAL TABLET 150 MG	Tier 2	PA; SP
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	Tier 2	PA; SP
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 2	PA; SP
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	Tier 2	PA; SP
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	Tier 2	PA; SP
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	Tier 2	PA; SP
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	Tier 2	PA; SP
Pulmonary Fibrosis Agents		
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 3	PA; SP
<i>pirfenidone oral capsule 267 mg</i>	Tier 1	PA; SP
<i>pirfenidone oral tablet 267 mg, 534 mg, 801 mg</i>	Tier 1	PA; SP
Respiratory Agents - Misc.		
BRINSUPRI ORAL TABLET 10 MG, 25 MG	Tier 3	PA; SP; QL (1 EA per 1 day)
Sulfonamides		
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	
Tetracyclines		
Aminomethylcyclines		
NUZYRA ORAL TABLET 150 MG	Tier 3	PA
Tetracyclines		
<i>avidoxy oral tablet 100 mg</i>	Tier 1	
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	Tier 1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	QL (2 EA per 1 day)

Drug	Status	Notes
<i>doxycycline hyclate oral tablet 150 mg</i>	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 150mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	
<i>doxycycline hyclate oral tablet 50 mg</i>	Tier 1	ST: Requires prior prescription for Doxycycline Hyclate 50mg/100mg immediate release capsules/tablets or Doxycycline Monohydrate 50mg/100mg immediate release capsules/tablets within the past 120 days; QL (4 EA per 1 day)
<i>doxycycline hyclate oral tablet 75 mg</i>	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 75 mg</i>	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
MONDOXYNE NL ORAL CAPSULE 100 MG	Tier 1	
TARGADOX ORAL TABLET 50 MG	Tier 1	ST: Requires prior prescription for Doxycycline Hyclate 50mg/100mg immediate release capsules/tablets or Doxycycline Monohydrate 50mg/100mg immediate release capsules/tablets within the past 120 days; QL (4 EA per 1 day)
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	Tier 1	
Thyroid Agents		
Antithyroid Agents		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	
<i>sodium iodide i-131 oral solution 1000 mci/ml</i>	Tier 1	

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Drug	Status	Notes
Thyroid Hormones		
ADTHYZA ORAL TABLET 120 MG, 130 MG, 15 MG, 16.25 MG, 30 MG, 32.5 MG, 60 MG, 65 MG, 90 MG, 97.5 MG	Tier 3	
ERMEZA ORAL SOLUTION 150 MCG/5ML	Tier 3	PA
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	QL (2 EA per 1 day)
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	QL (2 EA per 1 day)
<i>levothyroxine sodium oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 1	PA
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 1	QL (2 EA per 1 day)
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	QL (2 EA per 1 day)
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 1	
<i>niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	Tier 3	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Tier 3	
RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Tier 3	
THYQUIDITY ORAL SOLUTION 100 MCG/5ML	Tier 3	ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days; QL (20 ML per 1 day)
<i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG	Tier 3	PA

Drug	Status	Notes
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	Tier 3	PA
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	QL (2 EA per 1 day)
Toxoids		
Toxoid Combinations		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
QUADRACEL INTRAMUSCULAR SUSPENSION	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS INTRAMUSCULAR SUSPENSION	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Drug	Status	Notes
Ulcer Drugs/Antispasmodics/Anticholinergics		
Antispasmodics		
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	Tier 1	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	Tier 1	
<i>dicyclomine hcl oral capsule 10 mg</i>	Tier 1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	Tier 1	
<i>dicyclomine hcl oral tablet 20 mg</i>	Tier 1	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	Tier 1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	Tier 1	
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate sl sublingual tablet sublingual 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	Tier 1	
<i>hyosyne oral elixir 0.125 mg/5ml</i>	Tier 1	
<i>hyosyne oral solution 0.125 mg/ml</i>	Tier 1	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	Tier 1	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG	Tier 1	
<i>oscimin oral tablet 0.125 mg</i>	Tier 1	
<i>oscimin sublingual tablet sublingual 0.125 mg</i>	Tier 1	
H-2 Antagonists		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	Tier 1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	Tier 1	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	Tier 1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 1	
Misc. Anti-Ulcer		
<i>sucralfate oral suspension 1 gm/10ml</i>	Tier 1	
<i>sucralfate oral tablet 1 gm</i>	Tier 1	

Drug	Status	Notes
Proton Pump Inhibitors		
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole (suspension, capsules, tablets), or Pantoprazole within the past 120 days; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>esomeprazole magnesium oral packet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral packet 40 mg</i>	Tier 1	QL (2 EA per 1 day)
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML	Tier 3	
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML	Tier 3	
FIRST-PANTOPRAZOLE ORAL SUSPENSION 4 MG/ML	Tier 3	
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	Tier 1	
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole (suspension, capsules, tablets), or Pantoprazole within the past 120 days
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>pantoprazole sodium oral packet 40 mg</i>	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole (suspension, capsules, tablets), or Pantoprazole within the past 120 days
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	Tier 1	
<i>rabeprazole sodium oral capsule sprinkle 10 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	Tier 1	QL (1 EA per 1 day)
VOQUEZNA ORAL TABLET 10 MG	Tier 3	PA; QL (1 EA per 1 day)
VOQUEZNA ORAL TABLET 20 MG	Tier 3	PA

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Drug	Status	Notes
Ulcer Drugs - Prostaglandins		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Tier 1	
Ulcer Therapy Combinations		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i>	Tier 1	QL (112 EA per 10 days)
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	Tier 1	
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	Tier 1	
OMECLAMOX-PAK ORAL 500-500-20 MG	Tier 3	
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg</i>	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole (suspension, capsules, tablets), or Pantoprazole within the past 120 days; QL (1 EA per 1 day)
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG	Tier 3	QL (168 EA per 14 days); AGE (Min 18 Years)
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG	Tier 3	PA; QL (112 EA per 14 days)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG	Tier 3	PA; QL (112 EA per 14 days)
Urinary Antispasmodics		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	Tier 1	
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Tier 1	
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	Tier 1	
<i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>	Tier 1	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR	Tier 3	ST: Requires prior prescriptions for Myrbetriq and Oxybutynin within the past 365 days
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	Tier 1	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	Tier 1	

Drug	Status	Notes
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	Tier 1	
<i>trospium chloride oral tablet 20 mg</i>	Tier 1	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	Tier 2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	Tier 1	QL (1 EA per 1 day)
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl oral tablet 100 mg</i>	Tier 1	
Vaccines		
Bacterial Vaccines		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO INTRAMUSCULAR SOLUTION	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Drug	Status	Notes
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Viral Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AFLURIA INTRAMUSCULAR SUSPENSION	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
COMIRNATY 5-11 YEARS INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGRIX-B INJECTION SUSPENSION 20 MCG/ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGRIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX INTRAMUSCULAR SUSPENSION	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST NASAL LIQUID	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
FLUZONE INTRAMUSCULAR SUSPENSION	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
IPOL INJECTION INJECTABLE	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
M-M-R II INJECTION SOLUTION RECONSTITUTED	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MNEXSPIKE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 10 MCG/0.2ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 MCG/0.25ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
<i>novavax covid-19 vaccine intramuscular suspension prefilled syringe 5 mcg/0.5ml</i>	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	\$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

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Drug	Status	Notes
ROTARIX ORAL SUSPENSION RECONSTITUTED	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTATEQ ORAL SOLUTION	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 MCG/0.25ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TWINRIX INTRAMUSCULAR SUSPENSION 720-20	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaginal Products		
Miscellaneous Vaginal Products		
FEM PH VAGINAL GEL 0.9-0.025 %	Tier 3	
TRIMO-SAN VAGINAL GEL 0.025-0.01 %	Tier 3	
Spermicides		
ENCARE VAGINAL SUPPOSITORY 100 MG	\$0	
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 %	\$0	
TODAY SPONGE VAGINAL 1000 MG	\$0	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 %	\$0	
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 %	\$0	
Unknown		
PHEXXI VAGINAL GEL 1.8-1-0.4 %	\$0	

Drug	Status	Notes
Vaginal Anti-Infectives		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Tier 3	ST: At least 2 prior prescriptions for Clindamycin vaginal cream, Metronidazole vaginal gel, Tinidazole, or Vandazole gel within the past 365 days; QL (3 EA per 30 days)
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 1	
CLINDESSE VAGINAL CREAM 2 %	Tier 3	ST: Requires prior prescription for generic Clindamycin vaginal cream within the past 120 days
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 2	
<i>metronidazole vaginal gel 0.75 %</i>	Tier 1	
<i>miconazole 3 vaginal suppository 200 mg</i>	Tier 3	
NUVESSA VAGINAL GEL 1.3 %	Tier 3	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	
VANDAZOLE VAGINAL GEL 0.75 %	Tier 3	
Vaginal Estrogens		
<i>estradiol vaginal cream 0.1 mg/gm</i>	Tier 1	
<i>estradiol vaginal tablet 10 mcg</i>	Tier 1	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	Tier 3	ST: Requires prior prescriptions for Estradiol and Premarin within the past 365 days; QL (18 EA per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	Tier 3	ST: Requires prior prescriptions for Estradiol and Premarin within the past 365 days; QL (18 EA per 28 days)
PREMARIN VAGINAL CREAM 0.625 MG/GM	Tier 2	
YUVAFEM VAGINAL TABLET 10 MCG	Tier 1	
Vaginal Progestins		
CRINONE VAGINAL GEL 4 %, 8 %	Tier 2	
ENDOMETRIN VAGINAL INSERT 100 MG	Tier 2	
FIRST-PROGESTERONE VGS VAGINAL SUPPOSITORY 100 MG, 200 MG	Tier 3	
Vasopressors		
Anaphylaxis Therapy Agents		
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML	Tier 2	QL (2 EA per 365 days)

Drug	Status	Notes
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	Tier 1	QL (4 EA per 1 FILL)
<i>epinephrine injection solution prefilled syringe 0.3 mg/0.3ml</i>	Tier 1	QL (4 EA per 1 FILL)
NEFFY NASAL SOLUTION 1 MG/0.1ML, 2 MG/0.1ML	Tier 3	QL (4 EA per 1 FILL)
Neurogenic Orthostatic Hypotension (Noh) - Agents		
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 1	PA; SP
Vasopressors		
<i>epinephrine injection solution prefilled syringe 1 mg/ml</i>	Tier 1	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>phenylephrine hcl-nacl intravenous solution 40-0.9 mg/250ml-%</i>	Tier 1	
Vitamins		
Oil Soluble Vitamins		
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	Tier 1	
<i>phytonadione injection solution 1 mg/0.5ml, 10 mg/ml</i>	Tier 1	
<i>phytonadione oral tablet 5 mg</i>	Tier 1	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	Tier 1	
<i>vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml</i>	Tier 1	
Water Soluble Vitamins		
ASCOR INTRAVENOUS SOLUTION 25000 MG/50ML	Tier 3	
<i>pyridoxine hcl injection solution 100 mg/ml</i>	Tier 1	
<i>thiamine hcl injection solution 100 mg/ml, 200 mg/2ml</i>	Tier 1	

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