KAISER PERMANENTE®
Kaiser Permanente Insurance Company

Kaiser Permanente Insurance Company (KPIC) / Added Choice Plan Formulary with Specialty Drug Tier

NOTE: This drug formulary is updated often and is subject to change. Upon revision, all previous versions of the drug formulary are no longer in effect.

This document contains information regarding the drugs that are covered when you participate in our **Added Choice Point-of-Service** plan offered by Kaiser Permanente Insurance Company (KPIC) and Kaiser Foundation Health Plan, Inc.

For help with this Formulary, please call MedImpact 24 hours a day, 7 days a week, at **1-800-788-2949 or 711 (TTY).**

You may access the updated KPIC Formulary by visiting http://info.kaiserpermanente.org/html/kpic-hawaii/drugformulary.html

For help in your preferred language, please see page 5 in this document.

How to Use This Document (the Formulary)

This document is a list of the approved prescription medications covered under your KPIC health insurance plan. All drugs are listed by their generic names and the most common proprietary (brand) name. The Formulary may be accessed by using the index; either by the generic name *(in italics*) or the proprietary name (in CAPITAL letters) or by the therapeutic drug category. This document applies only to outpatient prescription drugs provided to you through a network pharmacy. This document does not apply to medications used in the doctor's office or in the hospital.

The drugs in the Formulary are grouped into categories depending on the type of medical condition that they are used to treat. Look under the category name in alphabetical order by generic name for your drug. For all agents within the Formulary table, the tier level is denoted throughout the document using the following symbols (*refer to table below*).

Tier Definition Table:

Symbol	Guideline	Description
T1	Tier 1	Generic Medications & Generic Maintenance Drug
T2	Tier 2	Preferred Brand Medications
T3	Tier 3	Non-Preferred Brand Medications
T4	Tier 4	Specialty Pharmaceutical Drug
T5	Tier 5	PPACA* Preventive Drugs

**Federal Patient Protection and Affordable Care Act (PPACA).*

Maintaining and Updating the Formulary

The MedImpact Healthcare Systems Pharmacy and Therapeutics (P&T) and Formulary Committees provide physicians and pharmacists with a method to evaluate the safety, efficacy, and cost-effectiveness of commercially available drug products. The MedImpact P&T and Formulary Committees meet quarterly and more often as warranted to ensure clinical relevancy of the Formulary.

The Formulary is updated by the MedImpact P&T and Formulary Committees using a structured approach to the drug selection process to ensure continuing patient access to rational drug therapies.

The MedImpact P&T and Formulary Committees use the following criteria in the evaluation of drug selection for the Formulary:

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

What medications are covered?

KPIC will generally cover prescribed generic, brand, and specialty drugs listed on the KPIC Formulary as long as the drug is medically necessary, the prescription is filled by a network pharmacy provider, and other coverage rules are followed. Over-the-counter (OTC) medications are not generally covered. Certain PPACA preventive OTC medications are eligible for coverage when prescribed by a physician such as aspirin, iron supplementation, and vitamin D.

Durable medical equipment (DME) prescribed by a physician include:

- Insulin syringes
- Insulin needles
- Inhaler spacers

What is a generic drug?

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.

What is a generic maintenance drug?

Generic maintenance drugs are specific generic drugs used for the treatment of chronic conditions. However, not all generic drugs used for the treatment of chronic conditions are considered generic "maintenance" drugs.

What is a brand-name drug?

Brand-name drugs are usually manufactured and sold by the drug company that originally researched and developed the drug. When the patent on a brand-name drug expires, other drug companies may manufacture and sell an FDA-approved generic version of the drug with the same active ingredient(s) at lower prices. If you request a brand-name drug when a generic drug is prescribed, you may be responsible for paying the brand-name copayment plus the difference in cost between the generic drug and the brand-name drug. Please refer to your *Certificate of Insurance* for details.

What is a specialty drug?

Specialty drugs are high-cost prescription medications that are used to treat complex and chronic conditions, such as multiple sclerosis, rheumatoid arthritis, and hepatitis C. Specialty drugs often require special handling, administration, or monitoring.

What are PPACA Preventive Drugs?

All medications, even over-the-counter (OTC) drugs, included under the federal Patient Protection and Affordable Care ACT (PPACA) as **preventive medications** are eligible for coverage with no cost-share if the insured has a prescription from his or her healthcare provider. The only exception to this is the Flu Vaccine which does not require a prescription, however, an insurance card must be presented at the pharmacy.

Some preventive medications are only covered with no cost share for certain patients. For example, patients within a specified age range or when a medication is used for a certain purpose. **PPACA preventative drugs are labeled as Tier 5 in the Formulary.**

What drugs are not covered? General Exclusions

- Over the Counter (OTC) medications or their equivalents, except for those OTC medications included in the Formulary.
- Any drug products used for cosmetic purposes.
- Experimental drug products or any drug product used in an experimental manner.
- Replacement of lost or stolen medication.
- Medications administered by a clinician unless otherwise specified in the Formulary listing.
- Drugs not approved by the United States Food & Drug Administration.

How do I request an exception to the KPIC Formulary?

You can request an exception to obtain coverage of a drug that is not on the Formulary or are notated with a "PA" next to the drug name, by calling MedImpact at **1-800-788-2949**. Upon receipt of your exception request, MedImpact will notify you within 72 hours for non-urgent requests and within 24 hours if exigent circumstances exist of the request approval or other outcome. (Exigent circumstances exist when an insured is suffering from a health condition that may seriously jeopardize the insured's life, health, or ability to regain maximum function or when an insured is using a drug while undergoing a current course of treatment.) If a standard exception request is granted, coverage of the non-formulary drug will be granted for the duration of the prescription, including refills. If an exception based on exigent circumstances is granted, coverage of the non-formulary drug will be granted for the duration of the exigency.

Are there any restrictions on the drugs covered on the KPIC Formulary?

Yes, for certain agents within the Formulary, a recommended prescribing guideline may apply. These are denoted throughout the document using the following symbols (*refer to table below*).

Guideline Symbol Table:

Symbol	Guidelines	Description
AGE	Age Edit	Coverage depends on patient age.
PA	Prior Authorization	Requires a prior authorization based on specific clinical criteria. ***See Prior Authorization*** *below for additional information.*
QL	Quantity Limit	Coverage is limited to specific quantities per prescription and/or time period. Prior authorization is required for quantities exceeding the restriction.
ST	Step Therapy	Coverage depends on previous use of another drug. Prior authorization may be required. ***See Step Therapy*** *below for additional information.*

What is a Prior Authorization?

A prior authorization (PA) is a review and approval procedure that is used to encourage safe and cost-effective medication use. Many drugs have multiple uses, so PAs are placed on drugs to make sure the drug is appropriate and safe for the insured.

How does the program work? Drugs marked with a prior authorization mean that your prescriber must first show that you have a medically necessary need for that particular outpatient prescription drug. This means that to receive coverage your prescriber will need to work with MedImpact to receive prior authorization of the drug. Prior authorized drugs have specific clinical criteria that you must meet in order to obtain coverage. Drugs requiring prior authorization are denoted in the Formulary by the symbol PA under the Restrictions/Limitations column.

Upon receipt of your prior authorization request, MedImpact will notify the licensed prescribing provider of the request's approval or other outcome within 72 hours for non-urgent requests or within 24 hours if exigent circumstances exist. If MedImpact fails to respond within 72 hours for non-urgent requests and within 24 hours if exigent circumstances exist from receipt of a request form from a licensed prescribing provider; the request shall be deemed to have been approved. If you have questions about your request, you can call MedImpact at **1-800-788-2949.**

What is Step Therapy?

Selected outpatient prescription drugs require step therapy. The step therapy program encourages safe and cost-effective medication use. Under this program, a "step" approach is required to receive coverage for certain high-cost medications. This means that to receive coverage you may need to first try a proven, cost-effective medication before using a more costly treatment. Remember, treatment decisions are always between you and your doctor.

How does the program work? The step therapy program requires that you have a prescription history for a "first-line" medication before your benefit plan will cover a "second-line" medication. A first-line medication is recognized as safe and effective in treating a specific medical condition, as well as keeping costs down. A second-line medication is a less-preferred or sometimes more costly treatment option. Drugs subject to Step Therapy Edits are denoted in the Formulary by the symbol ST under the Restrictions/Limitation column. The Index section at the end of the Formulary also contains a complete listing of drugs requiring Step Therapy.

When possible, your doctor should prescribe a first-line medication appropriate for your condition. If your doctor determines that a first-line drug is not appropriate for you or is not effective for you, your prescription drug benefit will cover a second-line drug when certain conditions are met. Upon receipt of your request for a second-line drug, MedImpact will notify the licensed prescribing provider within 72 hours for non-urgent requests and within 24 hours if exigent circumstances exist of the request approval or other outcome. If you have questions about your request, you can call MedImpact at **1-800-788-2949.**

Benefit Coverage and Limitations

The Formulary does not provide information regarding the specific coverage and limitation to which an individual insured may be subject. Specific benefit inclusions, exclusions, and cost shares are not reflected in the Formulary.

The Formulary applies only to outpatient drugs prescribed to you and does not apply to medications used in an inpatient setting. For specific questions regarding your coverage, please call KPIC Customer Service at **1-800-238-5742.**

Your Costs

The amount you pay for a covered drug will depend on your coverage tier. Each covered drug is in one of several tiers. Each drug's tier amount may be different. Each drug tier may have a different copayment or coinsurance amount.

Please refer to your *Schedule of Coverage* for additional information. To find out the cost of your drugs, you may contact MedImpact at **1-800-788-2949.**

The Formulary indicates an estimated range of your cost share for each drug based on information currently available to KPIC. The estimate is based on the information the insurer has available. Cost shares may differ between plans. Cost share ranges are displayed as follows:

A. $100 and under:_____$;
B. Over $100 to $250:_____$$;
C. Over $250 to $500:_____$$$;
D. Over $500 to $1,000:_____$$$$;
E. Over $1,000:_____$$$$$.

NONDISCRIMINATION NOTICE

Kaiser Permanente Insurance Company (KPIC) complies with applicable federal civil rights law and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex. KPIC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes).
KPIC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats, such as large print, audio, braille and accessible electronic formats

- Provides free language services to people whose primary language is not English,such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call **1-800-238-5742** (TTY: **711**)

If you believe that Kaiser Permanente Insurance Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail or phone at: KPIC Civil Rights Coordinator, Grievance 1557, 711 Kapiolani Blvd Honolulu, HI 96813, telephone number 1-800-238-5742.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-238-5742** (TTY: **711**).

Cebuano (Bisaya) ATENSYON: Kung nagsulti ka og Cebuano, adunay mga serbisyo sa tabang sa pinulongan, nga walay bayad, nga magamit nimo. Tawag sa **1-800-238-5742** (TTY: **711**).

中文 **(Chinese)** 注意：如果您使用繁體中文，您可以免費獲得語言協助服務。請致電 **1-800-238-5742** (TTY: **711**)

Chuuk (Chukese) MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori **1-800-238-5742** (TTY: **711**).

‘Ōlelo Hawai‘i (Hawaiian) E NĀNĀ MAI: Inā i ‘ōlelo ‘oe i ka ‘ōlelo Hawai‘i, hiki iā ‘oe ke loa‘a i ke kōkua manuahi e pili ana i ka ‘ōlelo. E kelepona aku i ka helu **1-800-238-5742** (TTY: **711**).

Iloko (Ilocano) PAKDAAR: No agsasaoka iti Ilokano, dagiti awan bayadna a serbisio a para iti beddeng ti lengguahe ket sidadaan para kenka. Awagan ti **1-800-238-5742** (TTY: **711**)

日本語 (Japanese) 注意事項: 日本語を話される場合、言語支援サービスを無料でご利用いただけます。**1-800-238-5742** (TTY: **711**)まで、お電話にてご連絡ください。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-238-5742**(TTY: **711**) 번으로 전화해 주십시오.

ພາສາລາວ (Laotian) ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວແມ່ນມີບໍລິການດ້ານພາສາບໍ່ເສຍຄ່າໃຫ້ກັບທ່ານ. ໂທຫາ **1-800-238-5742** (TTY: **711**).

Kajin Pālle (Marshallese) LALE: Ñe kwōj kōnono Kajin Pālle, kwomaroñ bōk jerbal in jibañ kein, ilo ejelok onean, im rej bellok ñan eok. Kaalọk **1-800-238-5742** (TTY: **711**).

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłti’go Diné Bizaad, saad bee áká’ánída’áwo’dęę́ ’, t’áá jiik’eh, éí ná hól ọ́, koj į’ hódíílnih **1-800-238-5742** (TTY: **711**).

Lokaiahn Pohnpei (Pohnpeian) MEHN KAIR: Ma komw kin lokaiahn Pohnpei, wasahn sawas en palien lokaia kak sawas ni sohte isais. Eker nempe **1-800-238-5742** (TTY: **711**).

Faa-Samoa (Samoan) MO LOU SILAFIA: Afai e te tautala i le Gagana fa'a Sāmoa, o loo iai ’au’aunaga fesoasoani, e fai fua mo oe, e leai se totogi. Telefoni mai: **1-800-238-5742** (TTY: **711**).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-238-5742** (TTY: **711**).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-238-5742** (TTY: **711**).

Lea Faka-Tonga (Tongan) FAKATOKANGA: Kapau ‘oku ke Lea Faka-Tonga, ko e kau tokoni fakatonu lea ‘oku nau fai atu ha tokoni ta’etotongi, pe a te ke lava ‘o ma’u ia. Telefoni mai **1-800-238-5742** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu quý vị nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Gọi số **1-800-238-5742** (TTY: **711**).

Table of Contents

Drug	Status	Notes
Allergy		
2Nd Gen Antihistamine & Decongestant Combinations		
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	Tier 3	ST: Must meet any of the following requirements: Desloratadine or Levocetirizine tablets in 120 days
Allergenic Extracts, Therapeutics		
GRASTEK SUBLINGUAL TABLET 2,800 BAU	Tier 2	PA
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	Tier 2	PA
PALFORZIA (LEVEL 0) ORAL CAPSULE, SPRINKLE 1 MG	Tier 4	PA; $$
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	Tier 4	PA; $$
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	Tier 4	PA; $$
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	Tier 4	PA; $$
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	Tier 4	PA; $$
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	Tier 4	PA; $$
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	Tier 4	PA; $$
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	Tier 4	PA; $$
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	Tier 4	PA; $$
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	Tier 4	PA; $$
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	Tier 4	PA; $$
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG	Tier 4	PA; $$$

Drug		Status	Notes
PALFORZIA INITIAL (1-3 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3 MG		Tier 4	PA; $$
PALFORZIA INITIAL (4-17 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG		Tier 4	PA; $$
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG		Tier 4	PA; $$$
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT		Tier 2	PA
Antihistamines - 1St Generation			
carbinoxamine maleate oral liquid 4 mg/5 ml	(Carbzah)	Tier 1	Age (Min 2 Years)
carbinoxamine maleate oral suspension,extended rel 12 hr 4 mg/5 ml	(Karbinal ER)	Tier 1	ST: Must meet the following requirement: Immediate-release Carbinoxamine Maleate oral solution in 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
carbinoxamine maleate oral tablet 4 mg		Tier 1	$; Age (Min 2 Years)
carbinoxamine maleate oral tablet 6 mg	(RyVent)	Tier 1	ST: Must meet the following requirements: Carbinoxamine 4mg and IR solution in 365 days; QL (4 EA per 1 day); Age (Min 2 Years)
CARBZAH ORAL LIQUID 4 MG/5 ML	(carbinoxamine maleate)	Tier 1	Age (Min 2 Years)
clemastine oral syrup 0.5 mg/5 ml		Tier 1	
clemastine oral tablet 2.68 mg	(Clemsza)	Tier 1	
CLEMASZ ORAL TABLET 2.68 MG	(clemastine)	Tier 1	
CLEMSZA ORAL TABLET 2.68 MG	(clemastine)	Tier 1	
cyproheptadine oral syrup 2 mg/5 ml		Tier 1	$
cyproheptadine oral tablet 4 mg		Tier 1	$
dexchlorpheniramine maleate oral solution 2 mg/5 ml	(Ryclora)	Tier 1	QL (236 ML per 1 FILL)
DIPHEN ORAL ELIXIR 12.5 MG/5 ML	(diphenhydramine hcl)	Tier 1	
hydroxyzine hcl oral solution 10 mg/5 ml		Tier 1	$
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		Tier 1	$
hydroxyzine pamoate oral capsule 100 mg		Tier 1	
hydroxyzine pamoate oral capsule 25 mg, 50 mg		Tier 1	$

Drug		Status	Notes
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML	(carbinoxamine maleate)	Tier 3	$; ST: Must meet the following requirement: Immediate-release Carbinoxamine Maleate oral solution in 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML	(promethazine)	Tier 3	
promethazine injection solution 25 mg/ml, 50 mg/ml	(Phenergan)	Tier 1	
promethazine oral syrup 6.25 mg/5 ml		Tier 1	$
promethazine oral tablet 12.5 mg, 25 mg, 50 mg		Tier 1	$
Antihistamines - 2Nd Generation			
cetirizine oral solution 1 mg/ml	(Allergy Relief (cetirizine))	Tier 1	$
CLARINEX ORAL TABLET 5 MG	(desloratadine)	Tier 3	
desloratadine oral tablet 5 mg	(Clarinex)	Tier 1	
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg		Tier 1	ST: Must meet any of the following requirements: Desloratadine or Levocetirizine tablets in 120 days
levocetirizine oral solution 2.5 mg/5 ml	(Xyzal)	Tier 1	$; ST: Must meet any of the following requirements: Desloratadine or Levocetirizine tablets in 120 days
levocetirizine oral tablet 5 mg	(24HR Allergy Relief)	Tier 1	$
Nasal Antihistamine			
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)		Tier 1	$
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	(Astepro Allergy)	Tier 1	$
olopatadine nasal spray,non-aerosol 0.6 %		Tier 1	$
Nasal Antihistamine & Anti-Inflam. Steroid Comb.			
azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray	(Dymista)	Tier 1	$; ST: Must meet the following requirement: Fluticasone or Flunisolide (nasal formulation) in 120 days; QL (23 GM per 30 days)

Drug		Status	Notes
DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY	(azelastine-fluticasone)	Tier 3	$; ST: Must meet the following requirement: Fluticasone or Flunisolide (nasal formulation) in 120 days; QL (23 GM per 30 days)
RYALTRIS NASAL SPRAY,NON-AEROSOL 665-25 MCG/SPRAY		Tier 3	QL (29 GM per 30 days)
Nasal Anti-Inflammatory Steroids			
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)		Tier 1	$; QL (25 ML per 30 days)
fluticasone propionate nasal spray,suspension 50 mcg/actuation	(24 Hour Allergy Relief)	Tier 1	
mometasone nasal spray,non-aerosol 50 mcg/actuation	(Allergy Nasal (mometasone))	Tier 1	
OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG		Tier 3	ST: Must meet the following requirement: Flunisolide or Fluticasone in 120 days; QL (5 GM per 12 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION		Tier 2	ST: Must meet any of the following requirements: nasal Flunisolide or Fluticasone in 120 days; QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION		Tier 2	ST: Must meet any of the following requirements: nasal Flunisolide or Fluticasone in 120 days; QL (10.6 GM per 30 days)
SINUVA SINUS IMPLANT 1,350 MCG		Tier 3	PA
TICANASE NASAL KIT,SPRAY SUSPENSION AND SPRAY 50 MCG-0.9 %		Tier 3	
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION		Tier 2	ST: Must meet the following requirements of one of the following intranasal corticosteroids: Flunisolide, Fluticasone Propionate, or Mometasone in 120 days; QL (32 ML per 30 days)
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION		Tier 3	ST: Must meet the following requirement: Flunisolide or Fluticasone in 120 days; QL (6.1 GM per 30 days)

Drug		Status	Notes
Antiemesis/Antivertigo			
Antiemetic, Cannibinoid-Type			
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	(Marinol)	Tier 1	$; ST: Must meet any of the following requirements: 5HT3 Antagonist, Corticosteroids, Emend, or Megestrol suspension in 120 days; QL (2 EA per 1 day)
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	(dronabinol)	Tier 3	ST: Must meet any of the following requirements: 5HT3 Antagonist, Corticosteroids, Emend, or Megestrol suspension in 120 days; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML		Tier 3	ST: Must meet any of the following requirements: generic Dronabinol capsules or Megestrol suspension in 120 days; QL (60 ML per 30 days)
Antiemetic/Antivertigo Agents			
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG		Tier 2	QL (1 EA per 28 days)
aprepitant oral capsule 125 mg		Tier 1	$$; QL (1 EA per 21 days)
aprepitant oral capsule 40 mg		Tier 1	$; QL (1 EA per 28 days)
aprepitant oral capsule 80 mg	(Emend)	Tier 1	$; QL (2 EA per 21 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	(Emend)	Tier 1	$$; QL (3 EA per 21 days)
BONJESTA ORAL TABLET,IR,DELAYED REL,BIPHASIC 20-20 MG		Tier 3	QL (60 EA per 30 days)
COMPAZINE ORAL TABLET 10 MG, 5 MG	(prochlorperazine maleate)	Tier 3	
COMPAZINE RECTAL SUPPOSITORY 25 MG	(prochlorperazine)	Tier 3	
COMPRO RECTAL SUPPOSITORY 25 MG	(prochlorperazine)	Tier 1	
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG	(doxylamine-pyridoxine (vit b6))	Tier 3	QL (120 EA per 30 days)
doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg	(Diclegis)	Tier 1	$; QL (120 EA per 30 days)
EMEND ORAL CAPSULE 80 MG	(aprepitant)	Tier 3	QL (2 EA per 21 days)
EMEND ORAL CAPSULE,DOSE PACK 125 MG (1)- 80 MG (2)	(aprepitant)	Tier 3	QL (3 EA per 21 days)

Drug		Status	Notes
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)		Tier 2	QL (3 EA per 21 days)
granisetron hcl oral tablet 1 mg		Tier 1	ST: Must meet the following requirement: Ondansetron tablets or ODT in 120 days; QL (8 EA per 30 days)
meclizine oral tablet 12.5 mg		Tier 1	$
meclizine oral tablet 25 mg	(Dramamine (meclizine))	Tier 1	$
meclizine oral tablet 50 mg	(Antivert)	Tier 1	$; QL (2 EA per 1 day)
ondansetron hcl oral solution 4 mg/5 ml		Tier 1	$; QL (50 ML per 15 days)
ondansetron hcl oral tablet 4 mg, 8 mg		Tier 1	$
ondansetron oral tablet,disintegrating 16 mg		Tier 1	
ondansetron oral tablet,disintegrating 4 mg, 8 mg		Tier 1	$
prochlorperazine maleate oral tablet 10 mg, 5 mg	(Compazine)	Tier 1	$
prochlorperazine rectal suppository 25 mg	(Compro)	Tier 1	
promethazine rectal suppository 12.5 mg, 25 mg	(Promethegan)	Tier 1	$
promethazine rectal suppository 50 mg	(Promethegan)	Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	(promethazine)	Tier 1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR		Tier 3	$$$; ST: Must meet the following requirement: Ondansetron tablets or ODT in 120 days; QL (1 EA per 7 days)
scopolamine base transdermal patch 3 day 1 mg over 3 days	(Transderm-Scop)	Tier 1	$
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	(scopolamine base)	Tier 3	
trimethobenzamide oral capsule 300 mg		Tier 1	
VARUBI ORAL TABLET 90 MG		Tier 3	QL (2 EA per 14 days)
Asthma And Copd			
5-Lipoxygenase Inhibitors			
zileuton oral tablet, er multiphase 12 hr 600 mg		Tier 1	$$; ST: Must meet the following requirements: Montelukast and Zafirlukast in 365 days; QL (2 EA per 1 day)

Drug		Status	Notes
ZYFLO ORAL TABLET 600 MG		Tier 3	$$$$; ST: Must meet the following requirements: Montelukast and Zafirlukast in 365 days; QL (4 EA per 1 day)
Anticholinergic, Orally Inhaled Short Acting			
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION		Tier 2	QL (25.8 GM per 30 days)
ipratropium bromide inhalation solution 0.02 %		Tier 1	$
Anticholinergics, Orally Inhaled Long Acting			
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION		Tier 2	$; QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION		Tier 2	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	(tiotropium bromide)	Tier 3	QL (30 EA per 30 days)
tiotropium bromide inhalation capsule, w/inhalation device 18 mcg	(Spiriva with HandiHaler)	Tier 1	QL (30 EA per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION		Tier 3	ST: Must meet the following requirement: Spiriva Respimat or Incruse Ellipta in 120 days; QL (1 EA per 30 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML		Tier 3	$$$; QL (90 ML per 30 days)
Beta-Adrenergic Agents			
albuterol sulfate oral syrup 2 mg/5 ml		Tier 1	
albuterol sulfate oral tablet 2 mg		Tier 1	
albuterol sulfate oral tablet 4 mg		Tier 1	$
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg		Tier 1	
terbutaline oral tablet 2.5 mg, 5 mg		Tier 1	$
Beta-Adrenergic Agents, Inhaled, Short Acting			
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	(Ventolin HFA)	Tier 1	$
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml		Tier 1	$

Drug		Status	Notes
albuterol sulfate inhalation solution for nebulization 5 mg/ml		Tier 1	
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml		Tier 1	$
levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation	(Xopenex HFA)	Tier 1	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION		Tier 3	ST: Must meet the following requirement: generic Albuterol Sulfate 90mcg HFA inhaler in 120 days
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	(albuterol sulfate)	Tier 3	$; ST: Must meet the following requirement: generic Albuterol Sulfate 90mcg HFA inhaler in 120 days
XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	(levalbuterol tartrate)	Tier 3	$
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting			
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION		Tier 2	QL (4 GM per 30 days)
Beta-Adrenergic Agents, Orally Inhaled,Long Acting			
arformoterol inhalation solution for nebulization 15 mcg/2 ml	(Brovana)	Tier 1	$; ST: Must meet the following requirement: Perforomist, Serevent, or Striverdi in 120 days; QL (120 ML per 30 days)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	(arformoterol)	Tier 3	$$; ST: Must meet the following requirement: Perforomist, Serevent, or Striverdi in 120 days; QL (120 ML per 30 days)
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	(Perforomist)	Tier 1	$; QL (120 ML per 30 days)
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	(formoterol fumarate)	Tier 3	$$; QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE		Tier 2	$$; QL (60 EA per 30 days)

Drug		Status	Notes
Beta-Adrenergic And Anticholinergic Combinations			
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	(umeclidinium-vilanterol)	Tier 2	$$; QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG		Tier 3	$; ST: Must meet the following requirements: Anoro Ellipta and Stiolto Respimat in 365 days; QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION		Tier 2	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION		Tier 3	$; ST: Must meet the following requirements: Anoro Ellipta and Stiolto Respimat in 365 days; QL (1 EA per 30 days)
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml		Tier 1	$
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION		Tier 2	QL (4 GM per 30 days)
Beta-Adrenergic And Glucocorticoid Combinations			
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	(fluticasone propion-salmeterol)	Tier 3	$; QL (60 EA per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	(fluticasone propion-salmeterol)	Tier 2	$; QL (12 GM per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 230-21 MCG/ACTUATION	(fluticasone propion-salmeterol)	Tier 2	$$; QL (12 GM per 30 days)
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	(fluticasone propion-salmeterol)	Tier 3	QL (1 EA per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION		Tier 2	$$; QL (32.1 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate-vilanterol)	Tier 2	$$; QL (60 EA per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE		Tier 2	$; QL (60 EA per 30 days)

Drug		Status	Notes
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	(budesonide-formoterol)	Tier 1	$; QL (30.9 GM per 30 days)
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	(Breyna)	Tier 1	$; QL (30.9 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50-5 MCG/ACTUATION		Tier 2	QL (39 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION		Tier 2	QL (13 GM per 30 days)
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation		Tier 1	QL (1 EA per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	(Wixela Inhub)	Tier 1	QL (60 EA per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	(budesonide-formoterol)	Tier 3	$; QL (30.9 GM per 30 days)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	(fluticasone propion-salmeterol)	Tier 1	$; QL (60 EA per 30 days)
Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled			
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION		Tier 2	$$; QL (10.7 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG		Tier 2	$$; QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG		Tier 2	$$; QL (2 EA per 1 day)
Glucocorticoids, Orally Inhaled			
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION		Tier 3	ST: Must meet the following requirement: Asmanex, Qvar, or Arnuity Ellipta in 120 days; QL (12.2 GM per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	(fluticasone furoate)	Tier 3	$; QL (30 EA per 30 days)

Drug	Status	Notes
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 2	QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	Tier 2	QL (1 EA per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml (Pulmicort)	Tier 1	$; QL (120 ML per 30 days)
fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation	Tier 1	QL (60 EA per 30 days)
fluticasone propionate inhalation blister with device 250 mcg/actuation	Tier 1	QL (120 EA per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation	Tier 1	QL (12 GM per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation	Tier 1	QL (24 GM per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation	Tier 1	QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	Tier 3	ST: Must meet the following requirement: Asmanex, Qvar, or Arnuity Ellipta in 120 days; QL (1 EA per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 1 MG/2 ML (budesonide)	Tier 3	$$; QL (120 ML per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.5 MG/2 ML (budesonide)	Tier 3	$; QL (120 ML per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 2	QL (21.2 GM per 30 days)
Interleukin-4(Il-4) Receptor Alpha Antagonist, Mab		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	Tier 4	PA; $$$$
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	Tier 4	PA; $$$$

Drug		Status	Notes
Interleukin-5(Il-5) Receptor Alpha Antagonist, Mab			
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML		Tier 4	PA; $$$$
Leukotriene Receptor Antagonists			
ACCOLATE ORAL TABLET 10 MG, 20 MG	(zafirlukast)	Tier 3	
montelukast oral granules in packet 4 mg	(Singulair)	Tier 1	$
montelukast oral tablet 10 mg	(Singulair)	Tier 1	$
montelukast oral tablet,chewable 4 mg, 5 mg	(Singulair)	Tier 1	$
SINGULAIR ORAL GRANULES IN PACKET 4 MG	(montelukast)	Tier 3	
SINGULAIR ORAL TABLET 10 MG	(montelukast)	Tier 3	
SINGULAIR ORAL TABLET,CHEWABLE 4 MG, 5 MG	(montelukast)	Tier 3	
zafirlukast oral tablet 10 mg, 20 mg	(Accolate)	Tier 1	$
Mast Cell Stabilizers			
cromolyn oral concentrate 100 mg/5 ml	(Gastrocrom)	Tier 1	$
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML	(cromolyn)	Tier 3	$$$
Mast Cell Stabilizers, Orally Inhaled			
cromolyn inhalation solution for nebulization 20 mg/2 ml		Tier 1	$$
Monoclonal Antibodies To Immunoglobulin E(Ige)			
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 75 MG/0.5 ML		Tier 4	PA; $$$
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML		Tier 4	PA; $$$$
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML		Tier 4	PA; $$$$
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML		Tier 4	PA; $$$
Monoclonal Antibody - Interleukin-5 Antagonists			
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML		Tier 4	PA; $$$$
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML		Tier 4	PA; $$$$
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML		Tier 4	PA; $$$

Drug		Status	Notes
Phosphodiesterase-4 (Pde4) Inhibitors			
DALIRESP ORAL TABLET 250 MCG, 500 MCG	(roflumilast)	Tier 3	$; QL (1 EA per 1 day)
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML		Tier 4	PA
roflumilast oral tablet 250 mcg, 500 mcg	(Daliresp)	Tier 1	$; QL (1 EA per 1 day)
Respiratory Aids,Devices,Equipment			
ACE AEROSOL CLOUD ENHANCER SPACER	(inhalational spacing device)	Tier 3	$
AEROBIKA OSCILLATING PEP SYSTM DEVICE		Tier 3	$
AEROCHAMBER MECHANICAL VENT SPACER	(inhalational spacing device)	Tier 3	$
AEROCHAMBER MINI SPACER	(inhalational spacing device)	Tier 3	
AEROCHAMBER MV SPACER	(inhalational spacing device)	Tier 3	$
AEROCHAMBER PLUS FLOW-VU SPACER	(inhalational spacing device)	Tier 3	$
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER		Tier 3	$
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER		Tier 3	$
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER		Tier 3	$
AEROCHAMBER PLUS Z STAT LG MSK SPACER		Tier 3	$
AEROCHAMBER PLUS Z STAT MD MSK SPACER		Tier 3	$
AEROCHAMBER PLUS Z STAT SM MSK SPACER		Tier 3	$
AEROCHAMBER PLUS Z STAT SPACER	(inhalational spacing device)	Tier 3	$
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER	(inhalational spacing device)	Tier 3	$
AEROCHAMBER2GO SPACER	(inhalational spacing device)	Tier 3	
AEROECLIPSE II NEBULIZER	(nebulizers)	Tier 3	
AEROECLIPSE XL NEBULIZER	(nebulizers)	Tier 3	
AERONEB GO NEBULIZER	(nebulizers)	Tier 3	
AEROTRACH PLUS SPACER	(inhalational spacing device)	Tier 3	$
AEROVENT PLUS SPACER	(inhalational spacing device)	Tier 3	

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

Drug		Status	Notes
COMP-AIR NEBULIZER COMPRESSOR DEVICE	(nebulizer and compressor)	Tier 3	
DEVILBISS DISPOSABLE NEBULIZER	(nebulizers)	Tier 3	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE		Tier 3	
DEVILBISS PULMOMATE COMPRESSOR DEVICE		Tier 3	$
DEVILBISS TRAVELER COMPRESSOR DEVICE	(nebulizer and compressor)	Tier 3	$
EASIVENT HOLDING CHAMBER SPACER	(inhalational spacing device)	Tier 3	$
EASIVENT MASK LARGE DEVICE		Tier 3	$
EASIVENT MASK MEDIUM DEVICE		Tier 3	$
EASIVENT MASK SMALL DEVICE		Tier 3	$
EASY NEB COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	$
EBASE CONTROLLER DEVICE		Tier 3	
FLEXICHAMBER SPACER	(inhalational spacing device)	Tier 3	$
FLEXICHAMBER-LG CHILD MASK DEVICE		Tier 3	$
FLEXICHAMBER-SM ADULT MASK DEVICE		Tier 3	$
FLEXICHAMBER-SM CHILD MASK DEVICE		Tier 3	$
HOME NEBULIZER PLUS SIDESTREAM DEVICE	(nebulizer and compressor)	Tier 3	
INNOSPIRE DELUXE DEVICE	(nebulizer and compressor)	Tier 3	
INNOSPIRE ELEGANCE DEVICE	(nebulizer and compressor)	Tier 3	
INNOSPIRE ESSENCE DEVICE	(nebulizer and compressor)	Tier 3	
INNOSPIRE GO NEBULIZER	(nebulizers)	Tier 3	
INNOSPIRE MINI DEVICE	(nebulizer and compressor)	Tier 3	
INSPIRACHAMBER SPACER	(inhalational spacing device)	Tier 3	
INSPIRACHAMBER WITH MASK-LARGE SPACER		Tier 3	
INSPIRACHAMBER WITH MASK-MED SPACER		Tier 3	
INSPIRACHAMBER WITH MASK-SMALL SPACER		Tier 3	
LC PLUS	(nebulizers)	Tier 3	

Drug		Status	Notes
LC PLUS NEBULIZER-PED MASK	(nebulizers)	Tier 3	
LITE TOUCH-MEDIUM MASK DEVICE		Tier 3	
LITEAIRE MDI CHAMBER SPACER	(inhalational spacing device)	Tier 3	
LITETOUCH-LARGE MASK DEVICE		Tier 3	
LITETOUCH-SMALL MASK DEVICE		Tier 3	
MC 300 NEBULIZER W-MOUTHPIECE	(nebulizers)	Tier 3	
MC 300 NEBULIZER-UNVRSL TUBING	(nebulizers)	Tier 3	
MICROAIR MESH NEBULIZER	(nebulizers)	Tier 3	
MICROCHAMBER SPACER	(inhalational spacing device)	Tier 3	$
MICROSPACER SPACER	(inhalational spacing device)	Tier 3	$
MINI PLUS NEBULIZER	(nebulizers)	Tier 3	
MINI WRIGHT PEAK FLOW METER DEVICE	(peak flow meter)	Tier 3	
nebulizer and compressor device	(Clever Choice Nebulizer)	Tier 3	
OMBRA COMPRESSOR SYSTEM DEVICE	(nebulizer and compressor)	Tier 3	
OPTICHAMBER ADULT MASK-LARGE DEVICE		Tier 3	
OPTICHAMBER DIAMOND LG MASK SPACER		Tier 3	
OPTICHAMBER DIAMOND VHC SPACER	(inhalational spacing device)	Tier 3	
OPTICHAMBER DIAMOND-MED MSK SPACER		Tier 3	
OPTICHAMBER DIAMOND-SML MASK SPACER		Tier 3	
PARI LC SPRINT NEBULIZER SET	(nebulizers)	Tier 3	
PARI LC SPRINT SINUS	(nebulizers)	Tier 3	
PARI TREK S COMBO PACK DEVICE	(nebulizer and compressor)	Tier 3	
PARI TREK S COMPACT COMPRESSOR DEVICE	(nebulizer and compressor)	Tier 3	
PEDIATRIC BEAR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
PEDIATRIC COMP-AIR COMPRES NEB DEVICE	(nebulizer and compressor)	Tier 3	
PFLEX INSPIRATORY TRAINER DEVICE		Tier 3	
POCKET CHAMBER SPACER	(inhalational spacing device)	Tier 3	

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

Drug		Status	Notes
SPACE CHAMBER WITH MEDIUM MASK SPACER		Tier 3	
SPACE CHAMBER WITH SMALL MASK SPACER		Tier 3	
SUNRISE COMPRESSOR-NEBULIZER DEVICE		Tier 3	
THRESHOLD IMT TRAINER DEVICE		Tier 3	
THRESHOLD PEP DEVICE DEVICE		Tier 3	
TRUZONE PEAK FLOW METER DEVICE	(peak flow meter)	Tier 3	$
VIOS AEROSOL DELIVERY SYSTEM DEVICE	(nebulizer and compressor)	Tier 3	
VORTEX HOLDING CHAMBER SPACER	(inhalational spacing device)	Tier 3	$
VORTEX VHC PEDIATRIC MASK SPACER		Tier 3	$
WILLIS THE WHALE COMPRESSR NEB DEVICE	(nebulizer and compressor)	Tier 3	
Thymic Stromal Lymphopoietin (Tslp) Inhibitors			
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)		Tier 4	PA
Xanthines			
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)		Tier 1	$$
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	(theophylline)	Tier 1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG		Tier 2	$
theophylline oral elixir 80 mg/15 ml		Tier 1	$
theophylline oral solution 80 mg/15 ml		Tier 1	$
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg		Tier 1	$
theophylline oral tablet extended release 24 hr 400 mg, 600 mg		Tier 1	$
Autonomic Nervous System Disorders			
Alzheimer's Therapy, Nmda Receptor Antagonists			
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg		Tier 1	$; ST: Must meet the following requirement: Memantine immediate release tablets in 120 days; QL (30 EA per 30 days)

Drug		Status	Notes
memantine oral capsule,sprinkle,er 24hr 7 mg	(Namenda XR)	Tier 1	$; ST: Must meet the following requirement: Memantine immediate release tablets in 120 days; QL (30 EA per 30 days)
memantine oral solution 2 mg/ml		Tier 1	$; QL (300 ML per 30 days)
memantine oral tablet 10 mg, 5 mg		Tier 1	$; QL (60 EA per 30 days)
memantine oral tablets,dose pack 5-10 mg	(Namenda Titration Pak)	Tier 1	QL (49 EA per 28 days)
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK 5-10 MG	(memantine)	Tier 3	$; QL (49 EA per 28 days)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG		Tier 2	ST: Must meet the following requirement: Memantine immediate release tablets in 120 days; QL (28 EA per 28 days)
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 7 MG	(memantine)	Tier 3	ST: Must meet the following requirement: Memantine immediate release tablets in 120 days; QL (30 EA per 30 days)
Alzheimer's Thx,Nmda Recept Antag & Cholines Inhib			
memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 21-10 mg, 28-10 mg	(Namzaric)	Tier 1	ST: Must meet the following requirements: Donepezil and Memantine in 365 days; QL (1 EA per 1 day)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG	(memantine-donepezil)	Tier 3	$$; ST: Must meet the following requirements: Donepezil and Memantine in 365 days; QL (1 EA per 1 day)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 7-10 MG		Tier 2	$$; ST: Must meet the following requirements: Donepezil and Memantine in 365 days; QL (1 EA per 1 day)
Amyloid Directed Monoclonal Antibody			
LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 360 MG/1.8 ML		Tier 4	
Cholinesterase Inhibitors			
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR		Tier 3	PA
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG	(donepezil)	Tier 3	

Drug		Status	Notes
donepezil oral tablet 10 mg, 23 mg, 5 mg	(Aricept)	Tier 1	$
donepezil oral tablet,disintegrating 10 mg, 5 mg		Tier 1	$
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	(rivastigmine)	Tier 3	QL (30 EA per 30 days)
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg		Tier 1	$; QL (30 EA per 30 days)
galantamine oral solution 4 mg/ml		Tier 1	QL (200 ML per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg		Tier 1	$; QL (60 EA per 30 days)
MESTINON ORAL SYRUP 60 MG/5 ML	(pyridostigmine bromide)	Tier 3	
MESTINON ORAL TABLET 60 MG	(pyridostigmine bromide)	Tier 3	$$$$
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG	(pyridostigmine bromide)	Tier 3	$$$$
pyridostigmine bromide oral syrup 60 mg/5 ml	(Mestinon)	Tier 1	$
pyridostigmine bromide oral tablet 30 mg		Tier 1	
pyridostigmine bromide oral tablet 60 mg	(Mestinon)	Tier 1	$
pyridostigmine bromide oral tablet extended release 105 mg		Tier 3	
pyridostigmine bromide oral tablet extended release 180 mg	(Mestinon Timespan)	Tier 1	$
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg		Tier 1	$
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	(Exelon Patch)	Tier 1	$; QL (30 EA per 30 days)
ZUNVEYL ORAL TABLET,DELAYED RELEASE (DR/EC) 10 MG, 15 MG, 5 MG		Tier 3	ST: Must meet the following requirement: generic Galantamine tablets or Galantamine ER capsules in 120 days; QL (2 EA per 1 day)
Neonatal Fc Receptor (Fcrn) Inhibitors			
VYVGART HYTRULO SUBCUTANEOUS SYRINGE 1,000 MG-10,000 UNIT/5 ML		Tier 4	
Behavioral Health - Antidepressants			
Alpha-2 Receptor Antagonist Antidepressants			
mirtazapine oral tablet 15 mg, 30 mg	(Remeron)	Tier 1	$
mirtazapine oral tablet 45 mg, 7.5 mg		Tier 1	$
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	(Remeron SolTab)	Tier 1	

Drug		Status	Notes
REMERON ORAL TABLET 15 MG, 30 MG	(mirtazapine)	Tier 3	
REMERON SOLTAB ORAL TABLET,DISINTEGRATING 15 MG, 30 MG, 45 MG	(mirtazapine)	Tier 3	
Antidepressant - Nmda Receptor Antagonist			
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2)		Tier 4	PA; $$
SPRAVATO NASAL SPRAY,NON-AEROSOL 84 MG (28 MG X 3)		Tier 4	PA; $$$
Antidepressant - Postpartum Depression (Ppd)			
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG		Tier 4	PA
Maois - Non-Selective & Irreversible			
MARPLAN ORAL TABLET 10 MG		Tier 3	$$$
NARDIL ORAL TABLET 15 MG	(phenelzine)	Tier 3	
PARNATE ORAL TABLET 10 MG	(tranylcypromine)	Tier 3	
phenelzine oral tablet 15 mg	(Nardil)	Tier 1	
tranylcypromine oral tablet 10 mg	(Parnate)	Tier 1	$
Monoamine Oxidase(Mao) Inhibitors			
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR		Tier 3	$$$$; ST: Must meet any of the following requirements: Marplan, Phenelzine, or Tranylcypromine in 120 days; QL (1 EA per 1 day)
Ndma Receptor Antagonist And Ndri Comb			
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG		Tier 3	ST: Must meet any of the following requirements: Bupropion, Citalopram, Desvenlafaxine, Duloxetine, Escitalopram, Fluoxetine, Fluvoxamine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine in 120 days
Norepinephrine And Dopamine Reuptake Inhib (Ndris)			
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG		Tier 3	$$$$; ST: Must meet the following requirement: Bupropion HCL in 120 days; QL (1 EA per 1 day)

Drug		Status	Notes
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 522 MG		Tier 3	$$$$$; ST: Must meet the following requirement: Bupropion HCL in 120 days; QL (1 EA per 1 day)
bupropion hcl oral tablet 100 mg, 75 mg		Tier 1	$
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	(Wellbutrin XL)	Tier 1	$
bupropion hcl oral tablet extended release 24 hr 450 mg	(Forfivo XL)	Tier 1	$; ST: Must meet the following requirement: Bupropion HCL in 120 days; QL (1 EA per 1 day)
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	(Wellbutrin SR)	Tier 1	$
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG	(bupropion hcl)	Tier 3	$$
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	(bupropion hcl)	Tier 3	$$$$
Selective Serotonin Reuptake Inhibitor (Ssris)			
CELEXA ORAL TABLET 10 MG	(citalopram)	Tier 3	$$$
CELEXA ORAL TABLET 20 MG, 40 MG	(citalopram)	Tier 3	$$
citalopram oral capsule 30 mg		Tier 1	
citalopram oral solution 10 mg/5 ml		Tier 1	$
citalopram oral tablet 10 mg, 20 mg, 40 mg	(Celexa)	Tier 1	$
escitalopram oxalate oral solution 5 mg/5 ml		Tier 1	$
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	(Lexapro)	Tier 1	$
fluoxetine oral capsule 10 mg, 20 mg	(Prozac)	Tier 1	$
fluoxetine oral capsule 40 mg		Tier 1	$
fluoxetine oral capsule,delayed release(dr/ec) 90 mg		Tier 1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)		Tier 1	$
fluoxetine oral tablet 10 mg, 20 mg, 60 mg		Tier 1	$

Drug		Status	Notes
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg		Tier 1	$; ST: Must meet any of the following requirements: Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Fluvoxamine Maleate, Paroxetine HCL, or Sertraline HCL in 120 days; QL (2 EA per 1 day)
fluvoxamine oral tablet 100 mg, 50 mg		Tier 1	$
fluvoxamine oral tablet 25 mg		Tier 1	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG	(escitalopram oxalate)	Tier 3	$$
paroxetine hcl oral suspension 10 mg/5 ml	(Paxil)	Tier 1	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	(Paxil)	Tier 1	$
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	(Paxil CR)	Tier 1	$
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG	(paroxetine hcl)	Tier 3	
PAXIL ORAL SUSPENSION 10 MG/5 ML	(paroxetine hcl)	Tier 3	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	(paroxetine hcl)	Tier 3	
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG	(fluoxetine)	Tier 3	
sertraline oral capsule 150 mg, 200 mg		Tier 3	QL (1 EA per 1 day)
sertraline oral concentrate 20 mg/ml	(Zoloft)	Tier 1	$
sertraline oral tablet 100 mg, 25 mg, 50 mg	(Zoloft)	Tier 1	$
ZOLOFT ORAL CONCENTRATE 20 MG/ML	(sertraline)	Tier 3	
ZOLOFT ORAL TABLET 100 MG, 50 MG	(sertraline)	Tier 3	$$
ZOLOFT ORAL TABLET 25 MG	(sertraline)	Tier 3	
Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)			
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg		Tier 1	
RALDESY ORAL SOLUTION 10 MG/ML		Tier 3	PA; $$
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg		Tier 1	$

Drug		Status	Notes
Serotonin-Norepinephrine Reuptake-Inhib (Snris)			
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 30 MG, 60 MG	(duloxetine)	Tier 3	$$
desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg		Tier 1	ST: Must meet 2 of the following requirements: Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, generic Paroxetine HCL, Sertraline, or Venlafaxine ER/IR in 365 days; QL (1 EA per 1 day)
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 50 mg	(Pristiq)	Tier 1	$
desvenlafaxine succinate oral tablet extended release 24 hr 25 mg	(Pristiq)	Tier 1	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG		Tier 3	$
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg		Tier 1	$
duloxetine oral capsule,delayed release(dr/ec) 40 mg		Tier 1	$; ST: Must meet the following requirement: 2-20mg generic Duloxetine capsules in 120 days; QL (1 EA per 1 day)
DULOXICAINE KIT 30 MG- 4%		Tier 3	
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG	(venlafaxine)	Tier 3	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)		Tier 2	$; QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG		Tier 2	$$; QL (1 EA per 1 day)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG	(desvenlafaxine succinate)	Tier 3	
venlafaxine besylate oral tablet extended release 24hr 112.5 mg		Tier 1	ST: Must meet the following requirement: Venlafaxine HCL ER capsules in 120 days; QL (1 EA per 1 day)

Drug		Status	Notes
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	(Effexor XR)	Tier 1	$
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		Tier 1	$
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg		Tier 1	$
Ssri & 5Ht1a Partial Agonist Antidepressant			
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	(vilazodone)	Tier 3	$; ST: Must meet any of the following requirements: Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine IR/ER in 120 days
vilazodone oral tablet 10 mg, 20 mg, 40 mg	(Viibryd)	Tier 1	$; ST: Must meet any of the following requirements: Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine IR/ER in 120 days
Ssri & Serotonin Receptor Modulator Antidepressant			
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		Tier 2	QL (1 EA per 1 day)
Tricyclic Antidepressant/Benzodiazepine Combinatns			
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg		Tier 1	$
Tricyclic Antidepressant/Phenothiazine Combinatns			
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-25 mg		Tier 1	$
perphenazine-amitriptyline oral tablet 4-10 mg, 4-50 mg		Tier 1	
Tricyclic Antidepressants & Rel. Non-Sel. Ru-Inhib			
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		Tier 1	$
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg		Tier 1	
ANAFRANIL ORAL CAPSULE 25 MG	(clomipramine)	Tier 3	$
ANAFRANIL ORAL CAPSULE 50 MG, 75 MG	(clomipramine)	Tier 3	

Drug		Status	Notes
clomipramine oral capsule 25 mg, 50 mg, 75 mg	(Anafranil)	Tier 1	$
desipramine oral tablet 10 mg, 25 mg	(Norpramin)	Tier 1	$
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg		Tier 1	$
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		Tier 1	$
doxepin oral concentrate 10 mg/ml		Tier 1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg		Tier 1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg		Tier 1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	(desipramine)	Tier 3	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	(Pamelor)	Tier 1	
nortriptyline oral solution 10 mg/5 ml		Tier 1	$
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	(nortriptyline)	Tier 3	
protriptyline oral tablet 10 mg, 5 mg		Tier 1	$
trimipramine oral capsule 100 mg, 25 mg, 50 mg		Tier 1	$
Behavioral Health - Other			
Adrenergics, Aromatic, Non-Catecholamine			
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	(dextroamphetamine-amphetamine)	Tier 3	QL (2 EA per 1 day)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG	(dextroamphetamine-amphetamine)	Tier 3	QL (1 EA per 1 day)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 20 MG, 25 MG, 30 MG	(dextroamphetamine-amphetamine)	Tier 3	QL (2 EA per 1 day)
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	(amphetamine)	Tier 3	ST: Must meet the following requirement: Azstarys or Jornay PM in 120 days; QL (1 EA per 1 day)
amphetamine oral tablet,disinteg er biphase 24h 12.5 mg, 15.7 mg, 18.8 mg, 3.1 mg, 6.3 mg, 9.4 mg	(Adzenys XR-ODT)	Tier 3	ST: Must meet any of the following requirements: Azstarys or Jornay PM in 120 days; QL (1 EA per 1 day)
amphetamine sulfate oral tablet 10 mg, 5 mg	(Evekeo)	Tier 1	$; QL (4 EA per 1 day)

Drug		Status	Notes
DESOXYN ORAL TABLET 5 MG	(methamphetamine)	Tier 3	QL (150 EA per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	(dextroamphetamine sulfate)	Tier 3	QL (4 EA per 1 day)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 15 MG	(dextroamphetamine sulfate)	Tier 3	QL (120 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 10 mg	(Dexedrine Spansule)	Tier 1	$; QL (4 EA per 1 day)
dextroamphetamine sulfate oral capsule, extended release 15 mg	(Dexedrine Spansule)	Tier 1	$; QL (120 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 5 mg		Tier 1	$; QL (60 EA per 30 days)
dextroamphetamine sulfate oral solution 5 mg/5 ml	(ProCentra)	Tier 1	$; QL (1800 ML per 30 days)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	(Zenzedi)	Tier 1	$; QL (4 EA per 1 day)
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 7.5 mg	(Zenzedi)	Tier 1	ST: Must meet the following requirement: Dextroamphetamine Sulfate IR tablets (5mg or 10mg) or Dextroamphetamine solution in 120 days; QL (4 EA per 1 day)
dextroamphetamine sulfate oral tablet 20 mg	(Zenzedi)	Tier 1	ST: Must meet the following requirement: Dextroamphetamine Sulfate IR tablets (5mg or 10mg) or Dextroamphetamine solution in 120 days; QL (3 EA per 1 day)
dextroamphetamine sulfate oral tablet 30 mg	(Zenzedi)	Tier 1	ST: Must meet the following requirement: Dextroamphetamine Sulfate IR tablets (5mg or 10mg) or Dextroamphetamine solution in 120 days; QL (2 EA per 1 day)
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg	(Mydayis)	Tier 1	$; QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	(Adderall XR)	Tier 1	$; QL (1 EA per 1 day)

Drug		Status	Notes
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	(Adderall XR)	Tier 1	$; QL (2 EA per 1 day)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	(Adderall)	Tier 1	$; QL (2 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML		Tier 3	$; ST: Must meet the following requirement: Azstarys or Jornay PM in 120 days; QL (240 ML per 30 days)
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG		Tier 3	$; ST: Must meet the following requirement: Azstarys or Jornay PM in 120 days; QL (1 EA per 1 day)
EVEKEO ORAL TABLET 10 MG	(amphetamine sulfate)	Tier 3	$; QL (4 EA per 1 day)
EVEKEO ORAL TABLET 5 MG	(amphetamine sulfate)	Tier 3	QL (4 EA per 1 day)
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	(Vyvanse)	Tier 1	$; QL (1 EA per 1 day)
lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	(Vyvanse)	Tier 1	$; QL (1 EA per 1 day)
methamphetamine oral tablet 5 mg	(Desoxyn)	Tier 1	QL (150 EA per 30 days)
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	(dextroamphetamine-amphetamine)	Tier 3	QL (1 EA per 1 day)
PROCENTRA ORAL SOLUTION 5 MG/5 ML	(dextroamphetamine sulfate)	Tier 3	$; QL (1800 ML per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	(lisdexamfetamine)	Tier 3	QL (1 EA per 1 day)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	(lisdexamfetamine)	Tier 3	QL (1 EA per 1 day)
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR		Tier 3	ST: Must meet the following requirement: Azstarys or Jornay PM in 120 days; QL (1 EA per 1 day)
ZENZEDI ORAL TABLET 10 MG, 5 MG	(dextroamphetamine sulfate)	Tier 3	$; QL (4 EA per 1 day)

Drug		Status	Notes
ZENZEDI ORAL TABLET 15 MG	(dextroamphetamine sulfate)	Tier 3	$; ST: Must meet the following requirement: Dextroamphetamine Sulfate IR tablets (5mg or 10mg) or Dextroamphetamine solution in 120 days; QL (4 EA per 1 day)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	(dextroamphetamine sulfate)	Tier 3	ST: Must meet the following requirement: Dextroamphetamine Sulfate IR tablets (5mg or 10mg) or Dextroamphetamine solution in 120 days; QL (4 EA per 1 day)
ZENZEDI ORAL TABLET 20 MG	(dextroamphetamine sulfate)	Tier 3	$; ST: Must meet the following requirement: Dextroamphetamine Sulfate IR tablets (5mg or 10mg) or Dextroamphetamine solution in 120 days; QL (3 EA per 1 day)
ZENZEDI ORAL TABLET 30 MG	(dextroamphetamine sulfate)	Tier 3	$; ST: Must meet the following requirement: Dextroamphetamine Sulfate IR tablets (5mg or 10mg) or Dextroamphetamine solution in 120 days; QL (2 EA per 1 day)
Anti-Alcoholic Preparations			
acamprosate oral tablet,delayed release (dr/ec) 333 mg		Tier 1	$
disulfiram oral tablet 250 mg, 500 mg		Tier 1	$
Anti-Anxiety - Benzodiazepines			
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML		Tier 2	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	(Xanax)	Tier 1	$
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	(Xanax XR)	Tier 1	$
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg		Tier 1	$
ATIVAN ORAL TABLET 0.5 MG	(lorazepam)	Tier 3	$$$$
ATIVAN ORAL TABLET 1 MG	(lorazepam)	Tier 3	$$$
ATIVAN ORAL TABLET 2 MG	(lorazepam)	Tier 3	$$

Drug		Status	Notes
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg		Tier 1	$
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg		Tier 1	$
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	(diazepam)	Tier 1	
diazepam oral concentrate 5 mg/ml	(Diazepam Intensol)	Tier 1	
diazepam oral solution 5 mg/5 ml (1 mg/ml)		Tier 1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	(Valium)	Tier 1	$
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	(lorazepam)	Tier 1	
lorazepam oral concentrate 2 mg/ml	(Lorazepam Intensol)	Tier 1	$
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	(Ativan)	Tier 1	$
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1 MG, 2 MG, 3 MG		Tier 3	
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1.5 MG		Tier 3	ST: Must meet the following requirement: Lorazepam tablets in 120 days
oxazepam oral capsule 10 mg, 15 mg, 30 mg		Tier 1	$
VALIUM ORAL TABLET 10 MG	(diazepam)	Tier 3	
VALIUM ORAL TABLET 2 MG, 5 MG	(diazepam)	Tier 3	$
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	(alprazolam)	Tier 3	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 2 MG, 3 MG	(alprazolam)	Tier 3	
Anti-Anxiety Drugs			
BUCAPSOL ORAL CAPSULE 10 MG, 15 MG, 7.5 MG		Tier 1	
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg		Tier 1	$
meprobamate oral tablet 200 mg, 400 mg		Tier 1	
Anti-Mania Drugs			
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG		Tier 3	$
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG		Tier 3	$$
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg		Tier 1	$

Drug		Status	Notes
lithium carbonate oral tablet 300 mg		Tier 1	
lithium carbonate oral tablet extended release 300 mg	(Lithobid)	Tier 1	$
lithium carbonate oral tablet extended release 450 mg		Tier 1	
lithium citrate oral solution 8 meq/5 ml		Tier 1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	(lithium carbonate)	Tier 3	
Anti-Narcolepsy & Anti-Cataplexy,Sedative-Type Agt			
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM		Tier 4	PA; $$$$$
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM		Tier 4	PA
sodium oxybate oral solution 500 mg/ml	(Xyrem)	Tier 4	PA
XYREM ORAL SOLUTION 500 MG/ML	(sodium oxybate)	Tier 4	PA
XYWAV ORAL SOLUTION 0.5 GRAM/ML		Tier 4	PA
Antipsych,Dopamine Antag.,Diphenylbutylpiperidines			
pimozide oral tablet 1 mg, 2 mg		Tier 1	$
Antipsychotic-Atypical,D3/D2 Partial Ag-5Ht Mixed			
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG		Tier 2	QL (1 EA per 1 day)
Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed			
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	(aripiprazole)	Tier 3	
aripiprazole oral solution 1 mg/ml		Tier 1	$; ST: Must meet 2 of the following requirements: generic SSRIS, SNRIS, or atypical antipsychotics in 365 days
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	(Abilify)	Tier 1	$
aripiprazole oral tablet,disintegrating 10 mg		Tier 1	$; ST: Must meet 2 of the following requirements: generic SSRIS, SNRIS, or atypical antipsychotics in 365 days; QL (3 EA per 1 day)

Drug	Status	Notes
aripiprazole oral tablet,disintegrating 15 mg	Tier 1	$; ST: Must meet 2 of the following requirements: generic SSRIS, SNRIS, or atypical antipsychotics in 365 days; QL (2 EA per 1 day)
OPIPZA ORAL FILM 10 MG, 2 MG	Tier 3	ST: Must meet the following requirement: generic Aripiprazole tablets in 120 days
OPIPZA ORAL FILM 5 MG	Tier 3	$$$; ST: Must meet the following requirement: generic Aripiprazole tablets in 120 days
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	QL (1 EA per 1 day)
Antipsychotics, Dopamine & Serotonin Antagonists		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Tier 4	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	$
Antipsychotics,Atypical,Dopamine,& Serotonin Antag		
asenapine maleate sublingual tablet 10 mg, 5 mg (Saphris)	Tier 1	$; QL (2 EA per 1 day)
asenapine maleate sublingual tablet 2.5 mg (Saphris)	Tier 1	QL (2 EA per 1 day)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 2	QL (1 EA per 1 day)
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg (Clozaril)	Tier 1	$
clozapine oral tablet,disintegrating 100 mg, 150 mg, 25 mg	Tier 1	$; QL (3 EA per 1 day)
clozapine oral tablet,disintegrating 12.5 mg	Tier 1	QL (3 EA per 1 day)
clozapine oral tablet,disintegrating 200 mg	Tier 1	$$$; QL (3 EA per 1 day)
CLOZARIL ORAL TABLET 100 MG, 25 MG (clozapine)	Tier 3	
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	$$$; ST: Must meet the following requirements: Two generic atypical antiphychotics in 365 days; QL (2 EA per 1 day)

Drug		Status	Notes
FANAPT ORAL TABLET 10 MG, 12 MG		Tier 3	$$$$; ST: Must meet the following requirements: Two generic atypical antiphychotics in 365 days; QL (2 EA per 1 day)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)		Tier 3	$; ST: Must meet the following requirements: Two generic atypical antiphychotics in 365 days; QL (8 EA per 28 days)
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)		Tier 3	ST: Must meet the following requirements: Two generic atypical antiphychotics in 365 days; QL (12 EA per 28 days)
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)		Tier 3	ST: Must meet the following requirements: Two generic atypical antiphychotics in 365 days; QL (8 EA per 28 days)
GEODON ORAL CAPSULE 20 MG, 40 MG	(ziprasidone hcl)	Tier 3	$$
GEODON ORAL CAPSULE 60 MG	(ziprasidone hcl)	Tier 3	$$$$
GEODON ORAL CAPSULE 80 MG	(ziprasidone hcl)	Tier 3	$$$
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG	(paliperidone)	Tier 3	$$; QL (1 EA per 1 day)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	(paliperidone)	Tier 3	$; QL (2 EA per 1 day)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 9 MG	(paliperidone)	Tier 3	$; QL (1 EA per 1 day)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	(lurasidone)	Tier 3	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	(lurasidone)	Tier 3	QL (60 EA per 30 days)
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	(Latuda)	Tier 1	$; QL (30 EA per 30 days)
lurasidone oral tablet 80 mg	(Latuda)	Tier 1	$; QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG		Tier 3	ST: Must meet any of the following requirements: Generic atypical antipsychotic in 365 days; QL (1 EA per 1 day)
olanzapine oral tablet 10 mg, 15 mg, 7.5 mg		Tier 1	$
olanzapine oral tablet 2.5 mg, 20 mg, 5 mg	(Zyprexa)	Tier 1	$
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg		Tier 1	$

Drug		Status	Notes
paliperidone oral tablet extended release 24hr 1.5 mg		Tier 1	$; QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 3 mg, 9 mg	(Invega)	Tier 1	$; QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 6 mg	(Invega)	Tier 1	$; QL (2 EA per 1 day)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	(Seroquel)	Tier 1	$
quetiapine oral tablet 150 mg		Tier 1	$; QL (1 EA per 1 day)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	(Seroquel XR)	Tier 1	$
RISPERDAL ORAL SOLUTION 1 MG/ML	(risperidone)	Tier 3	$$
RISPERDAL ORAL TABLET 0.5 MG, 1 MG	(risperidone)	Tier 3	$
RISPERDAL ORAL TABLET 2 MG, 3 MG, 4 MG	(risperidone)	Tier 3	$$
risperidone oral solution 1 mg/ml	(Risperdal)	Tier 1	$
risperidone oral tablet 0.25 mg		Tier 1	$
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	(Risperdal)	Tier 1	$
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg		Tier 1	$
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	(asenapine maleate)	Tier 3	$$; QL (2 EA per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR		Tier 3	ST: Must meet the following requirements: Two generic atypical antiphychotics in 365 days; QL (1 EA per 1 day)
SEROQUEL ORAL TABLET 100 MG, 300 MG	(quetiapine)	Tier 3	$$
SEROQUEL ORAL TABLET 200 MG, 400 MG	(quetiapine)	Tier 3	$$$
SEROQUEL ORAL TABLET 25 MG, 50 MG	(quetiapine)	Tier 3	$
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	(quetiapine)	Tier 3	$
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG, 50 MG	(quetiapine)	Tier 3	$$
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG	(quetiapine)	Tier 3	$$$

Drug	Status	Notes
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 3	ST: Must meet the following requirements: Two generic atypical antiphychotics in 365 days; QL (18 ML per 1 day)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	Tier 1	$
ZYPREXA ORAL TABLET 2.5 MG, 20 MG, 5 MG (olanzapine)	Tier 3	
Antipsychotics,Dopamine Antagonists, Thioxanthenes		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Antipsychotics,Dopamine Antagonists,Butyrophenones		
haloperidol lactate oral concentrate 2 mg/ml	Tier 1	$
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Tier 1	$
Antipsychotics,Dopamine Antagonst,Dihydroindolones		
molindone oral tablet 10 mg	Tier 1	QL (8 EA per 1 day)
molindone oral tablet 25 mg	Tier 1	QL (9 EA per 1 day)
molindone oral tablet 5 mg	Tier 1	$
Anti-Psychotics,Phenothiazines		
chlorpromazine oral concentrate 100 mg/ml	Tier 1	
chlorpromazine oral concentrate 30 mg/ml	Tier 1	$
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	$
fluphenazine hcl oral concentrate 5 mg/ml	Tier 1	$
fluphenazine hcl oral elixir 2.5 mg/5 ml	Tier 1	$
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	$
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Tier 1	$
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	$
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	$
Barbiturates		
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	Tier 1	$

Drug		Status	Notes
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg		Tier 1	$
Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists			
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML		Tier 4	PA; $$$$$
HETLIOZ ORAL CAPSULE 20 MG	(tasimelteon)	Tier 4	PA; $$$$$
ramelteon oral tablet 8 mg	(Rozerem)	Tier 1	$; ST: Must meet any of the following requirements: Eszopiclone (Lunesta), Zaleplon (Sonata), or Zolpidem IR (Ambien) in 120 days
ROZEREM ORAL TABLET 8 MG	(ramelteon)	Tier 3	ST: Must meet any of the following requirements: Eszopiclone (Lunesta), Zaleplon (Sonata), or Zolpidem IR (Ambien) in 120 days
tasimelteon oral capsule 20 mg	(Hetlioz)	Tier 4	PA; $$$$$
Narcolepsy And Sleep Disorder Therapy Agents			
armodafinil oral tablet 150 mg, 250 mg	(Nuvigil)	Tier 1	$; QL (1 EA per 1 day)
armodafinil oral tablet 200 mg	(Nuvigil)	Tier 1	QL (1 EA per 1 day)
armodafinil oral tablet 50 mg	(Nuvigil)	Tier 1	$; QL (3 EA per 1 day)
modafinil oral tablet 100 mg, 200 mg	(Provigil)	Tier 1	$; QL (2 EA per 1 day)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG	(armodafinil)	Tier 3	QL (1 EA per 1 day)
NUVIGIL ORAL TABLET 50 MG	(armodafinil)	Tier 3	QL (3 EA per 1 day)
PROVIGIL ORAL TABLET 100 MG, 200 MG	(modafinil)	Tier 3	QL (2 EA per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG		Tier 2	PA
Narcolepsy Tx-H3-Recept.Antagonist/Inverse Agonist			
WAKIX ORAL TABLET 17.8 MG, 4.45 MG		Tier 4	PA
Narcotic Antagonists			
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION		Tier 2	QL (4 EA per 30 days)
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG		Tier 3	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml		Tier 1	$

Drug		Status	Notes
naloxone nasal spray,non-aerosol 4 mg/actuation	(Narcan)	Tier 1	$; QL (4 EA per 30 days)
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG		Tier 3	
naltrexone oral tablet 50 mg		Tier 1	$
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	(naloxone)	Tier 3	QL (4 EA per 30 days)
OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION		Tier 3	$; QL (4 EA per 30 days)
REXTOVY NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	(naloxone)	Tier 3	QL (4 EA per 30 days)
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML		Tier 3	QL (2 ML per 30 days)
Sedative-Hypnotics - Benzodiazepines			
DORAL ORAL TABLET 15 MG	(quazepam)	Tier 3	ST: Must meet any of the following oral generic requirements: Eszopiclone, Flurazepam, Temazepam, Zaleplon, or Zolpidem tablets in 120 days
estazolam oral tablet 1 mg, 2 mg		Tier 1	
flurazepam oral capsule 15 mg, 30 mg		Tier 1	
HALCION ORAL TABLET 0.25 MG	(triazolam)	Tier 3	
midazolam oral syrup 2 mg/ml		Tier 1	
quazepam oral tablet 15 mg	(Doral)	Tier 1	ST: Must meet any of the following oral generic requirements: Eszopiclone, Flurazepam, Temazepam, Zaleplon, or Zolpidem tablets in 120 days
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG	(temazepam)	Tier 3	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	(Restoril)	Tier 1	$
triazolam oral tablet 0.125 mg		Tier 1	$
triazolam oral tablet 0.25 mg	(Halcion)	Tier 1	$
Sedative-Hypnotics,Non-Barbiturate			
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG	(zolpidem)	Tier 3	QL (1 EA per 1 day)
AMBIEN ORAL TABLET 10 MG, 5 MG	(zolpidem)	Tier 3	QL (1 EA per 1 day)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		Tier 2	ST: Must meet any of the following requirements: Eszopiclone, Zaleplon, or Zolpidem Tartrate in 120 days; QL (1 EA per 1 day)

Drug		Status	Notes
DAYVIGO ORAL TABLET 10 MG, 5 MG		Tier 2	ST: Must meet any of the following requirements: Eszopiclone, Zaleplon, or Zolpidem Tartrate in 120 days; QL (1 EA per 1 day)
doxepin oral tablet 3 mg, 6 mg	(Silenor)	Tier 1	$; ST: Must meet any of the following requirements: Doxepin solution or 10mg capsule, Eszopiclone, Zaleplon, or Zolpidem in 120 days; QL (1 EA per 1 day)
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG		Tier 3	$; ST: Must meet the following requirement: Edluar or Zolpidem Tartrate in 180 days; QL (1 EA per 1 day)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	(Lunesta)	Tier 1	$; QL (1 EA per 1 day)
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG		Tier 3	PA
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG	(eszopiclone)	Tier 3	QL (1 EA per 1 day)
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG		Tier 1	
QUVIVIQ ORAL TABLET 25 MG, 50 MG		Tier 3	ST: Must meet any of the following requirements: Eszopiclone, Zaleplon, or Zolpidem Tartrate in 120 days; QL (1 EA per 1 day)
SILENOR ORAL TABLET 3 MG	(doxepin)	Tier 3	ST: Must meet any of the following requirements: Doxepin solution or 10mg capsule, Eszopiclone, Zaleplon, or Zolpidem in 120 days; QL (1 EA per 1 day)
SILENOR ORAL TABLET 6 MG	(doxepin)	Tier 3	$$; ST: Must meet any of the following requirements: Doxepin solution or 10mg capsule, Eszopiclone, Zaleplon, or Zolpidem in 120 days; QL (1 EA per 1 day)
zaleplon oral capsule 10 mg, 5 mg		Tier 1	$; QL (1 EA per 1 day)
zolpidem oral capsule 7.5 mg		Tier 1	
zolpidem oral tablet 10 mg, 5 mg	(Ambien)	Tier 1	$; QL (1 EA per 1 day)

Drug		Status	Notes
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	(Ambien CR)	Tier 1	$; QL (1 EA per 1 day)
zolpidem sublingual tablet 1.75 mg, 3.5 mg		Tier 1	$; QL (1 EA per 1 day)
Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)			
NUPLAZID ORAL CAPSULE 34 MG		Tier 4	PA
NUPLAZID ORAL TABLET 10 MG		Tier 4	PA
Ssri &Antipsych,Atyp,Dopamine&Serotonin Antag Comb			
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg		Tier 1	$; QL (1 EA per 1 day)
Tx For Adhd - Selective Alpha-2A Receptor Agonist			
clonidine hcl oral tablet extended release 12 hr 0.1 mg		Tier 1	$
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	(Intuniv ER)	Tier 1	$
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG	(guanfacine)	Tier 3	
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML		Tier 3	$$; ST: Must meet the following requirement: Clonidine 0.1mg ER tablets in 120 days; QL (4 ML per 1 day)
Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy			
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60 10 MG, 15 MG	(methylphenidate hcl)	Tier 3	ST: Must meet the following requirement of one generic of: Concerta, Metadate CD, Ritalin LA, Methylin ER, or Ritalin-SR in 120 days; QL (1 EA per 1 day)
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	(methylphenidate hcl)	Tier 3	$; ST: Must meet the following requirement of one generic of: Concerta, Metadate CD, Ritalin LA, Methylin ER, or Ritalin-SR in 120 days; QL (1 EA per 1 day)

Drug		Status	Notes
AZSTARYS ORAL CAPSULE 26.1 MG-5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG-10.4 MG		Tier 2	ST: Must meet any of the following requirements: generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER in 120 days; QL (1 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG	(methylphenidate hcl)	Tier 3	$; QL (1 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG	(methylphenidate hcl)	Tier 3	$; QL (2 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 8.6 MG		Tier 3	ST: Must meet the following requirement: Azstarys or Jornay PM in 120 days; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 25.9 MG		Tier 3	ST: Must meet the following requirement: Azstarys or Jornay PM in 120 days; QL (2 EA per 1 day)
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	(methylphenidate)	Tier 3	ST: Must meet the following requirement: oral Methylphenidate CD/ER/LA or Methylphenidate suspension/solution in 120 days; QL (1 EA per 1 day)
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	(Focalin XR)	Tier 1	$; QL (1 EA per 1 day)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	(Focalin)	Tier 1	$; QL (2 EA per 1 day)
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG	(dexmethylphenidate)	Tier 3	QL (2 EA per 1 day)
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	(dexmethylphenidate)	Tier 3	QL (1 EA per 1 day)
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG		Tier 2	ST: Must meet any of the following requirements: generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER in 120 days; QL (1 EA per 1 day)

Drug		Status	Notes
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 10 MG, 20 MG, 40 MG, 50 MG, 60 MG	(methylphenidate hcl)	Tier 3	QL (1 EA per 1 day)
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 30 MG	(methylphenidate hcl)	Tier 3	QL (2 EA per 1 day)
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	(methylphenidate hcl)	Tier 1	QL (90 EA per 30 days)
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML	(methylphenidate hcl)	Tier 3	
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	(Aptensio XR)	Tier 3	$; ST: Must meet the following requirement of one generic of: Concerta, Metadate CD, Ritalin LA, Methylin ER, or Ritalin-SR in 120 days; QL (1 EA per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg	(Metadate CD)	Tier 1	$; QL (1 EA per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70 30 mg	(Metadate CD)	Tier 1	$; QL (2 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg	(Ritalin LA)	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 30 mg	(Ritalin LA)	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 60 mg		Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	(Methylin)	Tier 1	$
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	(Ritalin)	Tier 1	$; QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 10 mg		Tier 1	$; QL (3 EA per 1 day)
methylphenidate hcl oral tablet extended release 20 mg	(Metadate ER)	Tier 1	$; QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	(Concerta)	Tier 1	$; QL (1 EA per 1 day)
methylphenidate hcl oral tablet extended release 24hr 36 mg	(Concerta)	Tier 1	$; QL (2 EA per 1 day)
methylphenidate hcl oral tablet extended release 24hr 45 mg	(Relexxii)	Tier 1	$$; QL (1 EA per 1 day)
methylphenidate hcl oral tablet extended release 24hr 63 mg	(Relexxii)	Tier 1	$; QL (1 EA per 1 day)

Drug	Status	Notes
methylphenidate hcl oral tablet extended release 24hr 72 mg (Relexxii)	Tier 1	$; ST: Must meet 2 of the following requirements: Adderall XR, Concerta, generic Lisdexamfetamine, or Methylphenidate ER/LA/CD in 365 days; QL (1 EA per 1 day)
methylphenidate hcl oral tablet,chewable 10 mg	Tier 1	$; QL (6 EA per 1 day)
methylphenidate hcl oral tablet,chewable 2.5 mg, 5 mg	Tier 1	$; QL (90 EA per 30 days)
methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr (Daytrana)	Tier 1	$; ST: Must meet the following requirement: oral Methylphenidate CD/ER/LA or Methylphenidate suspension/solution in 120 days; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	Tier 3	$; ST: Must meet any of the following requirements: generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER in 120 days; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	Tier 3	$; ST: Must meet any of the following requirements: generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER in 120 days; QL (2 EA per 1 day)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	$; 120mL BOTTLE; ST: Must meet any of the following requirements: generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER in 120 days; QL (240 ML per 30 days)

Drug	Status	Notes
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	$; 150mL BOTTLE; ST: Must meet any of the following requirements: generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER in 120 days; QL (300 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	$; 180mL BOTTLE; ST: Must meet any of the following requirements: generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER in 120 days; QL (360 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	$; 60mL BOTTLE; ST: Must meet any of the following requirements: generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER in 120 days; QL (60 ML per 30 days)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG (methylphenidate hcl)	Tier 3	QL (1 EA per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 36 MG (methylphenidate hcl)	Tier 3	QL (2 EA per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 72 MG (methylphenidate hcl)	Tier 3	ST: Must meet 2 of the following requirements: Adderall XR, Concerta, generic Lisdexamfetamine, or Methylphenidate ER/LA/CD in 365 days; QL (1 EA per 1 day)
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 20 MG, 40 MG (methylphenidate hcl)	Tier 3	QL (1 EA per 1 day)
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 30 MG (methylphenidate hcl)	Tier 3	QL (2 EA per 1 day)
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG (methylphenidate hcl)	Tier 3	QL (90 EA per 30 days)

Drug		Status	Notes
Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type			
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg		Tier 1	$
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG		Tier 3	$; ST: Must meet any of the following requirements: Atomoxetine, Clonidine ER (Kapvay), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (intuniv), or generic Methylphenidate IR in 120 days; QL (1 EA per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG		Tier 3	$$; ST: Must meet any of the following requirements: Atomoxetine, Clonidine ER (Kapvay), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (intuniv), or generic Methylphenidate IR in 120 days; QL (2 EA per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG		Tier 3	$$; ST: Must meet any of the following requirements: Atomoxetine, Clonidine ER (Kapvay), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (intuniv), or generic Methylphenidate IR in 120 days; QL (3 EA per 1 day)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 60 MG	(atomoxetine)	Tier 3	$
STRATTERA ORAL CAPSULE 100 MG, 25 MG, 40 MG, 80 MG	(atomoxetine)	Tier 3	$$
Cardiovascular Disease - Arrhythmia			
Antiarrhythmics			
amiodarone oral tablet 100 mg	(Pacerone)	Tier 1	
amiodarone oral tablet 200 mg	(Pacerone)	Tier 1	$
amiodarone oral tablet 400 mg		Tier 1	
disopyramide phosphate oral capsule 100 mg, 150 mg	(Norpace)	Tier 1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	(Tikosyn)	Tier 1	$

Drug		Status	Notes
flecainide oral tablet 100 mg, 150 mg, 50 mg		Tier 1	$
mexiletine oral capsule 150 mg, 200 mg, 250 mg		Tier 1	$
MULTAQ ORAL TABLET 400 MG		Tier 2	$$
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG		Tier 2	$$
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 150 MG	(disopyramide phosphate)	Tier 2	$$
NORPACE ORAL CAPSULE 100 MG, 150 MG	(disopyramide phosphate)	Tier 3	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	(amiodarone)	Tier 1	$
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg		Tier 1	$
propafenone oral tablet 150 mg, 225 mg, 300 mg		Tier 1	
quinidine gluconate oral tablet extended release 324 mg		Tier 1	
quinidine sulfate oral tablet 200 mg, 300 mg		Tier 1	$$
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	(dofetilide)	Tier 3	
Cardiovascular Disease - Cardiac Stimulant			
Adrenergic Agents,Catecholamines			
epinephrine injection syringe 0.1 mg/ml		Tier 1	
Digitalis Glycosides			
DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	(digoxin)	Tier 1	
digoxin oral solution 50 mcg/ml (0.05 mg/ml)		Tier 3	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(Digitek)	Tier 1	$
digoxin oral tablet 62.5 mcg (0.0625 mg)	(Lanoxin)	Tier 1	PA
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	(digoxin)	Tier 3	
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	(digoxin)	Tier 3	PA
Cardiovascular Disease - Hypertension			
Ace Inhibitor/Calcium Channel Blocker Combination			
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg	(Lotrel)	Tier 1	

Drug		Status	Notes
amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg		Tier 1	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	(amlodipine-benazepril)	Tier 3	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG		Tier 3	ST: Must meet the following requirements: Amlodipine and an ACE Inhibitor in 365 days; QL (1 EA per 1 day)
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg		Tier 1	
Ace Inhibitor/Thiazide & Thiazide-Like Diuretic			
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	(quinapril-hydrochlorothiazide)	Tier 3	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	Tier 1	$
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		Tier 1	$
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg		Tier 1	$
enalapril-hydrochlorothiazide oral tablet 10-25 mg	(Vaseretic)	Tier 1	$
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		Tier 1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg		Tier 1	$
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Zestoretic)	Tier 1	$
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	(benazepril-hydrochlorothiazide)	Tier 3	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Accuretic)	Tier 1	
VASERETIC ORAL TABLET 10-25 MG	(enalapril-hydrochlorothiazide)	Tier 3	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	(lisinopril-hydrochlorothiazide)	Tier 3	
Alpha/Beta-Adrenergic Blocking Agents			
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	(Coreg)	Tier 1	$
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg	(Coreg CR)	Tier 1	$; QL (1 EA per 1 day)

Drug		Status	Notes
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	(carvedilol phosphate)	Tier 3	QL (1 EA per 1 day)
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	(carvedilol)	Tier 3	
labetalol oral tablet 100 mg, 200 mg, 300 mg		Tier 1	$
labetalol oral tablet 400 mg		Tier 1	
Alpha-Adrenergic Blocking Agents			
CARDURA ORAL TABLET 1 MG, 2 MG	(doxazosin)	Tier 3	
CARDURA ORAL TABLET 4 MG, 8 MG	(doxazosin)	Tier 3	$$
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG		Tier 3	$
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 8 MG		Tier 3	
DIBENZYLINE ORAL CAPSULE 10 MG	(phenoxybenzamine)	Tier 4	PA
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	(Cardura)	Tier 1	$
phenoxybenzamine oral capsule 10 mg	(Dibenzyline)	Tier 4	PA; $$
prazosin oral capsule 1 mg, 2 mg, 5 mg		Tier 1	$
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg		Tier 1	$
TEZRULY ORAL SOLUTION 1 MG/ML		Tier 3	PA
Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb			
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 5-160-12.5 mg, 5-160-25 mg	(Exforge HCT)	Tier 1	$
amlodipine-valsartan-hcthiazid oral tablet 10-320-25 mg	(Exforge HCT)	Tier 1	$$
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG	(amlodipine-valsartan-hcthiazid)	Tier 3	
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	(Tribenzor)	Tier 1	$
TRIBENZOR 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	(olmesartan-amlodipin-hcthiazid)	Tier 3	
Angiotensin Receptor Antag./Thiazide Diuretic Comb			
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG	(candesartan-hydrochlorothiazid)	Tier 3	
AVALIDE ORAL TABLET 150-12.5 MG	(irbesartan-hydrochlorothiazide)	Tier 3	$

Drug		Status	Notes
AVALIDE ORAL TABLET 300-12.5 MG	(irbesartan-hydrochlorothiazide)	Tier 3	$$
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	(olmesartan-hydrochlorothiazide)	Tier 3	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	(Atacand HCT)	Tier 1	$
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	(valsartan-hydrochlorothiazide)	Tier 3	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG		Tier 3	ST: Must meet any of the following requirements: An ACE-Inhibitor, ACE-Inhibitor combination, ARB, or ARB combination in 120 days
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	(losartan-hydrochlorothiazide)	Tier 3	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	Tier 1	$
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	(Hyzaar)	Tier 1	$
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	(telmisartan-hydrochlorothiazid)	Tier 3	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	(Benicar HCT)	Tier 1	$
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	(Micardis HCT)	Tier 1	$
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	(Diovan HCT)	Tier 1	$
Angiotensin Receptor Antgnst & Calc.Channel Blockr			
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	(Azor)	Tier 1	$
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	(Exforge)	Tier 1	$
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	(amlodipine-olmesartan)	Tier 3	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	(amlodipine-valsartan)	Tier 3	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg		Tier 1	$
Antihypertensives, Ace Inhibitors			
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	(quinapril)	Tier 3	

Drug		Status	Notes
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG	(ramipril)	Tier 3	
benazepril oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	Tier 1	$
benazepril oral tablet 5 mg		Tier 1	$
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		Tier 1	$
enalapril maleate oral solution 1 mg/ml	(Epaned)	Tier 1	PA; $
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	Tier 1	$
EPANED ORAL SOLUTION 1 MG/ML	(enalapril maleate)	Tier 3	PA
fosinopril oral tablet 10 mg, 20 mg, 40 mg		Tier 1	$
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	(Zestril)	Tier 1	$
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	(benazepril)	Tier 3	
moexipril oral tablet 15 mg, 7.5 mg		Tier 1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		Tier 1	
QBRELIS ORAL SOLUTION 1 MG/ML		Tier 3	PA
quinapril oral tablet 10 mg	(Accupril)	Tier 1	
quinapril oral tablet 20 mg, 40 mg, 5 mg	(Accupril)	Tier 1	$
ramipril oral capsule 1.25 mg	(Altace)	Tier 1	
ramipril oral capsule 10 mg		Tier 1	$
ramipril oral capsule 2.5 mg, 5 mg	(Altace)	Tier 1	$
trandolapril oral tablet 1 mg, 2 mg, 4 mg		Tier 1	
VASOTEC ORAL TABLET 10 MG	(enalapril maleate)	Tier 3	$$$
VASOTEC ORAL TABLET 2.5 MG, 5 MG	(enalapril maleate)	Tier 3	
VASOTEC ORAL TABLET 20 MG	(enalapril maleate)	Tier 3	$$$$
ZESTRIL ORAL TABLET 10 MG, 30 MG	(lisinopril)	Tier 3	$$
ZESTRIL ORAL TABLET 2.5 MG, 20 MG	(lisinopril)	Tier 3	
ZESTRIL ORAL TABLET 40 MG	(lisinopril)	Tier 3	$$$
ZESTRIL ORAL TABLET 5 MG	(lisinopril)	Tier 3	$
Antihypertensives, Angiotensin Receptor Antagonist			
ARBLI ORAL SUSPENSION 10 MG/ML		Tier 3	PA
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	(candesartan)	Tier 3	
AVAPRO ORAL TABLET 150 MG, 300 MG	(irbesartan)	Tier 3	$
AVAPRO ORAL TABLET 75 MG	(irbesartan)	Tier 3	

Drug		Status	Notes
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	(olmesartan)	Tier 3	
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Atacand)	Tier 1	$
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG	(losartan)	Tier 3	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	(valsartan)	Tier 3	
EDARBI ORAL TABLET 40 MG, 80 MG		Tier 3	ST: Must meet any of the following requirements: An ACE-Inhibitor, ACE-Inhibitor combination, ARB, or ARB combination in 120 days
eprosartan oral tablet 600 mg		Tier 1	
irbesartan oral tablet 150 mg, 300 mg	(Avapro)	Tier 1	$
irbesartan oral tablet 75 mg		Tier 1	$
losartan oral tablet 100 mg, 25 mg, 50 mg	(Cozaar)	Tier 1	$
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG	(telmisartan)	Tier 3	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	(Benicar)	Tier 1	$
telmisartan oral tablet 20 mg		Tier 1	$
telmisartan oral tablet 40 mg, 80 mg	(Micardis)	Tier 1	$
valsartan oral solution 4 mg/ml		Tier 1	ST: Must meet the following requirement: Valsartan tablets in 120 days
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	Tier 1	$
Antihypertensives, Ganglionic Blockers			
VECAMYL ORAL TABLET 2.5 MG		Tier 4	PA
Antihypertensives, Miscellaneous			
DEMSER ORAL CAPSULE 250 MG	(metyrosine)	Tier 4	PA
metyrosine oral capsule 250 mg	(Demser)	Tier 4	PA
Antihypertensives, Sympatholytic			
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR	(clonidine)	Tier 3	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR	(clonidine)	Tier 3	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR	(clonidine)	Tier 3	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg		Tier 1	$

Drug		Status	Notes
clonidine hcl oral tablet extended release 24 hr 0.17 mg	(Nexiclon XR)	Tier 1	
clonidine transdermal patch weekly 0.1 mg/24 hr	(Catapres-TTS-1)	Tier 1	$
clonidine transdermal patch weekly 0.2 mg/24 hr	(Catapres-TTS-2)	Tier 1	$
clonidine transdermal patch weekly 0.3 mg/24 hr	(Catapres-TTS-3)	Tier 1	$
guanfacine oral tablet 1 mg, 2 mg		Tier 1	$
methyldopa oral tablet 250 mg		Tier 1	$$$
methyldopa oral tablet 500 mg		Tier 1	$
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg		Tier 1	
Antihypertensives, Vasodilators			
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		Tier 1	$
minoxidil oral tablet 10 mg, 2.5 mg		Tier 1	$
Antihypertensives,Endothelin Receptor Antagonists			
TRYVIO ORAL TABLET 12.5 MG		Tier 4	PA
VANRAFIA ORAL TABLET 0.75 MG		Tier 4	PA
Beta-Adrenergic Blocking Agents			
acebutolol oral capsule 200 mg, 400 mg		Tier 1	$
atenolol oral tablet 100 mg, 25 mg, 50 mg	(Tenormin)	Tier 1	$
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	(sotalol)	Tier 3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	(sotalol)	Tier 3	
betaxolol oral tablet 10 mg, 20 mg		Tier 1	$
bisoprolol fumarate oral tablet 10 mg, 5 mg		Tier 1	$
bisoprolol fumarate oral tablet 2.5 mg		Tier 1	
BYSTOLIC ORAL TABLET 10 MG, 20 MG, 5 MG	(nebivolol)	Tier 3	$
BYSTOLIC ORAL TABLET 2.5 MG	(nebivolol)	Tier 3	$$
HEMANGEOL ORAL SOLUTION 4.28 MG/ML		Tier 3	ST: Must meet the following requirement: Propranolol solution in 120 days if 1 year of age and older; QL (360 ML per 30 days)
INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG	(propranolol)	Tier 3	

Drug		Status	Notes
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG		Tier 3	ST: Must meet the following requirement: Inderal LA in 120 days
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG		Tier 3	ST: Must meet the following requirement: Inderal LA in 120 days
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 200 MG, 25 MG, 50 MG		Tier 3	$
LOPRESSOR ORAL SOLUTION 10 MG/ML		Tier 3	PA
LOPRESSOR ORAL TABLET 100 MG	(metoprolol tartrate)	Tier 3	
LOPRESSOR ORAL TABLET 50 MG	(metoprolol tartrate)	Tier 3	$
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	(Toprol XL)	Tier 1	$
metoprolol tartrate oral tablet 100 mg, 50 mg	(Lopressor)	Tier 1	$
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg		Tier 1	$
nadolol oral tablet 20 mg, 40 mg, 80 mg		Tier 1	$
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Bystolic)	Tier 1	$
pindolol oral tablet 10 mg, 5 mg		Tier 1	$
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	(Inderal LA)	Tier 1	$
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)		Tier 1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		Tier 1	$
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG	(sotalol)	Tier 1	$
sotalol oral tablet 120 mg, 160 mg, 80 mg	(Sotalol AF)	Tier 1	$
sotalol oral tablet 240 mg	(Betapace)	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML		Tier 3	$$; QL: 8 BOTTLES IN 30 DAYS; ST: Must meet the following requirement: Sotalol tablets in 120 days
TENORMIN ORAL TABLET 100 MG	(atenolol)	Tier 3	
TENORMIN ORAL TABLET 25 MG, 50 MG	(atenolol)	Tier 3	$$
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		Tier 1	$

Drug		Status	Notes
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	(metoprolol succinate)	Tier 3	
Beta-Adrenergic Blocking Agents/Thiazide & Related			
atenolol-chlorthalidone oral tablet 100-25 mg	(Tenoretic 100)	Tier 1	$
atenolol-chlorthalidone oral tablet 50-25 mg	(Tenoretic 50)	Tier 1	$
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg		Tier 1	$
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg		Tier 1	$
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg		Tier 1	
TENORETIC 100 ORAL TABLET 100-25 MG	(atenolol-chlorthalidone)	Tier 3	
TENORETIC 50 ORAL TABLET 50-25 MG	(atenolol-chlorthalidone)	Tier 3	
Calcium Channel Blocking Agents			
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	(Norvasc)	Tier 1	$
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG	(diltiazem hcl)	Tier 3	$$
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 180 MG	(diltiazem hcl)	Tier 3	$$$
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 240 MG	(diltiazem hcl)	Tier 3	$$$$
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 300 MG, 360 MG	(diltiazem hcl)	Tier 3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG	(diltiazem hcl)	Tier 3	$
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 360 MG, 420 MG	(diltiazem hcl)	Tier 3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	(diltiazem hcl)	Tier 3	
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	(diltiazem hcl)	Tier 1	

Drug		Status	Notes
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	(levamlodipine)	Tier 3	PA
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	(DILT-XR)	Tier 1	$
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg		Tier 1	$
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(Tiadylt ER)	Tier 1	$
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	Tier 1	$
diltiazem hcl oral capsule,extended release 24hr 360 mg	(Cardizem CD)	Tier 1	$
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	(Cardizem)	Tier 1	$
diltiazem hcl oral tablet 90 mg		Tier 1	$
diltiazem hcl oral tablet extended release 24 hr 120 mg	(Cardizem LA)	Tier 1	
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(Matzim LA)	Tier 1	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	(diltiazem hcl)	Tier 1	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg		Tier 1	$
isradipine oral capsule 2.5 mg, 5 mg		Tier 1	$
KATERZIA ORAL SUSPENSION 1 MG/ML		Tier 3	PA
levamlodipine oral tablet 2.5 mg, 5 mg	(Conjupri)	Tier 1	PA
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	(diltiazem hcl)	Tier 1	
nicardipine oral capsule 20 mg		Tier 1	$
nicardipine oral capsule 30 mg		Tier 1	$$
nifedipine oral capsule 10 mg, 20 mg		Tier 1	$
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	(Procardia XL)	Tier 1	$
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg		Tier 1	$
nimodipine oral capsule 30 mg		Tier 1	$
nimodipine oral solution 60 mg/20 ml		Tier 4	PA
nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg	(Sular)	Tier 1	$

Drug		Status	Notes
nisoldipine oral tablet extended release 24 hr 20 mg, 30 mg		Tier 1	$$
nisoldipine oral tablet extended release 24 hr 25.5 mg, 40 mg		Tier 1	$
NORLIQVA ORAL SOLUTION 1 MG/ML		Tier 3	PA; $$
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	(amlodipine)	Tier 3	
NYMALIZE ORAL SOLUTION 60 MG/10 ML		Tier 3	PA; $$$
NYMALIZE ORAL SYRINGE 30 MG/5 ML		Tier 3	PA
NYMALIZE ORAL SYRINGE 60 MG/10 ML		Tier 3	PA; $$$
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG	(nifedipine)	Tier 3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	(nisoldipine)	Tier 3	
TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	(diltiazem hcl)	Tier 1	
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	(diltiazem hcl)	Tier 3	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 300 mg		Tier 1	
verapamil oral capsule, 24 hr er pellet ct 200 mg		Tier 1	$
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg		Tier 1	$
verapamil oral capsule,ext rel. pellets 24 hr 360 mg		Tier 1	
verapamil oral tablet 120 mg, 40 mg, 80 mg		Tier 1	$
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg		Tier 1	
Loop Diuretics			
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg		Tier 1	$
EDECRIN ORAL TABLET 25 MG	(ethacrynic acid)	Tier 3	PA
ethacrynic acid oral tablet 25 mg	(Edecrin)	Tier 1	PA; $
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML		Tier 4	PA

Drug		Status	Notes
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)		Tier 1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	(Lasix)	Tier 1	$
LASIX ORAL TABLET 20 MG, 40 MG	(furosemide)	Tier 3	$
LASIX ORAL TABLET 80 MG	(furosemide)	Tier 3	
SOAANZ ORAL TABLET 40 MG		Tier 3	PA
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg		Tier 1	$
Potassium Sparing Diuretics			
ALDACTONE ORAL TABLET 100 MG	(spironolactone)	Tier 3	
ALDACTONE ORAL TABLET 25 MG, 50 MG	(spironolactone)	Tier 3	$
amiloride oral tablet 5 mg		Tier 1	$
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	(spironolactone)	Tier 3	PA; $
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	(triamterene)	Tier 3	
eplerenone oral tablet 25 mg, 50 mg	(Inspra)	Tier 1	$
INSPRA ORAL TABLET 25 MG, 50 MG	(eplerenone)	Tier 3	
KERENDIA ORAL TABLET 10 MG, 20 MG		Tier 3	PA; $$
KERENDIA ORAL TABLET 40 MG		Tier 3	PA
spironolactone oral suspension 25 mg/5 ml	(CaroSpir)	Tier 1	PA; $
spironolactone oral tablet 100 mg, 25 mg, 50 mg	(Aldactone)	Tier 1	$
triamterene oral capsule 100 mg, 50 mg	(Dyrenium)	Tier 1	
Potassium Sparing Diuretics In Combination			
amiloride-hydrochlorothiazide oral tablet 5-50 mg		Tier 1	$
spironolacton-hydrochlorothiaz oral tablet 25-25 mg		Tier 1	$
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg		Tier 1	$
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg		Tier 1	$
Pulm Anti-Htn,Soluble Guanylate Cyclase Stimulator			
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		Tier 4	PA; $$$$$

Drug		Status	Notes
Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib			
ADCIRCA ORAL TABLET 20 MG	(tadalafil (pulm. hypertension))	Tier 4	PA; QL (2 EA per 1 day)
ALYQ ORAL TABLET 20 MG	(tadalafil (pulm. hypertension))	Tier 4	PA; $; QL (2 EA per 1 day)
LIQREV ORAL SUSPENSION 10 MG/ML		Tier 4	PA
REVATIO ORAL TABLET 20 MG	(sildenafil (pulm.hypertension))	Tier 3	PA
sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml		Tier 1	PA; $
sildenafil (pulm.hypertension) oral tablet 20 mg	(Revatio)	Tier 1	PA; $
tadalafil (pulm. hypertension) oral tablet 20 mg	(Adcirca)	Tier 4	PA; $; QL (2 EA per 1 day)
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)		Tier 4	PA; $$$
Pulmonary Anti-Htn, Endothelin Receptor Antagonist			
ambrisentan oral tablet 10 mg, 5 mg	(Letairis)	Tier 4	PA; $
bosentan oral tablet 125 mg, 62.5 mg	(Tracleer)	Tier 4	PA; $
bosentan oral tablet for suspension 32 mg	(Tracleer)	Tier 4	PA
LETAIRIS ORAL TABLET 10 MG, 5 MG	(ambrisentan)	Tier 4	PA
OPSUMIT ORAL TABLET 10 MG		Tier 4	PA
TRACLEER ORAL TABLET 125 MG, 62.5 MG	(bosentan)	Tier 4	PA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	(bosentan)	Tier 4	PA
Pulmonary Antihyper Agent, Actriia-Fc			
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)		Tier 4	
Pulmonary Antihypertensives, Prostacyclin-Type			
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)		Tier 4	PA
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)		Tier 4	PA
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)- 1MG		Tier 4	PA

Drug		Status	Notes
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG		Tier 4	PA
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	(treprostinil sodium)	Tier 4	PA
treprostinil sodium injection solution 1 mg/ml	(Remodulin)	Tier 4	PA
treprostinil sodium injection solution 10 mg/ml, 2.5 mg/ml, 5 mg/ml	(Remodulin)	Tier 4	PA; $$$$$
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG		Tier 4	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)		Tier 4	PA
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML		Tier 4	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)		Tier 4	PA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML		Tier 4	PA
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG		Tier 4	PA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)		Tier 4	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML		Tier 4	PA
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG		Tier 4	PA
Pulmonary Htn-Endothelin Recept Antg-Cgmp Pde5 Inh			
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG		Tier 4	PA
Renin Inhibitor, Direct			
aliskiren oral tablet 150 mg, 300 mg	(Tekturna)	Tier 1	$
TEKTURNA ORAL TABLET 150 MG, 300 MG	(aliskiren)	Tier 3	

Drug		Status	Notes
Thiazide And Related Diuretics			
chlorthalidone oral tablet 25 mg, 50 mg		Tier 1	$
DIURIL ORAL SUSPENSION 250 MG/5 ML		Tier 3	
HEMICLOR ORAL TABLET 12.5 MG		Tier 3	$
hydrochlorothiazide oral capsule 12.5 mg		Tier 1	$
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		Tier 1	$
indapamide oral tablet 1.25 mg, 2.5 mg		Tier 1	$
INZIRQO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML		Tier 3	PA
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		Tier 1	$
THALITONE ORAL TABLET 15 MG		Tier 3	
Vasodilators, Combination			
BIDIL ORAL TABLET 20-37.5 MG	(isosorbide-hydralazine)	Tier 3	$
isosorbide-hydralazine oral tablet 20-37.5 mg	(BiDil)	Tier 1	$
Cardiovascular Disease - Lipid Irregularity			
Antihyperlip.Hmg Coa Reduct Inhib&Cholest.Ab.Inhib			
ezetimibe-rosuvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-5 mg	(Roszet)	Tier 1	ST: Must meet the following requirements: Atorvastatin and Rosuvastatin tablets in 365 days; QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-10 mg	(Vytorin 10-10)	Tier 1	$; QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-20 mg	(Vytorin 10-20)	Tier 1	$; QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-40 mg	(Vytorin 10-40)	Tier 1	$; QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-80 mg	(Vytorin 10-80)	Tier 1	PA; $; QL (1 EA per 1 day)
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	(ezetimibe-rosuvastatin)	Tier 3	ST: Must meet the following requirements: Atorvastatin and Rosuvastatin tablets in 365 days; QL (1 EA per 1 day)
VYTORIN 10-10 ORAL TABLET 10-10 MG	(ezetimibe-simvastatin)	Tier 3	QL (1 EA per 1 day)
VYTORIN 10-20 ORAL TABLET 10-20 MG	(ezetimibe-simvastatin)	Tier 3	QL (1 EA per 1 day)

Drug		Status	Notes
VYTORIN 10-40 ORAL TABLET 10-40 MG	(ezetimibe-simvastatin)	Tier 3	QL (1 EA per 1 day)
VYTORIN 10-80 ORAL TABLET 10-80 MG	(ezetimibe-simvastatin)	Tier 3	PA; QL (1 EA per 1 day)
Antihyperlipidemic - Apo B-100 Synthesis Inhibitor			
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML		Tier 4	PA
Antihyperlipidemic - Atp Citrate Lyase Inhibitor			
NEXLETOL ORAL TABLET 180 MG		Tier 2	ST: Must meet the following requirement: generic statin in 120 days
Antihyperlipidemic - Hmg Coa Reductase Inhibitors			
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG		Tier 3	ST: Must meet 2 of the following requirements: Atorvastatin, Lovastatin, Pravastatin, or Simvastatin in 365 days; QL (1 EA per 1 day)
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)		Tier 3	PA; $
atorvastatin oral tablet 10 mg, 20 mg	(Lipitor)	Tier 5	$; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
atorvastatin oral tablet 40 mg, 80 mg	(Lipitor)	Tier 1	$; QL (1 EA per 1 day)
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	(rosuvastatin)	Tier 3	$$; QL (1 EA per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG		Tier 3	ST: Must meet the following requirement: generic Rosuvastatin in 120 days; QL (1 EA per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 5 MG		Tier 3	$; ST: Must meet the following requirement: generic Rosuvastatin in 120 days; QL (1 EA per 1 day)
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	(simvastatin)	Tier 3	PA

Drug	Status	Notes
FLOLIPID ORAL SUSPENSION 40 MG/5 ML (8 MG/ML)	Tier 3	PA
fluvastatin oral capsule 20 mg	Tier 5	$; ST: Must meet 2 of the following requirements: Atorvastatin, Lovastatin, Pravastatin, or Simvastatin in 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)
fluvastatin oral capsule 40 mg	Tier 5	$; ST: Must meet 2 of the following requirements: Atorvastatin, Lovastatin, Pravastatin, or Simvastatin in 365 days; $0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
fluvastatin oral tablet extended release 24 hr 80 mg (Lescol XL)	Tier 5	ST: Must meet 2 of the following requirements: Atorvastatin, Lovastatin, Pravastatin, or Simvastatin in 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)
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (atorvastatin)	Tier 3	QL (1 EA per 1 day)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (pitavastatin calcium)	Tier 3	QL (1 EA per 1 day)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	Tier 5	$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)

Drug		Status	Notes
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	(Livalo)	Tier 5	$; $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)
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg		Tier 5	$; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
rosuvastatin oral tablet 10 mg, 5 mg	(Crestor)	Tier 5	$; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
rosuvastatin oral tablet 20 mg, 40 mg	(Crestor)	Tier 1	$; QL (1 EA per 1 day)
simvastatin oral tablet 10 mg, 20 mg, 40 mg	(Zocor)	Tier 5	$; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin oral tablet 5 mg		Tier 5	$; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin oral tablet 80 mg		Tier 1	PA; $; QL (1 EA per 1 day)
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	(simvastatin)	Tier 3	QL (1 EA per 1 day)
ZYPITAMAG ORAL TABLET 2 MG		Tier 3	$$; ST: Must meet the following requirement: Livalo in 120 days; QL (1 EA per 1 day)

Drug		Status	Notes
ZYPITAMAG ORAL TABLET 4 MG		Tier 3	$; ST: Must meet the following requirement: Livalo in 120 days; QL (1 EA per 1 day)
Antihyperlipidemic - Mtp Inhibitor			
JUXTAPID ORAL CAPSULE 10 MG		Tier 4	PA; $$$$$
JUXTAPID ORAL CAPSULE 20 MG, 30 MG, 5 MG		Tier 4	PA
Antihyperlipidemic - Pcsk9 Inhibitors			
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML		Tier 3	ST: Must meet the following requirement: Repatha in 120 days
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML		Tier 2	ST: Must meet the following requirement: generic statin in 120 days
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML		Tier 2	ST: Must meet the following requirement: generic statin in 120 days
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML		Tier 2	ST: Must meet the following requirement: generic statin in 120 days
Antihyperlipidemic-Acly And Choles Absorp Inhib			
NEXLIZET ORAL TABLET 180-10 MG		Tier 2	ST: Must meet the following requirement: generic statin in 120 days
Bile Salt Sequestrants			
cholestyramine (with sugar) oral powder 4 gram	(Questran)	Tier 1	$
cholestyramine (with sugar) oral powder in packet 4 gram	(Questran)	Tier 1	$
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM		Tier 1	$
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM		Tier 1	$
colesevelam oral powder in packet 3.75 gram	(WelChol)	Tier 1	$
colesevelam oral tablet 625 mg	(WelChol)	Tier 1	$
COLESTID ORAL GRANULES 5 GRAM	(colestipol)	Tier 3	
COLESTID ORAL TABLET 1 GRAM	(colestipol)	Tier 3	
colestipol oral granules 5 gram	(Colestid)	Tier 1	$
colestipol oral packet 5 gram		Tier 1	$
colestipol oral tablet 1 gram	(Colestid)	Tier 1	$
PREVALITE ORAL POWDER 4 GRAM		Tier 1	$

Drug		Status	Notes
PREVALITE ORAL POWDER IN PACKET 4 GRAM		Tier 1	$
QUESTRAN LIGHT ORAL POWDER 4 GRAM		Tier 3	
QUESTRAN ORAL POWDER 4 GRAM	(cholestyramine (with sugar))	Tier 3	
QUESTRAN ORAL POWDER IN PACKET 4 GRAM	(cholestyramine (with sugar))	Tier 3	
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	(colesevelam)	Tier 3	
WELCHOL ORAL TABLET 625 MG	(colesevelam)	Tier 3	
Lipotropics			
ezetimibe oral tablet 10 mg	(Zetia)	Tier 1	$; QL (1 EA per 1 day)
fenofibrate micronized oral capsule 130 mg, 43 mg, 90 mg		Tier 1	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg		Tier 1	$
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	(Tricor)	Tier 1	$
fenofibrate oral capsule 150 mg, 50 mg	(Lipofen)	Tier 1	
fenofibrate oral tablet 120 mg		Tier 1	$$
fenofibrate oral tablet 160 mg, 40 mg, 54 mg		Tier 1	$
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg		Tier 1	$
fenofibric acid oral tablet 105 mg, 35 mg	(Fibricor)	Tier 1	
FENOGLIDE ORAL TABLET 120 MG, 40 MG	(fenofibrate)	Tier 3	ST: Must meet the following requirement: genric Fenofibrate or Gemfibrozil IN 120 DAYS
FIBRICOR ORAL TABLET 105 MG, 35 MG	(fenofibric acid)	Tier 3	
gemfibrozil oral tablet 600 mg	(Lopid)	Tier 1	$
icosapent ethyl oral capsule 0.5 gram	(Vascepa)	Tier 1	$; QL (8 EA per 1 day)
icosapent ethyl oral capsule 1 gram	(Vascepa)	Tier 1	$; QL (4 EA per 1 day)
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	(fenofibrate)	Tier 3	ST: Must meet the following requirement: genric Fenofibrate or Gemfibrozil IN 120 DAYS
LOPID ORAL TABLET 600 MG	(gemfibrozil)	Tier 3	
LOVAZA ORAL CAPSULE 1 GRAM	(omega-3 acid ethyl esters)	Tier 3	ST: Must meet any of the following requirements: generic Fenofibrate in 120 days; QL (4 EA per 1 day)

Drug		Status	Notes
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg		Tier 1	$
NIACOR ORAL TABLET 500 MG	(niacin)	Tier 1	
omega-3 acid ethyl esters oral capsule 1 gram	(Lovaza)	Tier 1	$; ST: Must meet any of the following requirements: generic Fenofibrate in 120 days; QL (4 EA per 1 day)
TRICOR ORAL TABLET 145 MG, 48 MG	(fenofibrate nanocrystallized)	Tier 3	
VASCEPA ORAL CAPSULE 0.5 GRAM	(icosapent ethyl)	Tier 3	QL (8 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM	(icosapent ethyl)	Tier 3	QL (4 EA per 1 day)
ZETIA ORAL TABLET 10 MG	(ezetimibe)	Tier 3	QL (1 EA per 1 day)
Niacin Preparations			
niacin oral tablet 500 mg	(Niacor)	Tier 1	
Cardiovascular Disease - Miscellaneous Agents			
Adrenergic Vasopressor Agents			
droxidopa oral capsule 100 mg, 200 mg, 300 mg	(Northera)	Tier 4	PA; $
midodrine oral tablet 10 mg, 2.5 mg, 5 mg		Tier 1	$
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	(droxidopa)	Tier 4	PA
Angiotensin Recept-Neprilysin Inhibitor Comb(Arni)			
ENTRESTO ORAL TABLET 24-26 MG	(sacubitril-valsartan)	Tier 2	QL (6 EA per 1 day)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	(sacubitril-valsartan)	Tier 2	QL (2 EA per 1 day)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG		Tier 3	QL (8 EA per 1 day)
sacubitril-valsartan oral tablet 24-26 mg	(Entresto)	Tier 1	QL (6 EA per 1 day)
sacubitril-valsartan oral tablet 49-51 mg	(Entresto)	Tier 1	$$$; QL (2 EA per 1 day)
sacubitril-valsartan oral tablet 97-103 mg	(Entresto)	Tier 1	QL (2 EA per 1 day)
Antianginal & Anti-Ischemic Agents,Non-Hemodynamic			
ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES,PACKET 1,000 MG, 500 MG		Tier 3	PA
ranolazine oral tablet extended release 12 hr 1,000 mg		Tier 1	$; QL (60 EA per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg		Tier 1	$; QL (120 EA per 30 days)

Drug		Status	Notes
Antianginal, Heart Rate Reducing, I(F) Inhibitor			
CORLANOR ORAL SOLUTION 5 MG/5 ML		Tier 2	QL (20 ML per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	(ivabradine)	Tier 3	ST: Must meet any of the following requirements: Bisoprolol, Carvedilol, or Metoprolol Succinate in 120 days; QL (2 EA per 1 day)
ivabradine oral tablet 5 mg, 7.5 mg	(Corlanor)	Tier 1	$; ST: Must meet any of the following requirements: Bisoprolol, Carvedilol, or Metoprolol Succinate in 120 days; QL (2 EA per 1 day)
Antihyperlip - Hmg-Coa&Calcium Channel Blocker Cb			
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	(Caduet)	Tier 1	$; QL (1 EA per 1 day)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		Tier 1	$; QL (1 EA per 1 day)
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	(amlodipine-atorvastatin)	Tier 3	QL (1 EA per 1 day)
Anti-Inflammatory - Antimitotics			
LODOCO ORAL TABLET 0.5 MG		Tier 3	
Cardiac Myosin Inhibitor			
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG		Tier 4	PA
Protein Stabilizers			
ATTRUBY ORAL TABLET 356 MG		Tier 4	PA
VYNDAMAX ORAL CAPSULE 61 MG		Tier 4	PA
VYNDAQEL ORAL CAPSULE 20 MG		Tier 4	PA
Soluble Guanylate Cyclase (Sgc) Stimulator			
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG		Tier 3	PA
Cardiovascular Disease - Vasodilation			
Vasodilators,Coronary			
GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG		Tier 3	ST: Must meet the following requirements: Two generic sublingual Nitroglycerin products in 365 days

Drug		Status	Notes
ISORDIL ORAL TABLET 40 MG	(isosorbide dinitrate)	Tier 3	
ISORDIL TITRADOSE ORAL TABLET 5 MG	(isosorbide dinitrate)	Tier 3	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		Tier 1	$
isosorbide dinitrate oral tablet 40 mg	(Isordil)	Tier 1	$
isosorbide dinitrate oral tablet 5 mg	(Isordil Titradose)	Tier 1	$
isosorbide mononitrate oral tablet 10 mg, 20 mg		Tier 1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg		Tier 1	$
NITRO-BID TRANSDERMAL OINTMENT 2 %	(nitroglycerin)	Tier 2	$
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	(nitroglycerin)	Tier 3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR		Tier 2	$$$
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.8 MG/HR		Tier 2	$$$$
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	(Nitrostat)	Tier 1	$
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(Nitro-Dur)	Tier 1	$
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	(Nitrolingual)	Tier 1	$
NITROLINGUAL TRANSLINGUAL SPRAY,NON-AEROSOL 400 MCG/SPRAY	(nitroglycerin)	Tier 3	
NITROMIST TRANSLINGUAL AEROSOL,SPRAY 400 MCG/SPRAY	(nitroglycerin)	Tier 3	
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	(nitroglycerin)	Tier 3	
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG	(nitroglycerin)	Tier 1	$
Vasodilators,Peripheral			
ergoloid oral tablet 1 mg		Tier 1	
papaverine injection solution 30 mg/ml		Tier 1	$
Contraception/Oxytocics			
Contraceptives, Intravaginal, Systemic			
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR		Tier 5	$$$

Drug		Status	Notes
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	(etonogestrel-ethinyl estradiol)	Tier 5	
ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR	(etonogestrel-ethinyl estradiol)	Tier 5	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	(NuvaRing)	Tier 5	$
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR	(etonogestrel-ethinyl estradiol)	Tier 5	
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	(etonogestrel-ethinyl estradiol)	Tier 3	QL (1 EA per 28 days)
Contraceptives,Implantable			
NEXPLANON SUBDERMAL IMPLANT 68 MG		Tier 5	$0 COPAY IF QUANTITY LIMITED TO 1 IN 365 DAYS
Contraceptives,Injectable			
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML		Tier 5	$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (0.65 ML per 84 days)
medroxyprogesterone intramuscular suspension 150 mg/ml	(Depo-Provera)	Tier 5	$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
medroxyprogesterone intramuscular syringe 150 mg/ml	(Depo-Provera)	Tier 5	$; $0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
Contraceptives,Intravaginal			
PHEXXI VAGINAL GEL 1.8-1-0.4 %		Tier 5	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %		Tier 5	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %		Tier 5	
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %		Tier 5	$
Contraceptives,Oral			
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
AFTER PILL ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 5	
AFTERA ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 5	
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY; QL (91 EA per 84 days)

Drug		Status	Notes
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	(levonorgestrel-ethinyl estrad)	Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
APRI ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG		Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY; QL (91 EA per 84 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
AUBRA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
AVERI ORAL TABLET 0.15 MG-0.03 MG (21)/36.5 MG(7)		Tier 5	IF RATIO=1.34 THEN $0 COPAY AND TIER=5.
AVIANE ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
AYUNA ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	(levonorgest-eth.estradiol-iron)	Tier 3	QL (28 EA per 28 days)
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG		Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)	(drospirenone-e.estradiol-lm.fa)	Tier 3	$
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
BRIELLYN ORAL TABLET 0.4-35 MG-MCG		Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY

Drug		Status	Notes
CAMILA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY; QL (91 EA per 84 days)
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY; QL (91 EA per 84 days)
CAZIANT (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
CRYSELLE (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
CYRED EQ ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
CYRED ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY; QL (91 EA per 84 days)
DEBLITANE ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Azurette (28))	Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
DOLISHALE ORAL TABLET 90-20 MCG (28)	(levonorgestrel-ethinyl estrad)	Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)	(Beyaz)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)	(Safyral)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	(YAZ (28))	Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	(Yasmin (28))	Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
ECONTRA EZ ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 5	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 5	$

Drug		Status	Notes
ELINEST ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
ELLA ORAL TABLET 30 MG		Tier 5	
EMZAHH ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
ENSKYCE ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
ERRIN ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
ESTARYLLA ORAL TABLET 0.25-0.035 MG	(norgestimate-ethinyl estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	(Kelnor 1/35 (28))	Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Valtya)	Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
FEIRZA ORAL TABLET 1 MG-20 MCG (21)/75 MG (7), 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
FEMLYV ORAL TABLET,DISINTEGRATING 1 MG- 20 MCG		Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
FINZALA ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
GALBRIELA ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
GEMMILY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
HAILEY ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
HEATHER ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
HER STYLE ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 5	$
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY; QL (91 EA per 84 days)

Drug		Status	Notes
INCASSIA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	Tier 5	IF RATIO=1.34 THEN $0 COPAY AND TIER=5.; QL (91 EA per 84 days)
ISIBLOOM ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
JAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY; QL (91 EA per 84 days)
JASMIEL (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
JENCYCLA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY; QL (91 EA per 84 days)
JOYEAUX ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	(levonorgest-eth.estradiol-iron)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY; QL (28 EA per 28 days)
JULEBER ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
KALLIGA ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
KELNOR 1/50 (28) ORAL TABLET 1-50 MG-MCG	(ethynodiol diac-eth estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
KURVELO (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY

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

Drug		Status	Notes
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)		Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	Tier 3	$
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	Tier 3	$$
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 3	$
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 3	$
LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY; QL (91 EA per 84 days)
LORYNA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
LYLEQ ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
LYZA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
MELEYA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	IF RATIO=1.34 THEN $0 COPAY AND TIER=5.
MERZEE ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
MILI ORAL TABLET 0.25-0.035 MG	(norgestimate-ethinyl estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY

Drug		Status	Notes
MINZOYA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	(levonorgest-eth.estradiol-iron)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY; QL (28 EA per 28 days)
MONO-LINYAH ORAL TABLET 0.25-0.035 MG	(norgestimate-ethinyl estradiol)	Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
MY CHOICE ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 5	
MY WAY ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 5	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG		Tier 5	$$; $0 COPAY IF QUANTITY 28 IN 28 DAY
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
NEW DAY ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 5	$
NEXTSTELLIS ORAL TABLET 3 MG-14.2 MG (28)		Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY; QL (1 EA per 1 day)
NIKKI (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
NORA-BE ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	(Wymzya Fe)	Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	(Galbriela)	Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
norethindrone (contraceptive) oral tablet 0.35 mg	(Camila)	Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	(Loestrin 1.5/30 (21))	Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	(Loestrin 1/20 (21))	Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	(Taytulla)	Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Loestrin Fe 1.5/30 (28-Day))	Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	(Charlotte 24 Fe)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg	(Tri-Lo-Estarylla)	Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(Tri-Estarylla)	Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg	(Estarylla)	Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY

Drug		Status	Notes
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)		Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
OCELLA ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
OPCICON ONE-STEP ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 5	
OPILL ORAL TABLET 0.075 MG		Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
OPTION-2 ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 5	$
ORQUIDEA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	IF RATIO=1.34 THEN $0 COPAY AND TIER=5.
PHILITH ORAL TABLET 0.4-35 MG-MCG		Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
PORTIA 28 ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	(l norgest/e.estradiol-e.estrad)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
ROSYRAH ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	(l norgest/e.estradiol-e.estrad)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7)	(drospirenone-e.estradiol-lm.fa)	Tier 3	$
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY; QL (91 EA per 84 days)
SHAROBEL ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY; QL (91 EA per 84 days)

Drug		Status	Notes
SLYND ORAL TABLET 4 MG (28)		Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY; QL (28 EA per 28 days)
SPRINTEC (28) ORAL TABLET 0.25-0.035 MG	(norgestimate-ethinyl estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
SRONYX ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
SYEDA ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
TAKE ACTION ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 5	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 3	$$
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
TULANA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY

Drug		Status	Notes
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG		Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	(drospirenone-e.estradiol-lm.fa)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
VALTYA ORAL TABLET 1-50 MG-MCG	(ethynodiol diac-eth estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
VESTURA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
VIENVA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG		Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
VYLIBRA ORAL TABLET 0.25-0.035 MG	(norgestimate-ethinyl estradiol)	Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
WERA (28) ORAL TABLET 0.5-35 MG-MCG		Tier 5	$; $0 COPAY IF QUANTITY 28 IN 28 DAY
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	(noreth-ethinyl estradiol-iron)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
XARAH FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
XELRIA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	(noreth-ethinyl estradiol-iron)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
YASMIN (28) ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	Tier 3	$
YAZ (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	Tier 3	$
ZARAH ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	Tier 5	$0 COPAY IF QUANTITY 28 IN 28 DAY
Contraceptives,Transdermal			
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	(Xulane)	Tier 5	

Drug		Status	Notes
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR		Tier 5	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradiol)	Tier 5	$
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradiol)	Tier 5	$
Diaphragms/Cervical Cap			
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM		Tier 5	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM		Tier 5	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM		Tier 5	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM		Tier 5	$
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM		Tier 5	$
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM		Tier 5	$
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM		Tier 5	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM		Tier 5	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM		Tier 5	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM		Tier 5	
Intra-Uterine Devices (Iud's)			
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG		Tier 5	$$
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG		Tier 5	$$
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG		Tier 5	$$
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM		Tier 5	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM		Tier 5	
PARAGARD T380A (SINGLE HAND) INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM		Tier 5	

Drug	Status	Notes
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	Tier 5	$$
Oxytocics		
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	Tier 3	
methylergonovine oral tablet 0.2 mg	Tier 1	$; QL (28 EA per 30 days)
PREPIDIL VAGINAL GEL 0.5 MG/3 G	Tier 3	
Cough And Cold		
1St Gen Antihistamine & Decongestant Combinations		
promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml (Promethazine VC)	Tier 1	
1St Gen Antihist-Decongest-Anticholinergic Comb		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	Tier 1	
Antitussives,Non-Narcotic		
benzonatate oral capsule 100 mg, 150 mg, 200 mg	Tier 1	$
Narcotic Antituss-1St Gen. Antihistamine-Decongest		
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML	Tier 3	Age (Min 12 Years)
MAR-COF BP ORAL LIQUID 2-30-7.5 MG/5 ML	Tier 1	Age (Min 12 Years)
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML	Tier 3	Age (Min 12 Years)
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	Tier 3	Age (Min 12 Years)
RYDEX ORAL LIQUID 1.3-10-6.3 MG/5 ML	Tier 1	Age (Min 12 Years)
Narcotic Antituss-Decongestant-Expectorant Comb		
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML	Tier 3	Age (Min 12 Years)
GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML	Tier 1	Age (Min 12 Years)
Narcotic Antitussive-1St Generation Antihistamine		
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml	Tier 1	$; QL (10 ML per 1 day); Age (Min 18 Years)
promethazine-codeine oral syrup 6.25-10 mg/5 ml	Tier 1	$; QL (30 ML per 1 day); Age (Min 18 Years)

Drug		Status	Notes
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG		Tier 3	ST: Must meet the following requirement: Promethazine/Codeine in 120 days; QL (2 EA per 1 day); Age (Min 18 Years)
Narcotic Antitussive-Anticholinergic Comb.			
HYCODAN (WITH HOMATROPINE) ORAL TABLET 5-1.5 MG	(hydrocodone-homatropine)	Tier 3	QL (6 EA per 1 day); Age (Min 18 Years)
hydrocodone-homatropine oral solution 5-1.5 mg/5 ml	(Hydromet)	Tier 1	$; QL (30 ML per 1 day); Age (Min 18 Years)
hydrocodone-homatropine oral tablet 5-1.5 mg	(Hycodan (with homatropine))	Tier 1	$; QL (6 EA per 1 day); Age (Min 18 Years)
HYDROMET ORAL SOLUTION 5-1.5 MG/5 ML	(hydrocodone-homatropine)	Tier 1	$; QL (30 ML per 1 day); Age (Min 18 Years)
Narcotic Antitussive-Expectorant Combination			
codeine-guaifenesin oral liquid 10-100 mg/5 ml	(G Tussin AC)	Tier 1	$; Age (Min 12 Years)
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML	(codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML	(codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML	(codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML		Tier 1	Age (Min 12 Years)
MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML	(codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML		Tier 1	Age (Min 12 Years)
Non-Narc Antituss-1St Gen. Antihistamine-Decongest			
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	(brompheniramine-pseudoeph-dm)	Tier 1	
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	(Bromfed DM)	Tier 1	$
Non-Narc Antitussive-1St Gen Antihistamine Comb.			
promethazine-dm oral syrup 6.25-15 mg/5 ml		Tier 1	$

Drug		Status	Notes
Dermatology - Acne			
Acne Agents,Systemic			
ABSORICA LD ORAL CAPSULE 16 MG		Tier 3	$$; ST: Must meet the following requirement: Preferred generic Isotretinoin in 120 days
ABSORICA LD ORAL CAPSULE 24 MG, 32 MG, 8 MG		Tier 3	$$$; ST: Must meet the following requirement: Preferred generic Isotretinoin in 120 days
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	(isotretinoin)	Tier 1	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	(isotretinoin)	Tier 1	$
AMNESTEEM ORAL CAPSULE 30 MG	(isotretinoin)	Tier 1	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	(isotretinoin)	Tier 1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(Accutane)	Tier 1	$
isotretinoin oral capsule 25 mg, 35 mg	(Absorica)	Tier 1	ST: Must meet the following requirement: Preferred generic Isotretinoin in 120 days
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	(isotretinoin)	Tier 1	
Acne Agents,Topical			
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	(clindamycin-benzoyl peroxide)	Tier 3	$$; ST: Must meet the following requirement: generic Clindamycin/Benzoyl Peroxide gel in 120 days
ACIOXIAY TOPICAL CREAM 15-4 %	(azelaic acid-niacinamide)	Tier 3	
ACZONE TOPICAL GEL 5 %	(dapsone)	Tier 3	
ACZONE TOPICAL GEL WITH PUMP 7.5 %	(dapsone)	Tier 3	$$$
ADAINZOXIA TOPICAL GEL 0.3-2.5-4 %	(adapalene-benzoyl perox-niacin)	Tier 3	
ADALINA TOPICAL GEL 5-4 %	(spironolactone-niacinamide)	Tier 3	
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %	(Epiduo)	Tier 1	$
adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %	(Epiduo Forte)	Tier 1	$
ADEINZDE TOPICAL GEL 0.1-2.5-1 %		Tier 3	
ADERMICA HP TOPICAL GEL 0.05-2.5-1-2 %		Tier 3	

Drug		Status	Notes
ADERMICA TOPICAL GEL 0.025-2.5-1-2 %	(tretinoin-benzoyl-clinda-niac)	Tier 3	
ADMIRAZOL HP TOPICAL CREAM 8.5-5-2 %		Tier 3	
ADMIRAZOL TOPICAL CREAM 6-5-2 %		Tier 3	
ALIXI HP TOPICAL CREAM 8.5-4 %		Tier 3	
ALIXI TOPICAL CREAM 6-4 %		Tier 3	
ALOMIRA HP TOPICAL GEL 0.1-5-1-2 %		Tier 3	
ALOMIRA LP TOPICAL GEL 0.025-5-1-2 %	(tretinoin-benzoyl-clinda-niac)	Tier 3	
ALOMIRA TOPICAL GEL 0.05-5-1-2 %	(tretinoin-benzoyl-clinda-niac)	Tier 3	
ALURIS HP PLUS TOPICAL CREAM 0.1-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 3	
ALURIS HP TOPICAL CREAM 0.1-4 %		Tier 3	
ALURIS LP PLUS TOPICAL CREAM 0.025-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 3	
ALURIS LP TOPICAL CREAM 0.025-4 %	(tretinoin-niacinamide)	Tier 3	
ALURIS PLUS TOPICAL CREAM 0.05-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 3	
ALURIS TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Tier 3	
ALURIS TOPICAL GEL 0.05-4 %	(tretinoin-niacinamide)	Tier 3	
ALUXOF HP TOPICAL GEL 0.1-10-2-4-4 %		Tier 3	
ALUXOF TOPICAL GEL 0.05-10-2-4-4 %		Tier 3	
APEXOL HP TOPICAL SUSPENSION 5-10 %	(salicylic acid-sulfacetamide)	Tier 3	
APEXOL TOPICAL SUSPENSION 2-8 %	(salicylic acid-sulfacetamide)	Tier 3	
APHORIA TOPICAL GEL 0.3-2.5-4 %	(adapalene-benzoyl perox-niacin)	Tier 3	
APORIX TOPICAL GEL 1-4 %	(clindamycin-niacinamide)	Tier 3	
APORIX TOPICAL LOTION 1-4 %	(clindamycin-niacinamide)	Tier 3	
ARTILIS HP TOPICAL GEL 5-1-4 %	(benzoyl per-clindamycin-niacin)	Tier 3	
ARTILIS TOPICAL GEL 2.5-1-4 %	(benzoyl per-clindamycin-niacin)	Tier 1	
AUGUSTIL TOPICAL GEL 0.025-1-2-4 %	(tretinoin-clinda-spiron-niacin)	Tier 3	
AVIDORA HP TOPICAL CREAM 0.05-1-4 %		Tier 3	

Drug		Status	Notes
AVIDORA TOPICAL CREAM 0.025-1-4 %	(tretinoin-clindamycin-niacin)	Tier 3	
AVIDORA TOPICAL SOLUTION 0.025-1-4 %		Tier 3	
AWANIS TOPICAL CREAM 0.025-8.5-2 %		Tier 3	
AZALTA HP TOPICAL GEL 0.05-5-2 %	(tretinoin-spironolact-niacin)	Tier 3	
AZALTA TOPICAL GEL 0.025-5-2 %	(tretinoin-spironolact-niacin)	Tier 3	
AZELEX TOPICAL CREAM 20 %		Tier 3	$$; ST: Must meet any of the following requirements: generic topicals: Adapalene+/-Benzoyl Peroxide, Clindamycin+/-Benzoyl Peroxide, Erythromycin+/-Benzoyl Peroxide, Sulfacetamide+/-Sulfur, or Tretinoin in 120 days
CABTREO TOPICAL GEL 0.15-3.1-1.2 %		Tier 3	PA; $$
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %	(Neuac)	Tier 1	$
clindamycin-benzoyl peroxide topical gel 1-5 %		Tier 1	$
clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 %	(Onexton)	Tier 1	$
clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %	(Acanya)	Tier 1	$; ST: Must meet the following requirement: generic Clindamycin/Benzoyl Peroxide gel in 120 days
clindamycin-benzoyl peroxide topical gel with pump 1-5 %		Tier 1	$
clindamycin-tretinoin topical gel 1.2-0.025 %	(Veltin)	Tier 1	$; ST: Must meet the following requirement: Clindamycin gel or Tretinoin 0.025% gel in 120 days
dapsone topical gel 5 %	(Aczone)	Tier 1	$
dapsone topical gel 7.5 %		Tier 1	
dapsone topical gel with pump 7.5 %	(Aczone)	Tier 1	$
DEOXIA TOPICAL GEL 1-4 %	(clindamycin-niacinamide)	Tier 3	
DEOXIA TOPICAL LOTION 1-4 %	(clindamycin-niacinamide)	Tier 3	
DEOXIADEMTAR TOPICAL GEL 0.025-1-2-4 %	(tretinoin-clinda-spiron-niacin)	Tier 3	

Drug		Status	Notes
DEOXIATAR TOPICAL SOLUTION 0.025-1-4 %		Tier 3	
DEOXIAVAR TOPICAL CREAM 0.05-1-4 %		Tier 3	
DIADIMAXIA TOPICAL CREAM 6-5-2 %		Tier 3	
DIADIMAXIA TOPICAL GEL 6-5-2 %	(dapsone-spironolactone-niacin)	Tier 3	
DIAOXIA TOPICAL CREAM 6-4 %		Tier 3	
DIAOXIA TOPICAL GEL 6-4 %	(dapsone-niacinamide)	Tier 3	
DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 %		Tier 3	
DIASAXIATAR TOPICAL GEL 0.025-8.5-2 %		Tier 3	
DIASDIMAXIA TOPICAL CREAM 8.5-5-2 %		Tier 3	
DIASDIMAXIA TOPICAL GEL 8.5-5-2 %	(dapsone-spironolactone-niacin)	Tier 3	
DIASOXIA TOPICAL CREAM 8.5-4 %		Tier 3	
DIASOXIA TOPICAL GEL 8.5-4 %	(dapsone-niacinamide)	Tier 3	
DIMOXIA TOPICAL GEL 5-4 %	(spironolactone-niacinamide)	Tier 3	
DRAXACE TOPICAL SUSPENSION 2-8 %	(salicylic acid-sulfacetamide)	Tier 3	
DRAXACEY TOPICAL SUSPENSION 2-8 %	(salicylic acid-sulfacetamide)	Tier 3	
DRIXECE TOPICAL SUSPENSION 5-10 %	(salicylic acid-sulfacetamide)	Tier 3	
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %	(adapalene-benzoyl peroxide)	Tier 3	$
EPIDUO TOPICAL GEL WITH PUMP 0.1-2.5 %	(adapalene-benzoyl peroxide)	Tier 3	
IDYYXIATAR TOPICAL GEL 0.025-5 %		Tier 3	
INZDEAXIATAR TOPICAL GEL 0.025-2.5-1-2 %	(tretinoin-benzoyl-clinda-niac)	Tier 3	
INZDEAXIAVAR TOPICAL GEL 0.05-2.5-1-2 %		Tier 3	
INZDEOXIA TOPICAL GEL 2.5-1-4 %	(benzoyl per-clindamycin-niacin)	Tier 3	
KLARON TOPICAL SUSPENSION 10 %	(sulfacetamide sodium (acne))	Tier 3	
LOUNZDOMDIOXIATAR TOPICAL GEL 0.05-10-2-4-4 %		Tier 3	
NEUAC KIT TOPICAL COMBO PACK,CREAM AND GEL 1.2-5 %		Tier 3	

Drug		Status	Notes
NEUAC TOPICAL GEL 1.2 %(1 % BASE) -5 %	(clindamycin-benzoyl peroxide)	Tier 1	$
ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) -3.75 %	(clindamycin-benzoyl peroxide)	Tier 3	$$
ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 %		Tier 3	
ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 %		Tier 3	
ONZDEAXIATAR TOPICAL GEL 0.025-5-1-2 %	(tretinoin-benzoyl-clindaniac)	Tier 3	
ONZDEAXIAVAR TOPICAL GEL 0.05-5-1-2 %	(tretinoin-benzoyl-clindaniac)	Tier 3	
ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 %		Tier 3	
ONZDEOXIA TOPICAL GEL 5-1-4 %	(benzoyl per-clindamycin-niacin)	Tier 3	
OXIATAR TOPICAL CREAM 0.025-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 3	
OXIAVARRY TOPICAL CREAM 0.05-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 3	
OXIAVARY TOPICAL CREAM 0.1-4 %		Tier 3	
OXIAZAR TOPICAL CREAM 0.1-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 3	
RUMILO TOPICAL CREAM 15-4 %	(azelaic acid-niacinamide)	Tier 3	
SAROXIA TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Tier 3	
SIRVANA TOPICAL GEL 0.025-5 %		Tier 3	
SORIXIA TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Tier 3	
sulfacetamide sodium (acne) topical suspension 10 %	(Klaron)	Tier 1	$
TARDEOXIA TOPICAL CREAM 0.025-1-4 %	(tretinoin-clindamycin-niacin)	Tier 3	
TARDIMAXIA TOPICAL GEL 0.025-5-2 %	(tretinoin-spironolact-niacin)	Tier 3	
TAROXIA TOPICAL CREAM 0.025-4 %	(tretinoin-niacinamide)	Tier 3	
TAROXIA TOPICAL GEL 0.025-4 %	(tretinoin-niacinamide)	Tier 3	
TWYNEO TOPICAL CREAM 0.1-3 %		Tier 3	$
UNZDOMDIOXIAZAR TOPICAL GEL 0.1-10-2-4-4 %		Tier 3	
VARDIMAXIA TOPICAL GEL 0.05-5-2 %	(tretinoin-spironolact-niacin)	Tier 3	
VAROXIA TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Tier 3	
VAROXIA TOPICAL GEL 0.05-4 %	(tretinoin-niacinamide)	Tier 3	

Drug		Status	Notes
Keratolytic-Glucocorticoid Combinations			
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %		Tier 2	
Rosacea Agents, Topical			
AVEIDA TOPICAL GEL 1-1 %		Tier 3	
AVEIDAOXIA TOPICAL GEL 1-1-4 %	(ivermectin-metronidazol-niacin)	Tier 3	
azelaic acid topical gel 15 %		Tier 1	$
BAXONIL TOPICAL OINTMENT 1-2 %		Tier 3	
brimonidine topical gel with pump 0.33 %	(Mirvaso)	Tier 1	$
DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 %		Tier 3	
DAZOMON TOPICAL GEL 0.25 %		Tier 3	
EPSOLAY TOPICAL CREAM 5 %		Tier 3	$$; ST: Must meet the following requirement: generic topical Metronidazole in 120 days; QL (30 GM per 30 days); Age (Min 18 Years)
FINACEA TOPICAL FOAM 15 %		Tier 2	$
IDARAN TOPICAL OINTMENT 1-2 %		Tier 3	
ivermectin topical cream 1 %	(Soolantra)	Tier 1	$; ST: Must meet the following requirement: Finacea gel or foam in 120 days
METROCREAM TOPICAL CREAM 0.75 %	(metronidazole)	Tier 3	
METROGEL TOPICAL GEL 1 %	(metronidazole)	Tier 3	$
METROLOTION TOPICAL LOTION 0.75 %	(metronidazole)	Tier 3	
metronidazole topical cream 0.75 %	(Rosadan)	Tier 1	$
metronidazole topical gel 0.75 %	(Rosadan)	Tier 1	$
metronidazole topical gel 1 %	(Metrogel)	Tier 1	
metronidazole topical gel with pump 1 %		Tier 1	
metronidazole topical lotion 0.75 %	(MetroLotion)	Tier 1	$
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	(brimonidine)	Tier 3	$$
NORITATE TOPICAL CREAM 1 %		Tier 3	$$$; ST: Must meet the following requirement: generic Metronidazole 0.75% gel, lotion or cream in 120 days
REMYDA TOPICAL GEL 0.25 %		Tier 3	
RESTIMO TOPICAL GEL 1-1 %		Tier 3	

Drug		Status	Notes
RHOFADE TOPICAL CREAM 1 %		Tier 3	
ROSADAN TOPICAL CREAM 0.75 %	(metronidazole)	Tier 1	
ROSADAN TOPICAL GEL 0.75 %	(metronidazole)	Tier 3	
ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 %		Tier 3	
ROSADAN TOPICAL KIT,CLEANSER AND CREAM 0.75 %		Tier 3	
ROSITARA TOPICAL GEL 1-1-4 %	(ivermectin-metronidazol-niacin)	Tier 3	
ROVIS TOPICAL GEL 0.25-1-1-4 %		Tier 3	
SOOLANTRA TOPICAL CREAM 1 %	(ivermectin)	Tier 3	$$; ST: Must meet the following requirement: Finacea gel or foam in 120 days
Topical Antiandrogenic Agents			
WINLEVI TOPICAL CREAM 1 %		Tier 3	PA; $$; QL (60 GM per 30 days)
Topical Preparations,Antibacterials			
ALCORTIN A TOPICAL GEL IN PACKET 2-1-1 %		Tier 3	
BASADROX TOPICAL GEL IN PACKET		Tier 3	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 %		Tier 3	
hydrocortisone-iodoquinl-aloe2 topical gel 2-1-1 %	(Alcortin A)	Tier 1	
hydrocortisone-iodoquinol topical cream 1-1 %	(Corti-Sav)	Tier 1	
hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %	(Vytone)	Tier 1	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %		Tier 3	$
IODOSORB TOPICAL GEL 0.9 %		Tier 3	$
LUGOLS TOPICAL SOLUTION 5-10 %	(iodine-potassium iodide)	Tier 1	
NORMLGEL AG TOPICAL GEL 0.11 %		Tier 3	
QUINJA TOPICAL GEL 1.25-1 %		Tier 3	
silver nitrate topical solution 0.5 %, 25 %, 50 %		Tier 1	
SILVRSTAT TOPICAL GEL 32 PPM		Tier 3	$
SOLOX GEL TOPICAL GEL 55 PPM	(silver nitrate)	Tier 3	
STRONG IODINE TOPICAL SOLUTION 5-10 %	(iodine-potassium iodide)	Tier 1	
VYTONE TOPICAL CREAM IN PACKET 1.9-1 %	(hydrocortisone-iodoquinol-aloe)	Tier 3	

Drug		Status	Notes
Vitamin A Derivatives			
adapalene topical cream 0.1 %	(Differin)	Tier 1	$
adapalene topical gel 0.3 %		Tier 1	$
adapalene topical gel with pump 0.3 %	(Differin)	Tier 1	$
adapalene topical lotion 0.1 %	(Differin)	Tier 1	Age (Max 39 Years)
adapalene topical solution 0.1 %		Tier 1	ST: Must meet the following requirement: Adapalene 0.1% gel in 120 days
adapalene topical swab 0.1 %		Tier 1	$$$; ST: Must meet the following requirement: Adapalene 0.1% gel in 120 days; QL (1 EA per 1 day)
ALTRENO TOPICAL LOTION 0.05 %		Tier 3	$
ATRALIN TOPICAL GEL 0.05 %	(tretinoin)	Tier 3	
AVITA TOPICAL CREAM 0.025 %	(tretinoin)	Tier 1	
AVITA TOPICAL GEL 0.025 %	(tretinoin)	Tier 1	
DIFFERIN TOPICAL CREAM 0.1 %	(adapalene)	Tier 3	$$
DIFFERIN TOPICAL GEL WITH PUMP 0.3 %	(adapalene)	Tier 3	
DIFFERIN TOPICAL LOTION 0.1 %	(adapalene)	Tier 3	$; Age (Max 39 Years)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.1 %	(tretinoin microspheres)	Tier 3	Age (Max 39 Years)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %		Tier 3	$$; ST: Must meet the following requirements: Generic Tretinoin Microspheres 0.04% and 0.10% in 365 days; Age (Max 39 Years)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.08 %	(tretinoin microspheres)	Tier 3	$$; ST: Must meet the following requirements: Generic Tretinoin Microspheres 0.04% and 0.10% in 365 days; Age (Max 39 Years)
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	(tretinoin microspheres)	Tier 3	$; Age (Max 39 Years)
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 %	(tretinoin)	Tier 3	$
RETIN-A TOPICAL GEL 0.01 %, 0.025 %	(tretinoin)	Tier 3	$
tretinoin microspheres topical gel 0.04 %, 0.1 %	(Retin-A Micro)	Tier 1	$; Age (Max 39 Years)
tretinoin microspheres topical gel with pump 0.04 %, 0.1 %	(Retin-A Micro Pump)	Tier 1	$; Age (Max 39 Years)

Drug		Status	Notes
tretinoin microspheres topical gel with pump 0.08 %	(Retin-A Micro Pump)	Tier 1	$$; ST: Must meet the following requirements: Generic Tretinoin Microspheres 0.04% and 0.10% in 365 days; Age (Max 39 Years)
tretinoin topical cream 0.025 %	(Avita)	Tier 1	$
tretinoin topical cream 0.05 %, 0.1 %	(Retin-A)	Tier 1	$
tretinoin topical gel 0.01 %	(Retin-A)	Tier 1	$
tretinoin topical gel 0.025 %	(Avita)	Tier 1	$
tretinoin topical gel 0.05 %	(Atralin)	Tier 1	$
Vitamin A Derivatives, Topical Acne Agents			
AKLIEF TOPICAL CREAM 0.005 %		Tier 3	$$; ST: Must meet any of the following requirements: generic topicals: Adapalene (gel, cream, lotion, or solution), Tazarotene, or Tretinoin in 120 days; Age (Max 39 Years)
ALVOX HP TOPICAL CREAM 0.1-4 %	(tazarotene-niacinamide)	Tier 3	
ALVOX TOPICAL CREAM 0.05-4 %	(tazarotene-niacinamide)	Tier 3	
ARAZLO TOPICAL LOTION 0.045 %		Tier 3	$$; ST: Must meet any of the following requirements: generic topicals: Adapalene (gel, cream, lotion, or solution), Tazarotene, or Tretinoin in 120 days
ETHOXIA TOPICAL CREAM 0.05-4 %	(tazarotene-niacinamide)	Tier 3	
ITHOXIA TOPICAL CREAM 0.1-4 %	(tazarotene-niacinamide)	Tier 3	
tazarotene topical foam 0.1 %	(Fabior)	Tier 1	ST: Must meet any of the following requirements: generic topicals: Adapalene (gel, cream, lotion, or solution), Tazarotene, or Tretinoin in 120 days

Drug		Status	Notes
Dermatology - Antiinfective			
Topical Antibiotics			
AMZEEQ TOPICAL FOAM 4 %		Tier 3	ST: Must meet 2 of the following requirements: generic topicals: Adapalene+/-Benzoyl Peroxide, Clindamycin+/-Benzoyl Peroxide, Erythromycin+/-Benzoyl Peroxide, Sulfacetamide+/-Sulfur, or Tretinoin in 365 days; Age (Min 9 Years)
BATIZIA TOPICAL OINTMENT 2-2 %	(mupirocin-lidocaine)	Tier 3	
BENZAMYCIN TOPICAL GEL 3-5 %	(erythromycin-benzoyl peroxide)	Tier 3	$
CENTANY AT TOPICAL OINTMENT KIT 2 %		Tier 3	
CENTANY TOPICAL OINTMENT 2 %	(mupirocin)	Tier 3	QL (90 GM per 1 FILL)
CLEOCIN T TOPICAL LOTION 1 %	(clindamycin phosphate)	Tier 3	
CLEOCIN T TOPICAL SOLUTION 1 %	(clindamycin phosphate)	Tier 3	QL (180 ML per 1 FILL)
CLINDACIN ETZ TOPICAL KIT 1 %		Tier 3	
CLINDACIN ETZ TOPICAL SWAB 1 %	(clindamycin phosphate)	Tier 3	$
CLINDACIN P TOPICAL SWAB 1 %	(clindamycin phosphate)	Tier 3	$$
CLINDACIN PAC TOPICAL KIT 1 %		Tier 3	
CLINDACIN TOPICAL FOAM 1 %	(clindamycin phosphate)	Tier 3	
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 %	(clindamycin phosphate)	Tier 3	ST: Must meet the following requirement: Clindamycin Phosphate 1% gel in 120 days
clindamycin phosphate topical foam 1 %	(Clindacin)	Tier 1	$
clindamycin phosphate topical gel 1 %		Tier 1	$
clindamycin phosphate topical gel, once daily 1 %	(Clindagel)	Tier 1	ST: Must meet the following requirement: Clindamycin Phosphate 1% gel in 120 days
clindamycin phosphate topical lotion 1 %	(Cleocin T)	Tier 1	$
clindamycin phosphate topical solution 1 %		Tier 1	$; QL (180 ML per 1 FILL)
clindamycin phosphate topical swab 1 %	(Clindacin ETZ)	Tier 1	$
ERY PADS TOPICAL SWAB 2 %	(erythromycin with ethanol)	Tier 1	$
ERYGEL TOPICAL GEL 2 %	(erythromycin with ethanol)	Tier 3	
erythromycin with ethanol topical gel 2 %	(Erygel)	Tier 1	$
erythromycin with ethanol topical solution 2 %		Tier 1	$; QL (180 ML per 1 FILL)

Drug		Status	Notes
erythromycin-benzoyl peroxide topical gel 3-5 %	(Benzamycin)	Tier 1	
EVOCLIN TOPICAL FOAM 1 %	(clindamycin phosphate)	Tier 3	
gentamicin topical cream 0.1 %		Tier 1	$; QL (90 GM per 1 FILL)
gentamicin topical ointment 0.1 %		Tier 1	$; QL (90 GM per 1 FILL)
mupirocin calcium topical cream 2 %		Tier 1	$; QL (90 GM per 1 FILL)
mupirocin topical ointment 2 %	(Centany)	Tier 1	$; QL (90 GM per 1 FILL)
NANRAN TOPICAL OINTMENT 2-2 %	(mupirocin-lidocaine)	Tier 3	
XEPI TOPICAL CREAM 1 %		Tier 3	ST: Must meet the following requirement: Mupirocin ointment in 120 days
ZILXI TOPICAL FOAM 1.5 %		Tier 3	ST: Must meet the following requirement: generic topical Metronidazole in 120 days; QL (30 GM per 30 days)
Topical Antifungal/Antiinflammatory,Steriod Agent			
CLOBEZIN TOPICAL COMBO PACK 1-0.05-0.44 %		Tier 3	
clotrimazole-betamethasone topical cream 1-0.05 %		Tier 1	$
clotrimazole-betamethasone topical lotion 1-0.05 %		Tier 1	
DELIBON TOPICAL CREAM 2-2.5 %	(ketoconazole-hydrocortisone)	Tier 3	
DERMACINRX THERAZOLE PAK TOPICAL COMBO PACK 1-0.05-20 %		Tier 3	
DIONARIS TOPICAL SHAMPOO 0.77-0.05-3 %	(ciclopirox-clobetasol-salicyl)	Tier 3	
DIVENDO TOPICAL SHAMPOO 0.77-0.05 %	(ciclopirox-clobetasol)	Tier 3	
HAXCHLO TOPICAL SHAMPOO 0.77-0.05 %	(ciclopirox-clobetasol)	Tier 3	
HAXCHLODREX TOPICAL SHAMPOO 0.77-0.05-3 %	(ciclopirox-clobetasol-salicyl)	Tier 3	
PHEYO TOPICAL CREAM 2-2.5 %	(ketoconazole-hydrocortisone)	Tier 3	
Topical Antifungal-Antibiotic-Anti-Inflamm Steroid			
DAZINIA TOPICAL CREAM 2-1-2.5 %	(ketoconazole-iodoquinol-hc)	Tier 3	
PHEODOYO TOPICAL CREAM 2-1-2.5 %	(ketoconazole-iodoquinol-hc)	Tier 3	

Drug		Status	Notes
Topical Antifungals			
CICLODAN KIT TOPICAL COMBO PACK 0.77 %		Tier 3	
CICLODAN KIT TOPICAL SOLUTION 8 %	(ciclopirox-ure-camph-menth-euc)	Tier 3	$$; QL (19.8 ML per 1 FILL)
CICLODAN TOPICAL CREAM 0.77 %	(ciclopirox)	Tier 3	QL (180 GM per 1 FILL)
CICLODAN TOPICAL SOLUTION 8 %	(ciclopirox)	Tier 3	$$; QL (19.8 ML per 1 FILL)
ciclopirox topical cream 0.77 %	(Ciclodan)	Tier 1	$; QL (180 GM per 1 FILL)
ciclopirox topical gel 0.77 %		Tier 1	
ciclopirox topical shampoo 1 %		Tier 1	$
ciclopirox topical solution 8 %	(Ciclodan)	Tier 1	$; QL (19.8 ML per 1 FILL)
ciclopirox topical suspension 0.77 %	(Loprox (as olamine))	Tier 1	$; QL (180 ML per 1 FILL)
ciclopirox-ure-camph-menth-euc topical solution 8 %	(Ciclodan Kit)	Tier 1	$; QL (19.8 ML per 1 FILL)
clotrimazole topical cream 1 %	(Antifungal (clotrimazole))	Tier 1	
clotrimazole topical solution 1 %	(Athlete's Foot (clotrimazole))	Tier 1	$
DAFILOR TOPICAL SHAMPOO 0.77-2 %	(ciclopirox-salicylic acid)	Tier 3	
DENVITA TOPICAL CREAM 2-4 %	(ketoconazole-niacinamide)	Tier 3	
DIFMETIOXRIME TOPICAL SOLUTION 4-2-1-4 %	(flucona-ibuprof-itracon-terbin)	Tier 3	
econazole nitrate topical cream 1 %		Tier 1	$; QL (170 GM per 1 FILL)
ECOZA TOPICAL FOAM 1 %	(econazole nitrate)	Tier 3	
ERTACZO TOPICAL CREAM 2 %		Tier 3	
EXELDERM TOPICAL CREAM 1 %	(sulconazole)	Tier 2	
EXELDERM TOPICAL SOLUTION 1 %	(sulconazole)	Tier 2	
EXODERM TOPICAL LOTION 25-1 %		Tier 1	
FENOVIA TOPICAL SOLUTION 4-2-1-4 %	(flucona-ibuprof-itracon-terbin)	Tier 3	
FERVINA TOPICAL LOTION 3-5-20 %		Tier 3	
FIDILA TOPICAL SHAMPOO 2-2 %		Tier 3	
FILOMA TOPICAL SOLUTION 8-1-1 %		Tier 3	
FRIVO TOPICAL CREAM 1-4 %	(econazole-niacinamide)	Tier 3	
HAXDRAX TOPICAL SHAMPOO 0.77-2 %	(ciclopirox-salicylic acid)	Tier 3	
HEXIOUNYL TOPICAL LOTION 3-5-20 %		Tier 3	
HIXDEFRIMA TOPICAL SOLUTION 8-1-1 %		Tier 3	
IMIOXIA TOPICAL CREAM 1-4 %	(econazole-niacinamide)	Tier 3	

Drug		Status	Notes
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %		Tier 3	PA; $$
ketoconazole topical cream 2 %		Tier 1	$; QL (180 GM per 1 FILL)
ketoconazole topical foam 2 %	(Ketodan)	Tier 1	$; ST: Must meet the following requirement: Ketoconazole 2% cream or shampoo in 120 days
ketoconazole topical shampoo 2 %		Tier 1	$; QL (360 ML per 1 FILL)
KETODAN KIT TOPICAL COMBO PACK 2 %		Tier 3	
KETODAN TOPICAL FOAM 2 %	(ketoconazole)	Tier 1	$$; ST: Must meet the following requirement: Ketoconazole 2% cream or shampoo in 120 days
KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM	(nystatin)	Tier 1	$
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 %	(ciclopirox)	Tier 3	QL (180 GM per 1 FILL)
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 %	(ciclopirox)	Tier 3	QL (180 ML per 1 FILL)
LOPROX KIT TOPICAL COMBO PACK 0.77 %		Tier 3	
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %		Tier 3	
luliconazole topical cream 1 %	(Luzu)	Tier 1	ST: Must meet the following requirement: Ketoconazole and Clotrimazole cream in 365 days; QL (60 GM per 28 days)
LUZU TOPICAL CREAM 1 %	(luliconazole)	Tier 3	ST: Must meet the following requirement: Ketoconazole and Clotrimazole cream in 365 days; QL (60 GM per 28 days)
miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %	(Vusion)	Tier 1	$
naftifine topical cream 1 %		Tier 1	$
naftifine topical cream 2 %		Tier 1	$; QL (180 GM per 1 FILL)
naftifine topical gel 2 %	(Naftin)	Tier 1	
NAFTIN TOPICAL GEL 2 %	(naftifine)	Tier 3	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	(nystatin)	Tier 1	
nystatin topical cream 100,000 unit/gram		Tier 1	$

Drug		Status	Notes
nystatin topical ointment 100,000 unit/gram		Tier 1	$; QL (90 GM per 1 FILL)
nystatin topical powder 100,000 unit/gram	(Klayesta)	Tier 1	$
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%		Tier 1	$
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%		Tier 1	$; QL (180 GM per 1 FILL)
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	(nystatin)	Tier 1	
oxiconazole topical cream 1 %		Tier 1	$; QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 %		Tier 3	
PHEDRAX TOPICAL SHAMPOO 2-2 %		Tier 3	
PHEOXIA TOPICAL CREAM 2-4 %	(ketoconazole-niacinamide)	Tier 3	
sulconazole topical cream 1 %	(Exelderm)	Tier 1	
sulconazole topical solution 1 %	(Exelderm)	Tier 1	
tavaborole topical solution with applicator 5 %		Tier 1	PA; $
VUSION TOPICAL OINTMENT 0.25-15-81.35 %	(miconazole nitrate-zinc ox-pet)	Tier 3	$$
XOLEGEL TOPICAL GEL 2 %		Tier 3	ST: Must meet the following requirement: Ketoconazole 2% cream or shampoo in 120 days
Topical Antiparasitics			
CROTAN TOPICAL LOTION 10 %		Tier 3	
ELIMITE TOPICAL CREAM 5 %	(permethrin)	Tier 3	
EURAX TOPICAL CREAM 10 %		Tier 3	
EURAX TOPICAL LOTION 10 %		Tier 3	
malathion topical lotion 0.5 %	(Ovide)	Tier 1	
NATROBA TOPICAL SUSPENSION 0.9 %	(spinosad)	Tier 3	
OVIDE TOPICAL LOTION 0.5 %	(malathion)	Tier 3	
permethrin topical cream 5 %	(Elimite)	Tier 1	$
PRURADIK TOPICAL LOTION 10 %		Tier 3	
spinosad topical suspension 0.9 %	(Natroba)	Tier 1	$
ULESFIA TOPICAL LOTION 5 %		Tier 3	
Topical Antivirals			
acyclovir topical cream 5 %	(Zovirax)	Tier 1	$; ST: Must meet 2 of the following requirements: Acyclovir, Famciclovir, or Valacyclovir HCL in 365 days

Drug		Status	Notes
acyclovir topical ointment 5 %	(Zovirax)	Tier 1	$
penciclovir topical cream 1 %	(Denavir)	Tier 1	$
ZOVIRAX TOPICAL OINTMENT 5 %	(acyclovir)	Tier 3	$
Topical Antivirals/Antiinflammatory, Steroid Agent			
XERESE TOPICAL CREAM 5-1 %		Tier 3	$$; ST: Must meet any of the following requirements: oral Acyclovir, Famciclovir, or Valacyclovir in 120 days; QL (10 GM per 365 days)
Topical Genital Wart-Hpv Treatment Agents			
VEREGEN TOPICAL OINTMENT 15 %		Tier 3	ST: Must meet the following requirements: Imiquimod 5% cream packets and Podofilox 0.5% solution in 365 days; QL (30 GM per 1 FILL)
Topical Pleuromutilin Derivatives			
ALTABAX TOPICAL OINTMENT 1 %		Tier 3	ST: Must meet the following requirement: Mupirocin ointment in 120 days
Topical Sulfonamides			
ABENOR HP TOPICAL LOTION 15-4 %		Tier 3	
ABENOR TOPICAL CREAM 10-4 %	(sulfacetamide-niacinamide)	Tier 3	
AVAR LS TOPICAL CLEANSER 10-2 %	(sulfacetamide sodium-sulfur)	Tier 3	
AVAR TOPICAL CLEANSER 10-5 % (W/W)	(sulfacetamide sodium-sulfur)	Tier 3	$; QL (1419 GM per 1 FILL)
BP 10-1 TOPICAL CLEANSER 10-1 %	(sulfacetamide sodium-sulfur)	Tier 1	$$
CLEANSING WASH TOPICAL CLEANSER 10-4-10 %	(sulfacetamide sod-sulfur-urea)	Tier 1	
ECEOXIA TOPICAL CREAM 10-4 %	(sulfacetamide-niacinamide)	Tier 3	
mafenide acetate topical packet 50 gram	(Sulfamylon)	Tier 1	
OXIAICE TOPICAL LOTION 15-4 %		Tier 3	
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 %	(sulfacetamide sodium-sulfur)	Tier 3	
PLEXION TOPICAL CLEANSER 9.8-4.8 %	(sulfacetamide sodium-sulfur)	Tier 3	$$
ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 %	(sulfacetamide sodium-sulfur)	Tier 1	

Drug		Status	Notes
ROSULA TOPICAL CLEANSER 10-4.5 %		Tier 3	
SILVADENE TOPICAL CREAM 1 %	(silver sulfadiazine)	Tier 3	
silver sulfadiazine topical cream 1 %	(SSD)	Tier 1	
SSD TOPICAL CREAM 1 %	(silver sulfadiazine)	Tier 1	$
SSS 10-5 TOPICAL CREAM 10-5 % (W/W)	(sulfacetamide sodium-sulfur)	Tier 1	$
SSS 10-5 TOPICAL FOAM 10-5 %	(sulfacetamide sodium-sulfur)	Tier 1	$
sulfacetamide sodium-sulfur topical cleanser 10-2 %	(Avar LS)	Tier 1	$
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)	(Avar)	Tier 1	$; QL (1419 GM per 1 FILL)
sulfacetamide sodium-sulfur topical cleanser 8-4 %		Tier 1	
sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %	(Plexion)	Tier 1	$
sulfacetamide sodium-sulfur topical cleanser 9-4 %	(Sumaxin)	Tier 1	$
sulfacetamide sodium-sulfur topical cleanser 9-4.5 %	(Sumadan)	Tier 1	$
sulfacetamide sodium-sulfur topical cream 10-2 %		Tier 1	$
sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)	(SSS 10-5)	Tier 1	$
sulfacetamide sodium-sulfur topical cream 9.8-4.8 %	(Plexion)	Tier 1	$
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)		Tier 1	$
sulfacetamide sodium-sulfur topical lotion 9.8-4.8 %	(Plexion)	Tier 1	$
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %	(Sumaxin)	Tier 1	
sulfacetamide sodium-sulfur topical suspension 10-5 %		Tier 1	$
sulfacetamide sodium-sulfur topical suspension 8-4 %	(SulfaCleanse 8-4)	Tier 1	$
sulfacetamide sodium-sulfur topical suspension 9-4.25 %	(Clenia Plus)	Tier 1	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %		Tier 1	QL (1419 ML per 1 FILL)
SULFACLEANSE 8-4 TOPICAL SUSPENSION 8-4 %	(sulfacetamide sodium-sulfur)	Tier 1	
SULFAMYLON TOPICAL CREAM 85 MG/G		Tier 3	$

Drug		Status	Notes
SULFAMYLON TOPICAL PACKET 50 GRAM	(mafenide acetate)	Tier 3	
SUMADAN TOPICAL CLEANSER 9-4.5 %	(sulfacetamide sodium-sulfur)	Tier 3	
SUMADAN TOPICAL KIT 9-4.5 %	(sulfacetamide-sulfur-cleansr23)	Tier 3	
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25	(sulfact na-sul-avobnz-otn-ocsa)	Tier 3	
SUMAXIN CP TOPICAL KIT 10-4 %		Tier 3	
SUMAXIN TOPICAL CLEANSER 9-4 %	(sulfacetamide sodium-sulfur)	Tier 3	
ZMA CLEAR TOPICAL SUSPENSION 9-4.5 %		Tier 1	
Dermatology - Antiinflammatory			
Interleukin-13 (Il-13) Inhibitors, Mab			
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML		Tier 4	PA; $$$$
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML		Tier 4	PA; $$$$
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML		Tier 4	PA; $$$$$
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML		Tier 4	PA; $$$$$
Interleukin-31(Il-31)Receptor Alpha Antagonist,Mab			
NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG		Tier 4	PA; $$$$$
Top. Anti-Inflam.,Phosphodiesterase-4 (Pde4) Inhib			
EUCRISA TOPICAL OINTMENT 2 %		Tier 2	PA; QL (100 GM per 30 days)
ZORYVE TOPICAL CREAM 0.15 %		Tier 2	PA; QL (60 GM per 30 days)
ZORYVE TOPICAL FOAM 0.3 %		Tier 2	PA; QL (60 GM per 30 days)
Topical Antibiotics/Antiinflammatory,Steroidal			
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %		Tier 3	$$; ST: Must meet the following requirement: generic Fluocinolone Acetonide cream/oil/ointment/solution in 120 days

Drug		Status	Notes
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %		Tier 3	$$; ST: Must meet the following requirement: generic Fluocinolone Acetonide cream/oil/ointment/solution in 120 days
Topical Anti-Inflammatory Steroidal			
ACIOXIA TOPICAL GEL 0.1-0.5 %		Tier 3	
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 %		Tier 1	
ALA-CORT TOPICAL CREAM 1 %	(hydrocortisone)	Tier 1	$
ALA-SCALP TOPICAL LOTION 2 %	(hydrocortisone)	Tier 1	ST: Must meet the following requirement: Generic Hydrocortisone 2.5% lotion in 120 days
alclometasone topical cream 0.05 %		Tier 1	$
alclometasone topical ointment 0.05 %		Tier 1	
amcinonide topical cream 0.1 %		Tier 1	ST: Must meet any of the following requirements: Betamethasone 0.1% ointment, Fluticasone 0.005% ointment, Mometasone 0.1% ointment, or Triamcinolone 0.5% ointment or cream in 120 days
amcinonide topical ointment 0.1 %		Tier 1	
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	(hydrocortisone)	Tier 3	
APEXICON E TOPICAL CREAM 0.05 %		Tier 3	ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days; QL (180 GM per 30 days)
BESER KIT TOPICAL KIT,LOTION AND CREAM,EMOLLIENT 0.05 %		Tier 3	
BESER TOPICAL LOTION 0.05 %	(fluticasone propionate)	Tier 3	
betamethasone dipropionate topical cream 0.05 %		Tier 1	$
betamethasone dipropionate topical lotion 0.05 %		Tier 1	$

Drug		Status	Notes
betamethasone dipropionate topical ointment 0.05 %		Tier 1	$
betamethasone valerate topical cream 0.1 %		Tier 1	$
betamethasone valerate topical foam 0.12 %	(Luxiq)	Tier 1	$
betamethasone valerate topical lotion 0.1 %		Tier 1	$
betamethasone valerate topical ointment 0.1 %		Tier 1	$
betamethasone, augmented topical cream 0.05 %		Tier 1	$
betamethasone, augmented topical gel 0.05 %		Tier 1	
betamethasone, augmented topical lotion 0.05 %		Tier 1	$
betamethasone, augmented topical ointment 0.05 %	(Diprolene (augmented))	Tier 1	$
BRYHALI TOPICAL LOTION 0.01 %		Tier 3	$; ST: Must meet any of the following requirements: Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam, shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (ointment, cream) in 120 days; QL (400 GM per 1 FILL)
CAPEX TOPICAL SHAMPOO 0.01 %		Tier 3	$
CHLOHUX TOPICAL SHAMPOO 0.05-2 %	(clobetasol-levocetirizine)	Tier 3	
CHLOOXIA TOPICAL CREAM 0.05-4 %	(clobetasol-niacinamide)	Tier 3	
CHLOOXIA TOPICAL OINTMENT 0.05-4 %	(clobetasol-niacinamide)	Tier 3	
CHLOOXIA TOPICAL SOLUTION 0.05-4 %	(clobetasol-niacinamide)	Tier 3	
clobetasol scalp solution 0.05 %		Tier 1	$

Drug		Status	Notes
clobetasol topical cream 0.025 %	(Impoyz)	Tier 1	ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days; QL (200 GM per 30 days)
clobetasol topical cream 0.05 %		Tier 1	$
clobetasol topical foam 0.05 %	(Olux)	Tier 1	$
clobetasol topical gel 0.05 %		Tier 1	$
clobetasol topical lotion 0.05 %	(Clobex)	Tier 1	$
clobetasol topical ointment 0.05 %		Tier 1	$
clobetasol topical shampoo 0.05 %	(Clobex)	Tier 1	$
clobetasol topical spray,non-aerosol 0.05 %	(Clobex)	Tier 1	
clobetasol-emollient topical cream 0.05 %		Tier 1	$
clobetasol-emollient topical foam 0.05 %	(Olux-E)	Tier 1	$
CLOBEX TOPICAL LOTION 0.05 %	(clobetasol)	Tier 3	
CLOBEX TOPICAL SHAMPOO 0.05 %	(clobetasol)	Tier 3	
CLOBEX TOPICAL SPRAY,NON-AEROSOL 0.05 %	(clobetasol)	Tier 3	
clocortolone pivalate topical cream 0.1 %		Tier 1	$; ST: Must meet any of the following requirements: Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 120 days
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 %		Tier 3	
CLODAN TOPICAL SHAMPOO 0.05 %	(clobetasol)	Tier 3	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2		Tier 3	$$; ST: Must meet any of the following requirements: Betamethasone augmented (ointment, gel, lotion), Fluocinonide 0.1% cream, Clobetasol (spray, lotion, gel, ointment, cream, solution) or Halobetasol 0.05% (cream, ointment) in 120 days; QL (2 EA per 30 days)

Drug		Status	Notes
CORDRAN TOPICAL CREAM 0.025 %		Tier 3	ST: Must meet the following requirement: Topical Corticosteroid in 120 days
CORDRAN TOPICAL CREAM 0.05 %	(flurandrenolide)	Tier 3	ST: Must meet any of the following requirements: Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) in 120 days
CORDRAN TOPICAL LOTION 0.05 %	(flurandrenolide)	Tier 3	
CORDRAN TOPICAL OINTMENT 0.05 %	(flurandrenolide)	Tier 3	ST: Must meet any of the following requirements: Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 120 days; QL (180 GM per 30 days)
DERMA-SMOOTHE/FS BODY OIL TOPICAL OIL 0.01 %	(fluocinolone)	Tier 3	
DERMA-SMOOTHE/FS SCALP OIL SCALP OIL 0.01 %	(fluocinolone and shower cap)	Tier 3	
desonide topical cream 0.05 %		Tier 1	$
desonide topical gel 0.05 %		Tier 1	$; ST: Must meet any of the following requirements: Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) in 120 days
desonide topical lotion 0.05 %		Tier 1	$
desonide topical ointment 0.05 %		Tier 1	$
DESOWEN TOPICAL CREAM 0.05 %	(desonide)	Tier 3	$$
desoximetasone topical cream 0.05 %, 0.25 %	(Topicort)	Tier 1	$
desoximetasone topical gel 0.05 %	(Topicort)	Tier 1	$
desoximetasone topical ointment 0.05 %	(Topicort)	Tier 1	
desoximetasone topical ointment 0.25 %	(Topicort)	Tier 1	$

Drug		Status	Notes
desoximetasone topical spray,non-aerosol 0.25 %	(Topicort)	Tier 1	$; ST: Must meet any of the following requirements: Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam, shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (ointment, cream) in 120 days
diflorasone topical cream 0.05 %		Tier 1	ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days; QL (180 GM per 30 days)
diflorasone topical ointment 0.05 %		Tier 1	ST: Must meet any of the following requirements: Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam, shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (ointment, cream) in 120 days; QL (180 GM per 30 days)
DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 %	(betamethasone, augmented)	Tier 3	
DIVINIX TOPICAL CREAM 0.05-4 %	(clobetasol-niacinamide)	Tier 3	
DIVINIX TOPICAL OINTMENT 0.05-4 %	(clobetasol-niacinamide)	Tier 3	
DIVINIX TOPICAL SOLUTION 0.05-4 %	(clobetasol-niacinamide)	Tier 3	
DOMELA TOPICAL CREAM 0.01-4 %	(fluocinolone-niacinamide)	Tier 3	
DYNOMA TOPICAL CREAM 0.05-4 %		Tier 3	
ELLZIA PAK TOPICAL KIT,OINTMENT AND CREAM 0.1-5 %		Tier 1	
fluocinolone and shower cap scalp oil 0.01 %	(Derma-Smoothe/FS Scalp Oil)	Tier 1	$
fluocinolone topical cream 0.01 %		Tier 1	
fluocinolone topical cream 0.025 %	(Synalar)	Tier 1	
fluocinolone topical oil 0.01 %	(Derma-Smoothe/FS Body Oil)	Tier 1	$

Drug		Status	Notes
fluocinolone topical ointment 0.025 %	(Synalar)	Tier 1	$
fluocinolone topical solution 0.01 %	(Synalar)	Tier 1	$
fluocinonide topical cream 0.05 %		Tier 1	$
fluocinonide topical cream 0.1 %	(Vanos)	Tier 1	$
fluocinonide topical gel 0.05 %		Tier 1	$
fluocinonide topical ointment 0.05 %		Tier 1	$
fluocinonide topical solution 0.05 %		Tier 1	$
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	(fluocinonide-emollient)	Tier 1	$
fluocinonide-emollient topical cream 0.05 %	(Fluocinonide-E)	Tier 1	$
FLUOPAR TOPICAL KIT 0.1-5 %		Tier 3	
FLUOVIX PLUS TOPICAL KIT 0.1 %		Tier 3	
FLUOVIX TOPICAL KIT 0.1 %		Tier 3	
FLUOXIA TOPICAL CREAM 0.05-4 %		Tier 3	
flurandrenolide topical cream 0.05 %		Tier 1	ST: Must meet any of the following requirements: Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) in 120 days
flurandrenolide topical lotion 0.05 %		Tier 1	$
flurandrenolide topical ointment 0.05 %		Tier 1	ST: Must meet any of the following requirements: Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 120 days; QL (180 GM per 30 days)
fluticasone propionate topical cream 0.05 %		Tier 1	$
fluticasone propionate topical lotion 0.05 %	(Beser)	Tier 1	$
fluticasone propionate topical ointment 0.005 %		Tier 1	$

Drug	Status	Notes
halcinonide topical cream 0.1 % (Halog)	Tier 1	$$; ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days
halcinonide topical solution 0.1 %	Tier 1	ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days
halobetasol propionate topical cream 0.05 %	Tier 1	$
halobetasol propionate topical foam 0.05 % (Lexette)	Tier 1	ST: Must meet the following requirement: Clobetasol foam or generic Halobetasol cream/ointment in 120 days; QL (100 GM per 1 FILL)
halobetasol propionate topical ointment 0.05 %	Tier 1	$
HALOG TOPICAL CREAM 0.1 % (halcinonide)	Tier 3	ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days
HALOG TOPICAL OINTMENT 0.1 %	Tier 3	ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days

Drug		Status	Notes
HALOG TOPICAL SOLUTION 0.1 %	(halcinonide)	Tier 3	$$; ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days
hydrocortisone acetate topical cream with perineal applicator 2.5 %	(MiCort-HC)	Tier 1	
hydrocortisone butyrate topical cream 0.1 %		Tier 1	
hydrocortisone butyrate topical lotion 0.1 %		Tier 1	ST: Must meet any of the following requirements: Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) in 120 days; QL (236 ML per 30 days)
hydrocortisone butyrate topical ointment 0.1 %		Tier 1	ST: Must meet any of the following requirements: Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) in 120 days
hydrocortisone butyrate topical solution 0.1 %		Tier 1	
HYDROCORTISONE LOTION COMPLETE TOPICAL COMBO PACK 2 %		Tier 3	
hydrocortisone topical cream 1 %	(Ala-Cort)	Tier 1	$
hydrocortisone topical cream 2.5 %		Tier 1	$
hydrocortisone topical cream with perineal applicator 1 %		Tier 1	
hydrocortisone topical cream with perineal applicator 2.5 %	(Procto-Med HC)	Tier 1	

Drug		Status	Notes
hydrocortisone topical lotion 2 %	(Ala-Scalp)	Tier 1	ST: Must meet the following requirement: Generic Hydrocortisone 2.5% lotion in 120 days
hydrocortisone topical lotion 2.5 %		Tier 1	$
hydrocortisone topical ointment 1 %	(Anti-Itch (HC))	Tier 1	$
hydrocortisone topical ointment 2.5 %		Tier 1	$
hydrocortisone topical solution 2.5 %	(Texacort)	Tier 1	ST: Must meet the following requirement: Generic Hydrocortisone 2.5% lotion in 120 days
hydrocortisone valerate topical cream 0.2 %		Tier 1	$
hydrocortisone valerate topical ointment 0.2 %		Tier 1	ST: Must meet any of the following requirements: Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 120 days
HYDROXYM TOPICAL GEL 2 %		Tier 3	
ILEXOR TOPICAL SHAMPOO 0.05-2 %	(clobetasol-levocetirizine)	Tier 3	
IMPOYZ TOPICAL CREAM 0.025 %	(clobetasol)	Tier 3	ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days; QL (200 GM per 30 days)
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	(triamcinolone acetonide)	Tier 3	
LEXETTE TOPICAL FOAM 0.05 %	(halobetasol propionate)	Tier 3	ST: Must meet any of the following requirements: Generic Halobetasol cream/ointment or Clobetasol foam in 120 days; QL (100 GM per 1 FILL)
LOCOID LIPOCREAM TOPICAL CREAM 0.1 %		Tier 3	

Drug		Status	Notes
LOCOID TOPICAL LOTION 0.1 %	(hydrocortisone butyrate)	Tier 3	ST: Must meet any of the following requirements: Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) in 120 days; QL (236 ML per 30 days)
LUXIQ TOPICAL FOAM 0.12 %	(betamethasone valerate)	Tier 3	
MICORT-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	(hydrocortisone acetate)	Tier 1	
mometasone topical cream 0.1 %		Tier 1	$
mometasone topical ointment 0.1 %		Tier 1	$
mometasone topical solution 0.1 %		Tier 1	$
NOXIPAK TOPICAL KIT 0.01-20 %		Tier 3	
NUCORT TOPICAL LOTION 2 %	(hydrocortisone acet-aloe vera)	Tier 3	$
OLUX TOPICAL FOAM 0.05 %	(clobetasol)	Tier 3	
OLUX-E TOPICAL FOAM 0.05 %	(clobetasol-emollient)	Tier 3	
PANDEL TOPICAL CREAM 0.1 %		Tier 3	ST: Must meet any of the following requirements: Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) in 120 days; QL (160 GM per 30 days)
prednicarbate topical cream 0.1 %		Tier 1	
prednicarbate topical ointment 0.1 %		Tier 1	
PROCTOCORT TOPICAL CREAM 1 %	(hydrocortisone)	Tier 3	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	(hydrocortisone)	Tier 1	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	(hydrocortisone)	Tier 1	$
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	(hydrocortisone)	Tier 1	
QUINIXIL TOPICAL CREAM 0.1-5 %		Tier 3	
SANADERMRX TOPICAL KIT 0.1-5 %		Tier 1	QL (1 EA per 30 days)
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %		Tier 2	

Drug		Status	Notes
SCALACORT TOPICAL LOTION 2 %	(hydrocortisone)	Tier 3	ST: Must meet the following requirement: Generic Hydrocortisone 2.5% lotion in 120 days
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %		Tier 3	ST: Must meet any of the following requirements: Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 120 days
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %		Tier 3	QL (375 GM per 30 days)
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 %		Tier 3	QL (375 GM per 30 days)
SYNALAR TOPICAL CREAM 0.025 %	(fluocinolone)	Tier 3	
SYNALAR TOPICAL OINTMENT 0.025 %	(fluocinolone)	Tier 3	
SYNALAR TOPICAL SOLUTION 0.01 %	(fluocinolone)	Tier 3	
SYNALAR TS TOPICAL KIT 0.01 %		Tier 3	
TELIORA TOPICAL GEL 0.1-0.5 %		Tier 3	
TETOXIA TOPICAL CREAM 0.01-4 %	(fluocinolone-niacinamide)	Tier 3	
TEXACORT TOPICAL SOLUTION 2.5 %	(hydrocortisone)	Tier 3	$; ST: Must meet the following requirement: Generic Hydrocortisone 2.5% lotion in 120 days
TOPICORT TOPICAL CREAM 0.05 %, 0.25 %	(desoximetasone)	Tier 3	
TOPICORT TOPICAL GEL 0.05 %	(desoximetasone)	Tier 3	
TOPICORT TOPICAL OINTMENT 0.05 %, 0.25 %	(desoximetasone)	Tier 3	
TOPICORT TOPICAL SPRAY,NON-AEROSOL 0.25 %	(desoximetasone)	Tier 3	ST: Must meet any of the following requirements: Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam, shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (ointment, cream) in 120 days
TOVET EMOLLIENT TOPICAL FOAM 0.05 %	(clobetasol-emollient)	Tier 3	$
TOVET KIT TOPICAL COMBO PACK 0.05 %		Tier 3	

Drug		Status	Notes
triamcinolone acetonide topical aerosol 0.147 mg/gram	(Kenalog)	Tier 1	$
triamcinolone acetonide topical cream 0.025 %, 0.1 %		Tier 1	$
triamcinolone acetonide topical cream 0.5 %	(Triderm)	Tier 1	$; QL (454 GM per 30 days)
triamcinolone acetonide topical lotion 0.025 %		Tier 1	
triamcinolone acetonide topical lotion 0.1 %		Tier 1	$
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %		Tier 1	$
triamcinolone acetonide topical ointment 0.05 %	(Trianex)	Tier 1	$; QL (430 GM per 30 days)
TRIANEX TOPICAL OINTMENT 0.05 %	(triamcinolone acetonide)	Tier 1	QL (430 GM per 30 days)
TRIASIL TOPICAL KIT 0.1 %- 4" X 4"		Tier 3	
TRIDERM TOPICAL CREAM 0.5 %	(triamcinolone acetonide)	Tier 1	QL (454 GM per 30 days)
ULTRAVATE TOPICAL LOTION 0.05 %		Tier 3	ST: Must meet any of the following requirements: Betamethasone augmented (ointment, gel, lotion), Fluocinonide 0.1% cream, Clobetasol (spray, lotion, gel, ointment, cream, solution) or Halobetasol 0.05% (cream, ointment) in 120 days; QL (120 ML per 30 days)
VANOS TOPICAL CREAM 0.1 %	(fluocinonide)	Tier 3	
VERDESO TOPICAL FOAM 0.05 %		Tier 3	ST: Must meet the following requirement: Fluocinolone Acetonide 0.01% body oil in 120 days
WHYTEDERM TDPAK TOPICAL KIT 0.1-2 %		Tier 3	
WHYTEDERM TRILASIL PAK TOPICAL KIT 0.1-2 %		Tier 3	
XILAPAK TOPICAL KIT 0.01 %		Tier 3	
Topical Anti-Inflammatory, Nsaids			
CAPSFENAC PAK TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 %		Tier 3	
CAPSINAC TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %		Tier 3	

Drug		Status	Notes
DERMACINRX LEXITRAL TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %		Tier 3	
diclofenac epolamine transdermal patch 12 hour 1.3 %	(Flector)	Tier 1	
diclofenac sodium topical drops 1.5 %		Tier 1	$
diclofenac sodium topical gel 1 %	(Arthritis Pain (diclofenac))	Tier 1	
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	(Pennsaid)	Tier 1	$
DICLOFEX DC TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %		Tier 3	
DICLOFONO TOPICAL GEL IN PACKET 1.6 %		Tier 3	
DICLOGEN TOPICAL KIT 1.5-10-4 %		Tier 3	
DICLOPR TOPICAL COMBO PACK,CREAM AND GEL 1-30-10 %		Tier 3	
DICLOSAICIN TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %		Tier 3	
DICLOTRAL TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %		Tier 3	
DICLOTREX TOPICAL KIT 1.5-10-4 %		Tier 3	
DIMENTHO TOPICAL KIT 1.5-10 %		Tier 3	
DITHOL TOPICAL COMBO PACK 1.5-10 %		Tier 3	
FENOVAR TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 %		Tier 3	
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	(diclofenac epolamine)	Tier 3	
FROTEK TOPICAL CREAM IN PACKET 10 %		Tier 3	
FROTEK TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %		Tier 3	
ICLOFENAC CP TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %		Tier 3	
INFLAMMA-K TOPICAL KIT, PATCH, SOLUTION DROPS 1.5-10-6-3.1 %		Tier 3	
KERAXA TOPICAL GEL 3-2-4 %	(diclofenac-hyaluronate-niacin)	Tier 3	

Drug		Status	Notes
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %		Tier 3	ST: Must meet the following requirement: generic Flector patch in 120 days; QL (1 EA per 1 day)
ORTHAPHEN TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 %		Tier 3	
PROFINAC TOPICAL KIT 1.5 %		Tier 3	
ROAOXIA TOPICAL GEL 3-2-4 %	(diclofenac-hyaluronate-niacin)	Tier 3	
SURE RESULT DSS PREMIUM PACK TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %		Tier 3	
VAROPHEN (DICLOFENAC) TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 %		Tier 3	
VENNGEL II TOPICAL KIT 1 %		Tier 3	
VENNGEL ONE TOPICAL KIT 1 %		Tier 1	
XRYLIX (DICLOFENAC-KINES TAPE) TOPICAL KIT 1.5 %		Tier 3	
ZICLOCIN TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 %		Tier 3	
ZICLOPRO TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %		Tier 3	
Topical Janus Kinase (Jak) Inhibitors			
ANZUPGO TOPICAL CREAM 2 %		Tier 3	PA; QL (60 GM per 30 days)
OPZELURA TOPICAL CREAM 1.5 %		Tier 2	PA; $$$; QL (60 GM per 30 days)
Dermatology - Antipruritic Drugs			
Antipruritics,Topical			
doxepin topical cream 5 %	(Prudoxin)	Tier 1	$; ST: Must meet the following requirement: Topical Corticosteroid in 120 days
LEVICYN ANTIPRURITIC TOPICAL GEL		Tier 3	
Dermatology - Miscellaneous			
Antiperspirants			
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	(aluminum chloride)	Tier 2	
DRYSOL TOPICAL SOLUTION 20 %	(aluminum chloride)	Tier 2	
Antiseborrheic Agents			
LOUTREX TOPICAL CREAM		Tier 1	

Drug		Status	Notes
MICURADERM TOPICAL EMULSION		Tier 3	
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 %	(sulfacetamide sodium)	Tier 2	
OVACE PLUS TOPICAL CLEANSER 10 %	(sulfacetamide sodium)	Tier 3	
OVACE PLUS TOPICAL CREAM 10 %		Tier 3	
OVACE PLUS TOPICAL LOTION 9.8 %		Tier 3	ST: Must meet the following requirement: Ciclopirox (shampoo or gel) or Ketoconazole (shampoo or cream) in 120 days
OVACE PLUS WASH TOPICAL CLEANSER, GEL 10 %	(sulfacetamide sodium)	Tier 3	
OVACE TOPICAL CLEANSER 10 %	(sulfacetamide sodium)	Tier 3	$
PLEXION NS TOPICAL SHAMPOO 9.8 %	(sulfacetamide sodium)	Tier 3	$
PROMISEB TOPICAL CREAM		Tier 3	
selenium sulfide topical lotion 2.5 %		Tier 1	$
selenium sulfide topical shampoo 2.25 %, 2.3 %		Tier 1	$
sulfacetamide sodium topical cleanser 10 %	(Ovace)	Tier 1	$
sulfacetamide sodium topical cleanser, gel 10 %	(Ovace Plus Wash)	Tier 1	$
sulfacetamide sodium topical shampoo 10 %	(Ovace Plus Shampoo)	Tier 1	$
sulfacetamide sodium topical shampoo 9.8 %	(Plexion NS)	Tier 1	
TERSI FOAM TOPICAL FOAM 2.25 %		Tier 3	
Antiseptics,Miscellaneous			
guaiacol liquid		Tier 3	
Emollients			
ammonium lactate topical cream 12 %		Tier 1	$
ammonium lactate topical lotion 12 %	(AmLactin)	Tier 1	$
ATRAPRO CP TOPICAL COMBO PACK,CREAM AND GEL		Tier 3	
ATRAPRO HYDROGEL TOPICAL GEL		Tier 3	
AVO CREAM TOPICAL EMULSION		Tier 1	$
CELACYN TOPICAL GEL WITH PUMP		Tier 3	
CERACADE TOPICAL EMULSION		Tier 3	
CERAMAX TOPICAL CREAM		Tier 3	
CERAMAX TOPICAL LOTION		Tier 3	
DERMASO PLUS TOPICAL CREAM		Tier 3	
DEXERYL TOPICAL CREAM		Tier 3	

Drug		Status	Notes
EMULSION SB TOPICAL EMULSION		Tier 1	
ENTTY TOPICAL SPRAY,NON-AEROSOL		Tier 3	
EPICERAM TOPICAL EMULSION, EXTENDED RELEASE		Tier 3	
HALUCORT TOPICAL GEL		Tier 3	
HAPRODERM TOPICAL GEL		Tier 3	
HPR PLUS HYDROGEL TOPICAL KIT,CREAM AND GEL		Tier 1	
HPR PLUS TOPICAL CREAM		Tier 3	
HPR PLUS TOPICAL FOAM		Tier 3	
HPR PLUS-MB HYDROGEL TOPICAL COMBO PACK,GEL AND FOAM 96.53-3-0.4 -0.066 %		Tier 1	
HPR TOPICAL FOAM		Tier 3	
KERASTAT TOPICAL CREAM		Tier 3	
KERASTAT TOPICAL GEL 5 %		Tier 3	
LEVICYN ANTIPRURITIC SG TOPICAL SPRAY GEL		Tier 3	
LOYON TOPICAL SPRAY,NON-AEROSOL		Tier 3	
LUXAMEND TOPICAL CREAM		Tier 3	
MB HYDROGEL (CYCLOMETHICONE) TOPICAL KIT,CREAM AND GEL		Tier 1	
MB HYDROGEL TOPICAL KIT,CREAM AND GEL 96.53-3-0.4 -0.066 %		Tier 1	
NEOSALUS TOPICAL CREAM		Tier 3	
NEOSALUS TOPICAL LOTION		Tier 3	
NUTRASEB TOPICAL CREAM		Tier 3	
PRESERA TOPICAL FOAM		Tier 3	
PRUCLAIR TOPICAL CREAM		Tier 1	
PRUMYX TOPICAL CREAM		Tier 1	
SEBUDERM TOPICAL GEL		Tier 3	
SONAFINE TOPICAL EMULSION		Tier 1	
XCLAIR TOPICAL CREAM		Tier 3	
Iodine Antiseptics			
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %	(povidone-iodine)	Tier 3	
povidone-iodine ophthalmic (eye) solution 5 %	(Betadine Ophthalmic Prep)	Tier 1	
Irrigants			
acetic acid irrigation solution 0.25 %		Tier 1	$
lactated ringers irrigation solution		Tier 3	

Drug		Status	Notes
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml		Tier 1	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L		Tier 3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L		Tier 3	
ringer's irrigation solution		Tier 1	
sodium chloride irrigation solution 0.9 %	(Sterile Saline)	Tier 1	$
sorbitol irrigation solution 3 %		Tier 1	
sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml		Tier 1	
VASHE IRRIGATION IRRIGATION SOLUTION 0.033 %		Tier 3	$
water for irrigation, sterile irrigation solution	(Curity Sterile Water)	Tier 1	$
Irritants/Counter-Irritants			
cantharidin in acetone topical solution 0.7 %		Tier 1	
methyl salicylate oil	(Wintergreen Oil)	Tier 1	
methyl salicylate topical liquid		Tier 1	
QUTENZA TOPICAL KIT 8 %		Tier 3	PA
WINTERGREEN OIL OIL	(methyl salicylate)	Tier 1	
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 %		Tier 3	PA
Keratolytics			
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %		Tier 1	
BENZEPRO TOPICAL TOWELETTE 6 %		Tier 1	
benzoyl peroxide topical cleanser 7 %	(Pacnex)	Tier 1	
benzoyl peroxide topical foam 9.8 %	(BenzePrO)	Tier 1	
BPO TOPICAL GEL 8 %	(benzoyl peroxide)	Tier 1	
CEM-UREA TOPICAL GEL 45 %	(urea)	Tier 1	
CONDYLOX TOPICAL GEL 0.5 %	(podofilox)	Tier 3	ST: Must meet the following requirement: Podofilox 0.5% solution in 120 days; QL (0.5 GM per 1 day)
HYDRO 35 TOPICAL FOAM 35 %	(urea)	Tier 3	
HYDRO 40 TOPICAL FOAM 40 %		Tier 3	
KERALYT TOPICAL SHAMPOO 6 %	(salicylic acid)	Tier 3	$
METDRAY TOPICAL GEL 17-2 %		Tier 3	
NENDRUX TOPICAL GEL 40-5 %		Tier 3	

Drug		Status	Notes
PACNEX HP TOPICAL PADS, MEDICATED 7 %		Tier 3	
PACNEX LP TOPICAL PADS, MEDICATED 4.25 %		Tier 3	
PODOCON TOPICAL LIQUID 25 %		Tier 1	
podofilox topical gel 0.5 %	(Condylox)	Tier 1	ST: Must meet the following requirement: Podofilox 0.5% solution in 120 days; QL (0.5 GM per 1 day)
podofilox topical solution 0.5 %		Tier 1	QL (0.5 ML per 1 day)
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %		Tier 1	
PRONAL TOPICAL GEL 10-40 %		Tier 3	
RAYASAL TOPICAL CREAM 5.9 %		Tier 3	
RYNODERM TOPICAL CREAM 37.5 %		Tier 3	
SALICATE TOPICAL LIQUID 10 %		Tier 3	
salicylic acid topical cream 6 %	(Salimez)	Tier 1	
salicylic acid topical cream,extended release 6 %		Tier 1	
salicylic acid topical film forming liquid w/appl 27.5 %	(Virasal)	Tier 1	$
salicylic acid topical film-forming soln er w/ appl 28.5 %	(UltraSal-ER)	Tier 1	
salicylic acid topical foam 6 %	(Salvax)	Tier 1	$
salicylic acid topical gel 6 %	(Salyntra)	Tier 1	$
salicylic acid topical liquid 26 %		Tier 1	
salicylic acid topical lotion 6 %		Tier 1	
salicylic acid topical lotion,extended release 6 %		Tier 1	
salicylic acid topical ointment 3 %		Tier 1	
salicylic acid topical shampoo 6 %	(Keralyt)	Tier 1	
salicylic acid-ceramides no.1 topical kit,cleanser and cream er 6 %		Tier 1	
SALIMEZ FORTE TOPICAL CREAM 10 %		Tier 3	
SALIMEZ TOPICAL CREAM 6 %	(salicylic acid)	Tier 3	
SALVAX DUO PLUS TOPICAL FOAM 6-35 %		Tier 3	
SALVAX TOPICAL FOAM 6 %	(salicylic acid)	Tier 1	
SALYCIM TOPICAL CREAM 6 %	(salicylic acid)	Tier 3	
SALYNTRA TOPICAL GEL 6 %	(salicylic acid)	Tier 1	
silver nitrate applicators topical stick 75-25 %		Tier 1	$

Drug		Status	Notes
silver nitrate topical solution 10 %		Tier 1	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 %	(salicylic acid)	Tier 3	
URAMAXIN GT TOPICAL GEL 45 %	(urea)	Tier 3	
URAMAXIN GT TOPICAL KIT,CREAM AND GEL 45 %		Tier 3	
URAMAXIN TOPICAL CREAM 45 %	(urea)	Tier 3	
URAMAXIN TOPICAL FOAM 20 %		Tier 3	
URAMAXIN TOPICAL GEL 45 %	(urea)	Tier 3	
URAMAXIN TOPICAL LOTION 45 %	(urea)	Tier 3	
UREA NAIL STICK TOPICAL SOLUTION 50 %	(urea)	Tier 1	
urea topical cream 39 %	(Xurea)	Tier 1	$
urea topical cream 39.5 %, 41 %, 47 %		Tier 1	
urea topical cream 40 %		Tier 1	$
urea topical cream 45 %	(Uramaxin)	Tier 1	$
urea topical cream 50 %	(Ure-K)	Tier 1	
urea topical foam 35 %	(Hydro 35)	Tier 1	
urea topical gel 45 %	(CEM-Urea)	Tier 1	$
urea topical lotion 40 %		Tier 1	
VIRASAL TOPICAL FILM FORMING LIQUID W/APPL 27.5 %	(salicylic acid)	Tier 3	
WAYZEN TOPICAL GEL 40-5 %		Tier 3	
WELERIS TOPICAL GEL 17-2 %		Tier 3	
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 %		Tier 3	
XIRUN TOPICAL GEL 10-40 %		Tier 3	
XUREA TOPICAL CREAM 39 %	(urea)	Tier 3	
Oxidizing Agents			
ATRAPRO DERMAL SPRAY TOPICAL SPRAY,NON-AEROSOL 0.003-0.004 %		Tier 3	
DELUO TOPICAL SPRAY,NON-AEROSOL 0.018 %-0.004 % -0.06 %		Tier 3	
EPICYN TOPICAL SPRAY,NON-AEROSOL		Tier 3	
HYCLODEX TOPICAL SPRAY,NON-AEROSOL 0.012 %-0.002 % -0.046 %		Tier 3	
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 %		Tier 3	
HYPOCYN DERMAL TOPICAL SPRAY,NON-AEROSOL 0.012 %-0.002 % -0.046 %		Tier 3	$
LEVICYN DERMAL TOPICAL SPRAY,NON-AEROSOL 0.009 %		Tier 3	

Drug	Status	Notes
MICROCYN TOPICAL SPRAY,NON-AEROSOL 0.003 %-0.004 % -0.023 %	Tier 3	
RENOVAR IRRIGATION IRRIGATION SOLUTION	Tier 3	
RENOVAR TOPICAL SOLUTION	Tier 3	
Protectives		
DERMELLE TOPICAL GEL	Tier 3	
DERPIXA TOPICAL GEL	Tier 3	
GENADUR (WITH LEXINAL) KIT 2,500 MCG	Tier 3	
GENADUR TOPICAL LIQUID	Tier 3	$$
JUVAZIN TOPICAL GEL	Tier 3	
PHARMABASE BARRIER TOPICAL OINTMENT 9.38 %	Tier 1	
PR CREAM TOPICAL CREAM	Tier 1	
PROSILK GEL TOPICAL GEL	Tier 3	
RADIAPLEXRX TOPICAL GEL	Tier 3	
RECEDO TOPICAL GEL	Tier 3	$
SAFRYCYN TOPICAL CREAM 0.2 %	Tier 3	
SCARCARE TOPICAL KIT 2 X 5.5 "	Tier 3	
SCARSILK GEL TOPICAL GEL	Tier 3	
SCARTRATE TOPICAL CREAM 5-2.25 %	Tier 3	
STRATAMARK TOPICAL GEL	Tier 3	
STRATATRIZ TOPICAL GEL	Tier 3	
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET (white petrolatum)	Tier 1	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 %	Tier 3	
zinc oxide topical ointment 20 % (Endit (zinc oxide))	Tier 1	
zinc oxide topical paste 25 %	Tier 1	
Topical Anti-Inflammatory Nsaid-Local Anesthetic		
DICLOVIX TOPICAL KIT, PATCH, SOLUTION DROPS 1.5-2.5-4-2 %	Tier 3	
Topical Anti-Inflammatory Steroid-Local Anesthetic		
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	Tier 2	
EPIFOAM TOPICAL FOAM 1-1 %	Tier 3	$; ST: Must meet the following requirement: Hydrocortisone/Pramoxine 2.5%-1% cream in 120 days

Drug		Status	Notes
hydrocortisone-pramoxine topical cream 2.35-1 %		Tier 1	
hydrocortisone-pramoxine topical cream 2.5-1 %		Tier 1	$
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	(Lidocort)	Tier 1	$
NOVACORT TOPICAL GEL WITH PERINEAL APPLICATOR 2-1 %		Tier 3	
PRAMOSONE TOPICAL CREAM 1-1 %	(hydrocortisone-pramoxine)	Tier 2	ST: Must meet the following requirement: Hydrocortisone/Pramoxine 2.5%-1% cream in 120 days
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %		Tier 2	
PRAMOSONE TOPICAL OINTMENT 1-1 %		Tier 2	ST: Must meet the following requirement: Hydrocortisone/Pramoxine 2.5%-1% cream in 120 days
PRAMOSONE TOPICAL OINTMENT 2.5-1 %	(hydrocortisone-pramoxine)	Tier 2	
Topical Antineoplastic & Premalignant Lesion Agnts			
bexarotene topical gel 1 %	(Targretin)	Tier 4	PA
CARAC TOPICAL CREAM 0.5 %	(fluorouracil)	Tier 3	PA
diclofenac sodium topical gel 3 %		Tier 1	$; QL (100 GM per 1 FILL)
EFUDEX TOPICAL CREAM 5 %	(fluorouracil)	Tier 3	$
fluorouracil topical cream 0.5 %	(Carac)	Tier 1	PA
fluorouracil topical cream 5 %	(Efudex)	Tier 1	$
fluorouracil topical solution 2 %		Tier 1	
fluorouracil topical solution 5 %		Tier 1	$
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %		Tier 3	$$$; QL (5 EA per 1 FILL)
KLISYRI (350 MG) TOPICAL OINTMENT IN PACKET 1 %		Tier 3	$$$; QL (5 EA per 1 FILL)
PANRETIN TOPICAL GEL 0.1 %		Tier 4	QL (60 GM per 28 days)
TARGRETIN TOPICAL GEL 1 %	(bexarotene)	Tier 4	PA; $$$$$
TOLAK TOPICAL CREAM 4 %		Tier 2	$
VALCHLOR TOPICAL GEL 0.016 %		Tier 4	PA
Topical Local Anesthetics			
ANACAINE TOPICAL OINTMENT 10 %		Tier 3	
ANASTIA TOPICAL LOTION 2.75 %		Tier 3	
ANODYNE LPT TOPICAL KIT 2.5-2.5 %	(lidocaine-prilocaine)	Tier 1	

Drug		Status	Notes
ASTERO TOPICAL GEL WITH PUMP 4 %		Tier 3	
CETACAINE TOPICAL AEROSOL,SPRAY 2 %-2 %-14 % (200 MG/SEC)		Tier 3	$
CRYODOSE TA MEDIUM STREAM SPR TOPICAL AEROSOL,SPRAY		Tier 3	
CRYODOSE TA MIST SPRAY TOPICAL AEROSOL,SPRAY		Tier 3	
DERMACINRX LIDOCAN TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 1	QL (90 EA per 30 days)
DERMACINRX LIDOGEL TOPICAL GEL 2.8 %		Tier 3	
DERMACINRX LIDOREX TOPICAL GEL 2.8 %		Tier 3	
DERMACINRX PHN PAK TOPICAL KIT, PATCH, MEDICATED, CREAM 5 %		Tier 3	
DERMACINRX ZRM PAK TOPICAL KIT, PATCH, MEDICATED, CREAM 5-5 %		Tier 3	
DERMALID TOPICAL COMBO PACK 5 %		Tier 1	
DOLOTRANZ TOPICAL KIT,CREAM AND GEL 4-2.5-2.5 %		Tier 3	
DYCLOPRO TOPICAL SOLUTION 0.5 %		Tier 1	
ELEMAR TOPICAL KIT 5-6 %		Tier 3	
ENZNONUTY TOPICAL OINTMENT 10-10-20 %		Tier 3	
ethyl chloride topical aerosol,spray 100 %		Tier 1	$
HURRI-FREEZE TOPICAL AEROSOL,SPRAY		Tier 3	
ILIDERM TOPICAL SPRAY,NON-AEROSOL		Tier 3	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 %		Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 %	(lidocaine-racepinep-tetracaine)	Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 %		Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 %		Tier 3	
LDO PLUS TOPICAL GEL WITH PUMP 4 %		Tier 3	
lidocaine hcl laryngotracheal solution 4 %		Tier 1	

Drug		Status	Notes
lidocaine hcl topical cream 3 %	(Lidopin)	Tier 1	$
lidocaine topical adhesive patch,medicated 5 %	(DermacinRx Lidocan)	Tier 1	$; QL (90 EA per 30 days)
lidocaine topical ointment 5 %		Tier 1	$; QL (240 GM per 30 days)
lidocaine-prilocaine topical cream 2.5-2.5 %		Tier 1	$
lidocaine-prilocaine topical kit 2.5-2.5 %	(Anodyne LPT)	Tier 1	$
lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %	(L.E.T. (lido-epineph-tetra))	Tier 1	
lidocaine-tetracaine topical cream 7-7 %	(Pliaglis)	Tier 1	
LIDOCAN III TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOCAN IV TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOCAN V TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 3	QL (90 EA per 30 days)
LIDOPIN TOPICAL CREAM 3 %	(lidocaine hcl)	Tier 3	
LIDOPIN TOPICAL CREAM 3.25 %		Tier 3	
LIDOPURE PATCH TOPICAL COMBO PACK 5 %		Tier 1	
LIDORX TOPICAL GEL WITH PUMP 3 %		Tier 3	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %		Tier 3	
LIDTOPIC TOPICAL CREAM, METERED-DOSE APPLICATOR 7.5 %		Tier 3	
LMR PLUS TOPICAL KIT 5-6 %		Tier 3	
MENTHO-CAINE TOPICAL KIT,OINTMENT AND SPRAY 5-8 %		Tier 3	
MOXICAINE TOPICAL KIT 5 %		Tier 1	
NOBELA TOPICAL OINTMENT 10-10-20 %		Tier 3	
NOLIRA TOPICAL CREAM 23-7 %		Tier 3	
NUMBONEX TOPICAL LOTION 2.75 %		Tier 3	
NYNUTEY TOPICAL CREAM 23-7 %		Tier 3	
PAIN EASE MEDIUM STREAM SPRAY TOPICAL AEROSOL,SPRAY		Tier 3	$
PAIN EASE MIST SPRAY TOPICAL AEROSOL,SPRAY		Tier 3	$
PAINGO KFT TOPICAL CREAM 2.5-2.5-30-10 %		Tier 3	

Drug		Status	Notes
PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 %		Tier 3	
PRILO PATCH TOPICAL KIT, PATCH, MEDICATED, CREAM 5-2.5-2.5 %		Tier 3	
PROXIVOL TOPICAL GEL 2 %		Tier 3	
REGENECARE TOPICAL GEL 2 %		Tier 3	
REGENECARE WITH ALOE TOPICAL GEL 2 %		Tier 3	
SOLUPAK TOPICAL KIT,OINTMENT AND SPRAY 5-10-3 %		Tier 3	
SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY		Tier 3	$
SYNTHERMA PLUS TOPICAL KIT 5-6 %		Tier 3	
TRANZAREL TOPICAL GEL 4 %		Tier 3	
WPR PLUS TOPICAL KIT,CREAM AND GEL 4-30-10 %		Tier 3	
XYLIDERM TOPICAL KIT 5 %		Tier 3	
ZILACAINE PATCH TOPICAL COMBO PACK 5 %		Tier 3	
ZILOVAL TOPICAL KIT 5 %		Tier 1	
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %		Tier 3	ST: Must meet the following requirement: Lidoderm 5% patch in 120 days; QL (90 EA per 30 days)
Topical Preparations,Miscellaneous			
KEFUNOVA TOPICAL CREAM 5-0.005 %		Tier 3	
MEDIHONEY (HONEY) TOPICAL PASTE 100 %		Tier 3	
Topical/Mucous Membr./Subcut. Enzymes			
NEXOBRID TOPICAL GEL 8.8 %		Tier 3	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM		Tier 3	PA; $$
Dermatology - Pigmentation Disorders			
Hypopigmentation Agents			
BLANCHE TOPICAL CREAM 4 %	(hydroquinone)	Tier 3	
hydroquinone topical cream 4 %	(Obagi Elastiderm)	Tier 1	$
KATARAXAP TOPICAL EMULSION 4-0.025-0.025 %		Tier 3	
KATARVIA TOPICAL EMULSION 4-0.025 %		Tier 3	

Drug		Status	Notes
KATARYA TOPICAL EMULSION 4-0.025-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 3	
KATARYAXN TOPICAL EMULSION 4-0.025-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 3	
KAXM TOPICAL EMULSION 4 %	(hydroquinone)	Tier 3	
KEIDO TOPICAL EMULSION 6-1 %	(hydroquinone-hyaluronate)	Tier 3	
KETARYA TOPICAL EMULSION 6-0.025-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 3	
KEVARAXAP TOPICAL EMULSION 6-0.05-0.025 %		Tier 3	
KEVARTIA TOPICAL EMULSION 6-0.05 %		Tier 3	
KEVARYA TOPICAL EMULSION 6-0.05-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 3	
KEXM TOPICAL EMULSION 6 %	(hydroquinone)	Tier 3	
KEYA TOPICAL EMULSION 6-0.5 %	(hydroquinone-hydrocortisone)	Tier 3	
KOTARAXAP TOPICAL EMULSION 5-0.025-0.025 %		Tier 3	
KUTAR TOPICAL EMULSION 8-0.025 %		Tier 3	
KUTARVIA TOPICAL EMULSION 8-0.025 %		Tier 3	
KUTARYAXM TOPICAL EMULSION 8-0.025-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 3	
KUTARYAXMPA TOPICAL EMULSION 8-0.025-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 3	
KUTEA TOPICAL EMULSION 8 %	(hydroquinone)	Tier 3	
KUVARYA TOPICAL EMULSION 8-0.05-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 3	
KUVARYE TOPICAL EMULSION 8-0.05-1 %	(hydroquin-tretinoin-hydrocort)	Tier 3	
KUXM TOPICAL EMULSION 8 %	(hydroquinone)	Tier 3	
MAVILO HP TOPICAL EMULSION 6-0.05-0.025 %		Tier 3	
MAVILO LP TOPICAL EMULSION 4-0.025-0.025 %		Tier 3	
MAVILO TOPICAL EMULSION 5-0.025-0.025 %		Tier 3	
MECORIX HP TOPICAL EMULSION 8-0.05-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 3	
MECORIX PLUS TOPICAL EMULSION 8-0.025-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 3	

Drug		Status	Notes
MECORIX TOPICAL EMULSION 8-0.025-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 3	
MEDORFA HP PLUS TOPICAL EMULSION 8 %	(hydroquinone)	Tier 3	
MEDORFA HP TOPICAL EMULSION 8 %	(hydroquinone)	Tier 3	
MEDORFA LP TOPICAL EMULSION 4 %	(hydroquinone)	Tier 3	
MEDORFA PLUS TOPICAL EMULSION 6-1 %	(hydroquinone-hyaluronate)	Tier 3	
MEDORFA TOPICAL EMULSION 6 %	(hydroquinone)	Tier 3	
MEKAM HP TOPICAL EMULSION 6-0.05-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 3	
MEKAM TOPICAL EMULSION 6-0.025-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 3	
MELIDU TOPICAL EMULSION 4-0.025-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 3	
MELONDIS PLUS TOPICAL EMULSION 4-0.025-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 3	
MELONDIS TOPICAL EMULSION 4-0.025-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 3	
MIMORA TOPICAL EMULSION 6-0.5 %	(hydroquinone-hydrocortisone)	Tier 3	
MOKURA LP TOPICAL EMULSION 4-0.025 %		Tier 3	
MOKURA MOD TOPICAL EMULSION 6-0.05 %		Tier 3	
MOKURA PLUS TOPICAL EMULSION 8-0.025 %		Tier 3	
MOKURA TOPICAL EMULSION 8-0.025 %		Tier 3	
MOLEXI TOPICAL EMULSION 4-0.025-2.5 %		Tier 3	
MYTHIUS TOPICAL EMULSION 8-0.05-1 %	(hydroquin-tretinoin-hydrocort)	Tier 3	
MYVORI TOPICAL CREAM 10-4 %	(lactic acid-niacinamide)	Tier 3	
OBAGI ELASTIDERM TOPICAL CREAM 4 %	(hydroquinone)	Tier 1	
OBAGI NU-DERM BLENDER TOPICAL CREAM 4 %	(hydroquinone)	Tier 1	
OBAGI NU-DERM CLEAR TOPICAL CREAM 4 %	(hydroquinone)	Tier 1	
OBAGI NU-DERM SUNFADER TOPICAL CREAM 4 %- SPF 15		Tier 3	

Drug		Status	Notes
OBAGI-C CLARIFYING SERUM TOPICAL LIQUID 4-10 %		Tier 3	
OBAGI-C THERAPY NIGHT TOPICAL CREAM 4 %		Tier 3	
PROOXIA TOPICAL CREAM 10-4 %	(lactic acid-niacinamide)	Tier 3	
TRI-LUMA TOPICAL CREAM 0.01-4-0.05 %		Tier 3	$
YAXATARXYN TOPICAL EMULSION 4-0.025-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 3	
YOKATAR TOPICAL EMULSION 4-0.025-2.5 %		Tier 3	
Dermatology - Psoriasis/Eczema			
Antipsoriatic Agents,Systemic			
acitretin oral capsule 10 mg, 17.5 mg, 25 mg		Tier 4	$
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML, 320 MG/2 ML		Tier 4	PA; $$$$$
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML, 320 MG/2 ML		Tier 4	PA; $$$$$
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML		Tier 4	PA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML		Tier 4	PA
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML		Tier 4	PA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML		Tier 4	PA
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML		Tier 4	PA
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg		Tier 1	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML		Tier 4	PA; $$$$$
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML		Tier 4	PA
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML		Tier 4	PA
SOTYKTU ORAL TABLET 6 MG		Tier 4	PA; $$$$$
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML		Tier 4	

Drug	Status	Notes
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 4	PA; $$$$$
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 4	PA; $$$$$
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 4	PA; $$$$$
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML	Tier 4	PA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 40 MG/0.5 ML, 80 MG/ML	Tier 4	PA; $$$$$
Antipsoriatics Agents		
calcipotriene scalp solution 0.005 %	Tier 1	ST: Must meet the following requirement: Topical Corticosteroid in 120 days
calcipotriene topical cream 0.005 %	Tier 1	$; ST: Must meet the following requirement: Topical Corticosteroid in 120 days
calcipotriene topical foam 0.005 % (Sorilux)	Tier 1	ST: Must meet the following requirement: Topical Corticosteroid in 120 days
calcipotriene topical ointment 0.005 %	Tier 1	ST: Must meet the following requirement: Topical Corticosteroid in 120 days
calcitriol topical ointment 3 mcg/gram (Vectical)	Tier 1	$; ST: Must meet the following requirement: Topical Corticosteroid in 120 days
DIOOXIA TOPICAL CREAM 0.005-4 %	Tier 3	
DRITHOCREME HP TOPICAL CREAM 1 %	Tier 2	ST: Must meet the following requirement: Topical Corticosteroid in 120 days

Drug		Status	Notes
DUOBRII TOPICAL LOTION 0.01-0.045 %		Tier 3	$$; ST: Must meet any of the following requirements: Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam, shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (ointment, cream) in 120 days; QL (200 GM per 28 days)
PURAZIL TOPICAL CREAM 0.005-4 %		Tier 3	
SORILUX TOPICAL FOAM 0.005 %	(calcipotriene)	Tier 3	ST: Must meet the following requirement: Topical Corticosteroid in 120 days
tazarotene topical cream 0.05 %	(Tazorac)	Tier 1	$; Age (Max 39 Years)
tazarotene topical cream 0.1 %	(Tazorac)	Tier 1	
tazarotene topical gel 0.05 %, 0.1 %	(Tazorac)	Tier 1	$; Age (Max 39 Years)
TAZORAC TOPICAL CREAM 0.05 %	(tazarotene)	Tier 3	$$; Age (Max 39 Years)
TAZORAC TOPICAL CREAM 0.1 %	(tazarotene)	Tier 3	$$
TAZORAC TOPICAL GEL 0.05 %	(tazarotene)	Tier 3	Age (Max 39 Years)
TAZORAC TOPICAL GEL 0.1 %	(tazarotene)	Tier 3	$$; Age (Max 39 Years)
TRIONEX TOPICAL KIT 0.005 %		Tier 3	
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM	(calcitriol)	Tier 3	$$; ST: Must meet the following requirement: Topical Corticosteroid in 120 days
VTAMA TOPICAL CREAM 1 %		Tier 2	PA; QL (60 GM per 30 days)
ZITHRANOL TOPICAL SHAMPOO 1 %		Tier 3	ST: Must meet the following requirement: Topical Corticosteroid in 120 days
ZORYVE TOPICAL CREAM 0.3 %		Tier 2	PA; QL (60 GM per 30 days)
Il-23 Receptor Antagonist, Monoclonal Antibody			
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML)		Tier 4	PA; $$$$$
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2)		Tier 4	PA; $$$$$

Drug		Status	Notes
OMVOH SUBCUTANEOUS SYRINGE 300MG/3ML(100MG /ML-200 MG/2ML)		Tier 4	PA
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)		Tier 4	PA
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML		Tier 4	PA
TREMFYA PEN INDUCTION PK-CROHN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML		Tier 4	PA
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML		Tier 4	PA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML		Tier 4	PA
Topical Agents,Miscellaneous			
COLLATYL TOPICAL GEL 1 %		Tier 3	
L-MESITRAN SOFT TOPICAL GEL 40 %		Tier 3	
MEDIHONEY (HONEY) TOPICAL GEL 80 %		Tier 3	
MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 %		Tier 3	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %		Tier 3	
OCM TOPICAL OINTMENT IN PACKET		Tier 3	
OMEZA TOPICAL OINTMENT IN PACKET		Tier 3	
urea topical cream 20 %	(Gormel)	Tier 1	$
Topical Immunosuppressive Agents			
ELIDEL TOPICAL CREAM 1 %	(pimecrolimus)	Tier 3	$; ST: Must meet any of the following requirements: generic Mometasone (cream or ointment), Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), or Triamcinolone (0.1% or 0.5% ointment) in 120 days
ELYZIA (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 %	(tacrolimus-hyaluronate-niacin)	Tier 3	
ELYZIA TOPICAL OINTMENT 0.1-4 %	(tacrolimus-niacinamide)	Tier 3	
HOVYN TOPICAL SOLUTION 0.1 %		Tier 3	

Drug		Status	Notes
HYFTOR TOPICAL GEL 0.2 %		Tier 4	PA
NUJO TOPICAL SOLUTION 0.1 %		Tier 3	
NUJU TOPICAL CREAM 0.1 %	(tacrolimus-vehicle base no.238)	Tier 3	
OXIANUJO (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 %	(tacrolimus-hyaluronate-niacin)	Tier 3	
OXIANUJO TOPICAL OINTMENT 0.1-4 %	(tacrolimus-niacinamide)	Tier 3	
pimecrolimus topical cream 1 %	(Elidel)	Tier 1	ST: Must meet any of the following requirements: generic Mometasone (cream or ointment), Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), or Triamcinolone (0.1% or 0.5% ointment) in 120 days
tacrolimus topical ointment 0.03 %, 0.1 %		Tier 1	$; ST: Must meet any of the following requirements: generic Mometasone (cream or ointment), Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), or Triamcinolone (0.1% or 0.5% ointment) in 120 days
VEVEN TOPICAL CREAM 0.1 %	(tacrolimus-vehicle base no.238)	Tier 3	
Topical Vit D Analog/Antiinflammatory, Steroidal			
calcipotriene-betamethasone topical ointment 0.005-0.064 %		Tier 1	$; ST: Must meet the following requirement: Topical Corticosteroid in 120 days
calcipotriene-betamethasone topical suspension 0.005-0.064 %	(Taclonex)	Tier 1	$; ST: Must meet the following requirement: Topical Corticosteroid in 120 days
DIOCHLOY TOPICAL SOLUTION 0.05-0.005 %	(clobetasol-calcipotriene)	Tier 3	
ENSTILAR TOPICAL FOAM 0.005-0.064 %		Tier 2	$$$
PLENURA TOPICAL SOLUTION 0.05-0.005 %	(clobetasol-calcipotriene)	Tier 3	

Drug		Status	Notes
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	(calcipotriene-betamethasone)	Tier 3	$$$$; ST: Must meet the following requirement: Topical Corticosteroid in 120 days
WYNZORA TOPICAL CREAM 0.005-0.064 %		Tier 3	ST: Must meet the following requirement: generic Taclonex ointment in 120 days
Diabetes			
Antihypergly, (Dpp-4) Inhibitor & Biguanide Comb.			
alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg	(Kazano)	Tier 3	$; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG		Tier 2	
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG		Tier 2	
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG		Tier 3	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG		Tier 3	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	(alogliptin-metformin)	Tier 3	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg, 5-1,000 mg, 5-500 mg		Tier 1	$; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
Antihypergly,Dpp-4 Enzyme Inhib &Thiazolidinedione			
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-45 mg	(Oseni)	Tier 3	$; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
alogliptin-pioglitazone oral tablet 25-15 mg, 25-30 mg		Tier 3	$; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days

Drug		Status	Notes
OSENI ORAL TABLET 12.5-30 MG, 25-45 MG	(alogliptin-pioglitazone)	Tier 3	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
Antihypergly,Incretin Mimetic(Glp-1 Recep.Agonist)			
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML		Tier 3	PA; $$
exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml, 5 mcg/dose (250 mcg/ml) 1.2 ml		Tier 1	PA
liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)	(Victoza 2-Pak)	Tier 3	PA; $
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)		Tier 2	PA; $$
RYBELSUS ORAL TABLET 14 MG, 7 MG		Tier 2	PA; $$$
RYBELSUS ORAL TABLET 3 MG		Tier 2	PA; $$
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML		Tier 2	PA; $$
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	(liraglutide)	Tier 3	PA; $$
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	(liraglutide)	Tier 3	PA; $$
Antihyperglycemc-Sod/Gluc Cotransport2(Sglt2)Inhib			
BRENZAVVY ORAL TABLET 20 MG	(bexagliflozin)	Tier 3	ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days
FARXIGA ORAL TABLET 10 MG, 5 MG	(dapagliflozin propanediol)	Tier 2	$$
INPEFA ORAL TABLET 200 MG, 400 MG		Tier 3	ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days
INVOKANA ORAL TABLET 100 MG, 300 MG		Tier 3	$$; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days

Drug	Status	Notes
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 2	
STEGLATRO ORAL TABLET 15 MG, 5 MG	Tier 3	ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days
Antihyperglycemic - Dopamine Receptor Agonists		
CYCLOSET ORAL TABLET 0.8 MG	Tier 3	ST: Must meet any of the following requirements: Glipizide/metformin (Metaglip), Glyburide/Metformin (Glucovance), Metformin (Glucophage), or Metformin ER in 180 days
Antihyperglycemic - Incretin Mimetics Combination		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	Tier 2	PA; $$
MOUNJARO SUBCUTANEOUS PEN INJECTOR 15 MG/0.5 ML	Tier 2	PA; $$$
Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)		
acarbose oral tablet 100 mg, 25 mg, 50 mg (Precose)	Tier 1	$
miglitol oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG (acarbose)	Tier 3	
Antihyperglycemic, Amylin Analog-Type		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	Tier 3	$$$
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	Tier 3	$$$
Antihyperglycemic, Dpp-4 Inhibitors		
alogliptin oral tablet 12.5 mg, 25 mg (Nesina)	Tier 3	$; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
alogliptin oral tablet 6.25 mg	Tier 3	$; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days

Drug		Status	Notes
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 2	
NESINA ORAL TABLET 12.5 MG, 25 MG	(alogliptin)	Tier 3	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
saxagliptin oral tablet 2.5 mg, 5 mg		Tier 1	$; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
sitagliptin oral tablet 100 mg, 25 mg, 50 mg	(Zituvio)	Tier 3	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
TRADJENTA ORAL TABLET 5 MG		Tier 3	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG	(sitagliptin)	Tier 3	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
Antihyperglycemic, Insulin-Release Stimulant Type			
glimepiride oral tablet 1 mg, 2 mg, 4 mg		Tier 1	$
glimepiride oral tablet 3 mg		Tier 1	
glipizide oral tablet 10 mg, 5 mg		Tier 1	$
glipizide oral tablet 2.5 mg		Tier 1	
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg		Tier 1	$
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	(glipizide)	Tier 3	$
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg		Tier 1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg		Tier 1	$
nateglinide oral tablet 120 mg, 60 mg		Tier 1	$
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg		Tier 1	$
Antihyperglycemic, Insulin-Response Enhancer (N-S)			
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	(pioglitazone)	Tier 3	
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	(Actos)	Tier 1	$

Drug	Status	Notes
Antihyperglycemic, Sglt-2 & Dpp-4 Inhibitor Comb.		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 2	
QTERN ORAL TABLET 10-5 MG	Tier 3	$$; ST: Must meet any of the following requirements: Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 120 days
QTERN ORAL TABLET 5-5 MG	Tier 3	ST: Must meet any of the following requirements: Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 120 days
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	Tier 3	ST: Must meet any of the following requirements: Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 120 days
Antihyperglycemic,Biguanide Type(Non-Sulfonylurea)		
DM2 COMBO PACK, TABLET AND STRIP 500 MG	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
metformin oral solution 500 mg/5 ml (Riomet)	Tier 1	$$
metformin oral tablet 1,000 mg, 500 mg, 850 mg	Tier 1	$
metformin oral tablet 625 mg, 750 mg	Tier 1	
metformin oral tablet extended release 24 hr 500 mg, 750 mg	Tier 1	$
metformin oral tablet extended release 24hr 1,000 mg, 500 mg	Tier 1	$
metformin oral tablet,er gast.retention 24 hr 1,000 mg, 500 mg	Tier 1	$; ST: Must meet the following requirement: Metformin Hcl in 120 days

Drug		Status	Notes
RIOMET ORAL SOLUTION 500 MG/5 ML	(metformin)	Tier 3	
Antihyperglycemic,Insulin & Glp-1 Receptor Agonist			
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML		Tier 2	$$
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)		Tier 2	$$$
Antihyperglycemic,Insulin-Rel Stim.& Biguanide Cmb			
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg		Tier 1	$
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg		Tier 1	$
Antihyperglycemic,Insulin-Response & Release Comb.			
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	(pioglitazone-glimepiride)	Tier 3	ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	(DUETACT)	Tier 1	ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days
Antihyperglycemic-Glucocorticoid Receptor Blocker			
KORLYM ORAL TABLET 300 MG	(mifepristone)	Tier 4	PA
mifepristone oral tablet 300 mg	(Korlym)	Tier 4	PA
Antihyperglycemic-Sglt2 Inhibitor & Biguanide Comb			
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG		Tier 3	$$; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG		Tier 3	$$; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days

Drug		Status	Notes
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG		Tier 3	ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG		Tier 2	
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG		Tier 2	
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 5-1,000 MG	(dapaglifloz propaned-metformin)	Tier 2	$$
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 2.5-1,000 MG, 5-500 MG		Tier 2	$$
Antihyperglycm,Insul-Resp.Enhancer & Biguanide Cmb			
ACTOPLUS MET ORAL TABLET 15-850 MG	(pioglitazone-metformin)	Tier 3	ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days
pioglitazone-metformin oral tablet 15-500 mg		Tier 1	$; ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days
pioglitazone-metformin oral tablet 15-850 mg	(Actoplus MET)	Tier 1	$; ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days
Antihypergly-Sglt-2 Inhib,Dpp-4 Inhib,Biguanide Cb			
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG		Tier 2	

Drug		Status	Notes
Blood Sugar Diagnostics			
ACCU-CHEK AVIVA PLUS TEST STRP STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
ACCU-CHEK GUIDE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
ACCU-CHEK SMARTVIEW TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
ACCUTREND GLUCOSE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
ADVANCED GLUC METER TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	$; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days

Drug		Status	Notes
ADVOCATE REDI-CODE PLUS STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
AGAMATRIX AMP TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
AGAMATRIX JAZZ TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
AGAMATRIX PRESTO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
ASSURE 4 STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days

Drug		Status	Notes
ASSURE PLATINUM TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	$; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
ASSURE PRISM MULTI STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
BIONIME RIGHTEST TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
BLOOD GLUCOSE TEST STRIP	(blood sugar diagnostic)	Tier 3	$; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
BLULINK GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days

Drug		Status	Notes
CARESENS N TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
CARETOUCH TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
CHOICEDM CLARUS STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
CLEVER CHOICE MICRO TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
CLEVER CHOICE PRO STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days

Drug		Status	Notes
CLEVER CHOICE TALK TEST STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
CLEVER CHOICE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
CLEVER CHOICE VOICE PLUS TEST STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
CONTOUR NEXT TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 2	$
CONTOUR PLUS TEST STRIP STRIP	(blood sugar diagnostic)	Tier 2	$
CONTOUR TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 2	$
DIATRUE PLUS TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
EASY PLUS II TEST STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days

Drug		Status	Notes
EASY STEP STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
EASY TALK GLUCOSE TEST STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
EASY TALK PLUS II TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	$; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
EASY TOUCH BLULINK TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
EASY TOUCH TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days

Drug		Status	Notes
EASY TRAK GLUCOSE TEST STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
EASY TRAK II TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
EASYGLUCO TEST STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
EASYMAX 15 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
EASYMAX STRIP	(blood sugar diagnostic)	Tier 3	$; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days

Drug		Status	Notes
ELEMENT COMPACT TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
ELEMENT TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
EMBRACE BLOOD GLUCOSE SYSTEM STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
EMBRACE EVO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
EMBRACE PRO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days

Drug		Status	Notes
EMBRACE TALK TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
EMBRACE WAVE GLUCOSE TEST STRP STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
EVENCARE G2 STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
EVENCARE G3 TEST STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
EVENCARE MINI GLUCOSE TEST STR STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days

Drug		Status	Notes
EVENCARE PROVIEW TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
EVENCARE TEST STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
EVOLUTION TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
EZ SMART PLUS TEST STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
EZ SMART TEST STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days

Drug		Status	Notes
FORA 6 CONNECT GLUCOSE STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
FORA 6CONN-GTEL-TN'G ADV STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
FORA D40-G31 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
FORA G20 STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
FORA GD50 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days

Drug		Status	Notes
FORA GTEL GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	$; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
FORA TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	$; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
FORA TN'G ADVAN PRO TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
FORA TN'G VOICE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
FORA V10 STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days

Drug		Status	Notes
FORA V10-V12-D10-D20 STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
FORACARE GD20 STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
FORACARE GD40 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
FREESTYLE INSULINX STRIP	(blood sugar diagnostic)	Tier 2	
FREESTYLE INSULINX TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 2	
FREESTYLE LITE STRIPS STRIP	(blood sugar diagnostic)	Tier 2	
FREESTYLE PRECISION NEO STRIPS STRIP	(blood sugar diagnostic)	Tier 2	
FREESTYLE TEST STRIP	(blood sugar diagnostic)	Tier 2	
GE100 BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days

Drug		Status	Notes
GE333 BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
GLUCO NAVII TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
GLUCOCARD 01 SENSOR PLUS STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
GLUCOCARD EXPRESSION STRIP	(blood sugar diagnostic)	Tier 3	$; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
GLUCOCARD SHINE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days

Drug		Status	Notes
GLUCOCARD VITAL SENSOR STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
GLUCOCARD VITAL TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	$; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
GLUCOCOM GLUCOSE STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
GM100 STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
GOJJI BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days

Drug		Status	Notes
HARMONY GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
HEALTHPRO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
IHEALTH GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
INFINITY TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
MICRO BLOOD GLUCOSE STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days

Drug		Status	Notes
MICRODOT BLOOD GLUCOSE SYSTEM STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
MICRODOT XTRA BLOOD GLUCOSE STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
MYGLUCOHEALTH STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
NEUTEK 2TEK TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
NOVA MAX GLUCOSE TEST STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days

Drug		Status	Notes
ON CALL EXPRESS TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
ONETOUCH ULTRA TEST STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
ONETOUCH VERIO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
OPTIUM EZ STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
OPTIUM TEST STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days

Drug		Status	Notes
PHARMACIST CHOICE STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
PIP BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
PLATINUM TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
PRECISION PCX PLUS TEST STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
PRECISION PCX TEST STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days

Drug		Status	Notes
PRECISION POINT OF CARE TEST STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
PRECISION Q-I-D TEST STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
PRECISION XTRA TEST STRIP	(blood sugar diagnostic)	Tier 2	
PREMIER TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
PREMIUM V10 STRIP	(blood sugar diagnostic)	Tier 3	$; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
PRO VOICE V8-V9 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days

Drug		Status	Notes
PRODIGY NO CODING STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
QUINTET AC STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
QUINTET GLUCOSE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
REFUAH PLUS STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
RELION CONFIRM-MICRO STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days

Drug		Status	Notes
RELION PRIME TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
RELION ULTIMA STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
REVEAL TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
RIGHTEST GS550 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
RIGHTEST GT333 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days

Drug		Status	Notes
SMART SENSE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
SMARTEST TEST STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
SOLUS V2 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
SURE-TEST EASYPLUS MINI STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
TELCARE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days

Drug		Status	Notes
TEST N'GO TEST STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
TRUE METRIX GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	$; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
TRUETEST TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
TRUETRACK TEST STRIP	(blood sugar diagnostic)	Tier 3	$; ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
ULTIMA TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days

Drug		Status	Notes
ULTRATRAK STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
ULTRATRAK ULTIMATE STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
UNISTRIP1 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
VIVAGUARD INO TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
Diabetic Supplies			
2TEK CONTROL (HIGH-NORMAL) SOLUTION	(blood glucose contrl hi,normal)	Tier 3	
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION		Tier 3	
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION		Tier 3	
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION	(blood glucose control, normal)	Tier 3	
ACCUTREND GLUCOSE CONTROL SOLUTION		Tier 3	
ADVOCATE REDI-CODE PLUS CTRL L SOLUTION	(blood glucose control, low)	Tier 3	

Drug		Status	Notes
ADVOCATE REDI-CODE+ CTRL HIGH SOLUTION	(blood glucose control, high)	Tier 3	
AGAMATRIX CONTROL SOLN-HIGH SOLUTION	(blood glucose control, high)	Tier 3	
AGAMATRIX CONTROL SOLN-NORMAL SOLUTION	(blood glucose control, normal)	Tier 3	
AGAMATRIX CONTROL SOLN-NORM-HI SOLUTION	(blood glucose contrl hi,normal)	Tier 3	
ASSURE 4 CONTROL SOLUTION COMBO PACK		Tier 3	
ASSURE DOSE NORMAL CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
ASSURE DOSE NORM-HI CONTROL SOLUTION	(blood glucose contrl hi,normal)	Tier 3	
ASSURE PRISM CONTROL 1-2 SOLN SOLUTION	(blood glucose contrl hi,normal)	Tier 3	
AUTOSOFT 30 INFUSION SET		Tier 3	
AUTOSOFT 90 INFUSION SET		Tier 3	
AUTOSOFT XC INFUSION SET 23" INFUSION SET		Tier 3	
AUTOSOFT XC INFUSION SET 32" INFUSION SET		Tier 3	
AUTOSOFT XC INFUSION SET 43" INFUSION SET		Tier 3	
BIGFOOT UNITY KIT		Tier 3	
BIGFOOT UNITY PEN CAP-ADMELOG DEVICE		Tier 3	
BIGFOOT UNITY PEN CAP-APIDRA DEVICE		Tier 3	
BIGFOOT UNITY PEN CAP-ASPART DEVICE		Tier 3	
BIGFOOT UNITY PEN CAP-BASAGLAR DEVICE		Tier 3	
BIGFOOT UNITY PEN CAP-FIASP DEVICE		Tier 3	
BIGFOOT UNITY PEN CAP-HUMALOG DEVICE		Tier 3	
BIGFOOT UNITY PEN CAP-LANTUS DEVICE		Tier 3	
BIGFOOT UNITY PEN CAP-LISPRO DEVICE		Tier 3	
BIGFOOT UNITY PEN CAP-LYUMJEV DEVICE		Tier 3	
BIGFOOT UNITY PEN CAP-NOVOLOG DEVICE		Tier 3	

Drug		Status	Notes
BIGFOOT UNITY PEN CAP-TOUJEO DEVICE		Tier 3	
BIGFOOT UNITY PEN CAP-TOUJEOMX DEVICE		Tier 3	
BIGFOOT UNITY PEN CAP-TRESIBA DEVICE		Tier 3	
blood glucose contrl hi,normal solution	(2Tek Control (High-Normal))	Tier 3	
blood glucose control, normal solution	(Accu-Chek SmartView Contrl Sol)	Tier 3	
BREEZE 2 CONTROL SOLUTION, LOW SOLUTION	(blood glucose control, low)	Tier 3	
BREEZE 2 CONTROL SOLUTION, NML SOLUTION	(blood glucose control, normal)	Tier 3	
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION	(blood glucose control, high)	Tier 3	
CARESENS CONTROL A AND B SOLUTION	(blood glucose contrl hi,normal)	Tier 3	
CARETOUCH CONTROL SOLN L2-L3 SOLUTION	(blood glucose contrl hi,normal)	Tier 3	
CEQUR SIMPLICITY DEVICE 2 UNIT		Tier 2	
CEQUR SIMPLICITY INSERTER		Tier 2	
CHOICE DM CLARUS NORM CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION	(blood glucose control, low)	Tier 3	
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
CLEVER CHOICE LEVEL 3 CONTROL SOLUTION	(blood glucose control, high)	Tier 3	
CONTOUR CONTROL SOLUTION, HIGH SOLUTION	(blood glucose control, high)	Tier 3	$
CONTOUR CONTROL SOLUTION, LOW SOLUTION	(blood glucose control, low)	Tier 3	$
CONTOUR CONTROL SOLUTION, NML SOLUTION	(blood glucose control, normal)	Tier 3	$
CONTOUR NEXT LEV 1 CONTROL SOL SOLUTION	(blood glucose control, low)	Tier 3	$
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION	(blood glucose control, normal)	Tier 3	$
DEXCOM G6 RECEIVER		Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
DEXCOM G6 SENSOR DEVICE		Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST

Drug		Status	Notes
DEXCOM G6 TRANSMITTER DEVICE		Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
DEXCOM G7 RECEIVER		Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
DEXCOM G7 SENSOR DEVICE		Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
DIATRUE CONTROL SOLN NORMAL SOLUTION	(blood glucose control, normal)	Tier 3	
DIATRUE CONTROL SOLUTION HIGH SOLUTION	(blood glucose control, high)	Tier 3	
DIATRUE CONTROL SOLUTION LOW SOLUTION	(blood glucose control, low)	Tier 3	
EASY PLUS II HIGH CONTROL SOLUTION	(blood glucose control, high)	Tier 3	
EASY PLUS II LOW CONTROL SOLUTION	(blood glucose control, low)	Tier 3	
EASY STEP HIGH CONTROL SOLN SOLUTION	(blood glucose control, high)	Tier 3	
EASY STEP LOW CONTROL SOLUTION SOLUTION	(blood glucose control, low)	Tier 3	
EASY STEP NORMAL CONTROL SOLN SOLUTION	(blood glucose control, normal)	Tier 3	
EASY TALK HIGH CONTROL SOLUTION	(blood glucose control, high)	Tier 3	
EASY TALK LOW CONTROL SOLUTION	(blood glucose control, low)	Tier 3	
EASY TALK PLUS II HIGH CONTROL SOLUTION	(blood glucose control, high)	Tier 3	
EASY TALK PLUS II LOW CONTROL SOLUTION	(blood glucose control, low)	Tier 3	
EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION		Tier 3	
EASY TOUCH HIGH-LOW CONTROL SOLUTION		Tier 3	
EASY TRAK HIGH CONTROL SOLUTION	(blood glucose control, high)	Tier 3	
EASY TRAK II CTRL SOLN-NORMAL SOLUTION	(blood glucose control, normal)	Tier 3	
EASY TRAK LOW CONTROL SOLUTION	(blood glucose control, low)	Tier 3	
EASYMAX 15 LEVEL 2 SOLUTION	(blood glucose control, normal)	Tier 3	

Drug		Status	Notes
EASYMAX NORMAL CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
ELEMENT COMPACT HIGH CONTROL SOLUTION	(blood glucose control, high)	Tier 3	
ELEMENT COMPACT NORMAL CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
ELEMENT HIGH CONTROL SOLUTION	(blood glucose control, high)	Tier 3	
ELEMENT LOW CONTROL SOLUTION	(blood glucose control, low)	Tier 3	
ELEMENT NORMAL CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
EMBRACE EVO LEVEL 1 SOLUTION	(blood glucose control, low)	Tier 3	
EMBRACE GLUCOSE CONTROL HIGH SOLUTION	(blood glucose control, high)	Tier 3	
EMBRACE GLUCOSE CONTROL LOW SOLUTION	(blood glucose control, low)	Tier 3	
EMBRACE PRO SOLUTION	(blood glucose contrl hi,normal)	Tier 3	
EMBRACE TALK CONTROL-HIGH (L2) SOLUTION	(blood glucose control, high)	Tier 3	
EMBRACE TALK CONTROL-LOW (L1) SOLUTION	(blood glucose control, low)	Tier 3	
EVENCARE G2 SOLUTION		Tier 3	
EVENCARE G3 CONTROL SOLUTION		Tier 3	
EVENCARE SOLUTION		Tier 3	
EVERSENSE 365 SENSOR SUBCUTANEOUS DEVICE		Tier 3	PA; $$$$
EVERSENSE 365 TRANSMITTER DEVICE		Tier 3	PA; $$
EVOLUTION NORMAL CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
EZ SMART CONTROL SOLUTION	(blood glucose control, low)	Tier 3	
FORA HIGH CONTROL SOLUTION	(blood glucose control, high)	Tier 3	
FORA LOW CONTROL SOLUTION	(blood glucose control, low)	Tier 3	
FORA NORMAL CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	$
FORACARE GDH HIGH CONTROL SOLUTION	(blood glucose control, high)	Tier 3	
FORACARE GDH LOW CONTROL SOLUTION	(blood glucose control, low)	Tier 3	

Drug		Status	Notes
FORACARE GDH NORMAL CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
FREESTYLE CONTROL SOLUTION		Tier 3	
FREESTYLE LIBRE 14 DAY READER		Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 14 DAY SENSOR KIT		Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE		Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 2 READER		Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 2 SENSOR KIT		Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE		Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 3 READER		Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 3 SENSOR DEVICE		Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
GE100 CONTROL SOLUTION NORMAL SOLUTION	(blood glucose control, normal)	Tier 3	
GLUCOCARD 01 HI-NORMAL CONTROL SOLUTION	(blood glucose contrl hi,normal)	Tier 3	
GLUCOCARD 01 NORMAL CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
GLUCOCARD EXPRESSION SOLUTION	(blood glucose control, normal)	Tier 3	
GLUCOCARD SHINE SOLUTION	(blood glucose control, normal)	Tier 3	
GLUCOCOM AUTOLINK		Tier 3	
GLUCOCOM CONTROL HIGH SOLUTION	(blood glucose control, high)	Tier 3	
GLUCOCOM CONTROL NORMAL SOLUTION	(blood glucose control, normal)	Tier 3	
GLUCOSE CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
GLUCOSE KETONE CONTROL SOLN SOLUTION	(blood glucose control, normal)	Tier 3	

Drug		Status	Notes
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION	(blood glucose control, normal)	Tier 3	
GUARDIAN 4 GLUCOSE SENSOR DEVICE		Tier 3	PA
GUARDIAN 4 TRANSMITTER DEVICE		Tier 3	PA
GUARDIAN CONNECT TRANSMITTER DEVICE		Tier 3	PA
GUARDIAN LINK 3 TRANSMITTER DEVICE		Tier 3	PA; $$
GUARDIAN SENSOR 3 DEVICE		Tier 3	PA; $$
HEALTHPRO HIGH-LOW CONTROL SOLUTION		Tier 3	
IHEALTH CONTROL SOLN LEVEL 2 SOLUTION	(blood glucose control, normal)	Tier 3	
ILET INFUSION KIT-INSET 23" COMBO PACK		Tier 3	$$
ILET INFUSION KIT-INSET 32" COMBO PACK		Tier 3	$$
ILET INFUSION-CONTACT DTCH 23" COMBO PACK		Tier 3	$$
ILET INSULIN PUMP		Tier 3	PA; $$$$
ILET STARTER KIT CONTACT KIT		Tier 3	$$
ILET STARTER KIT-INSET KIT		Tier 3	$$
INFINITY CONTROL SOLUTION HIGH SOLUTION	(blood glucose control, high)	Tier 3	
INFINITY CONTROL SOLUTION LOW SOLUTION	(blood glucose control, low)	Tier 3	
INFINITY CONTROL SOLUTION NORM SOLUTION	(blood glucose control, normal)	Tier 3	
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN		Tier 2	
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN		Tier 2	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN		Tier 2	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN		Tier 2	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN		Tier 2	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN		Tier 2	
MEDISENSE COMBO PACK		Tier 3	
MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK		Tier 3	

Drug		Status	Notes
MEDISENSE GLUCOSE KETONE COMBO PACK		Tier 3	
MEDISENSE MID CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
MEDTRONIC EXT INFUSION SET 23" INFUSION SET		Tier 3	
MEDTRONIC EXT INFUSION SET 32" INFUSION SET		Tier 3	
METER-CHECK SOLUTION	(blood glucose control, normal)	Tier 3	
MICRODOT HIGH-LOW CONTROL SOLUTION		Tier 3	
MICRODOT NORMAL CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
MINIMED 630G INSULIN PUMP		Tier 3	PA
MINIMED 770G INSULIN PUMP		Tier 3	PA
MINIMED 780G INSULIN PUMP		Tier 3	PA
MINIMED MIO ADVANCE INF SET23" INFUSION SET		Tier 3	
MINIMED MIO ADVANCE INF SET43" INFUSION SET		Tier 3	
MINIMED QUICK SET 18" INFUSION SET		Tier 3	
MINIMED QUICK SET 23" INFUSION SET		Tier 3	
MINIMED QUICK SET 32" INFUSION SET		Tier 3	
MINIMED QUICK SET 43" INFUSION SET		Tier 3	
MINIMED SILHOUETTE 18" INFUSION SET		Tier 3	
MINIMED SILHOUETTE 23" INFUSION SET		Tier 3	
MINIMED SILHOUETTE 32" INFUSION SET		Tier 3	
MINIMED SILHOUETTE 43" INFUSION SET		Tier 3	
MINIMED SURE T 18" INFUSION SET		Tier 3	
MINIMED SURE T 23" INFUSION SET		Tier 3	
MINIMED SURE T 32" INFUSION SET		Tier 3	
MYGLUCOHEALTH CONTROL SOLUTION SOLUTION	(blood glucose ctl high,nml,low)	Tier 3	
NOVAMAX PLUS GLU-KET SOLUTION		Tier 3	
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN		Tier 3	$

Drug		Status	Notes
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE		Tier 2	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE		Tier 2	
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE		Tier 2	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE		Tier 2	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE		Tier 2	
OMNIPOD DASH PDM KIT (GEN 4)		Tier 2	
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE		Tier 2	
ON CALL EXPRESS CONTROL SOLUTION	(blood glucose ctl high,nml,low)	Tier 3	
ONETOUCH ULTRA CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
ONETOUCH VERIO HIGH CONTROL SOLUTION	(blood glucose control, high)	Tier 3	
ONETOUCH VERIO MID CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
PIP GLUCOSE CONTROL SOLN L1-L2 SOLUTION		Tier 3	
PRECISION GLUCOSE CONTROL SOLN COMBO PACK		Tier 3	
PRECISION GLUCOSE/KETONE CONTR COMBO PACK		Tier 3	
PRODIGY CONTROL SOLUTION, LOW SOLUTION	(blood glucose control, low)	Tier 3	
PRODIGY CONTROL SOLUTION,HIGH SOLUTION	(blood glucose control, high)	Tier 3	
REFUAH PLUS GLUCOSE CONTROL SOLUTION	(blood glucose control, high)	Tier 3	
RIGHTEST CONTROL SOLUTION HIGH SOLUTION	(blood glucose control, high)	Tier 3	
RIGHTEST CONTROL SOLUTION NORM SOLUTION	(blood glucose control, normal)	Tier 3	
SIMPLERA SENSOR DEVICE		Tier 3	PA
SIMPLERA SYNC SENSOR DEVICE		Tier 3	PA
SMARTEST CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
SOLUS V2 CONTROL SOLUTION, LOW SOLUTION	(blood glucose control, low)	Tier 3	
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION	(blood glucose control, high)	Tier 3	

Drug		Status	Notes
SURE-TEST EASYPLUS MINI SOLUTION	(blood glucose control, normal)	Tier 3	
T:FLEX SUBCUTANEOUS CARTRIDGE		Tier 3	
T:SLIM X2 BASAL-IQ INSULIN PMP		Tier 3	PA
T:SLIM X2 CONTROL-IQ		Tier 3	PA
T:SLIM X2 SUBCUTANEOUS CARTRIDGE		Tier 3	
TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK		Tier 3	
TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK		Tier 3	
TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK		Tier 3	
TANDEM MOBI AUTOSOFT30 14PK 23 COMBO PACK		Tier 3	
TANDEM MOBI AUTOSOFTXC 14PK 23 COMBO PACK		Tier 3	
TANDEM MOBI AUTOSOFTXC 14PK 5" COMBO PACK		Tier 3	
TANDEM MOBI SYSTEM		Tier 3	PA
TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK		Tier 3	
TANDEM T:SLIM ASFT 30 PK10 23" COMBO PACK		Tier 3	
TANDEM T:SLIM ASFT 30 PK14 23" COMBO PACK		Tier 3	
TANDEM T:SLIM ASFT XC PK10 23" COMBO PACK		Tier 3	
TANDEM T:SLIM ASFT XC PK14 23" COMBO PACK		Tier 3	
TANDEM T:SLIM TRUSTL PK10 23" COMBO PACK		Tier 3	
TD GOLD LEVEL 1 CONTROL SOLUTION	(blood glucose control, low)	Tier 3	
TD GOLD LEVEL 2 CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
TELCARE CONTROL SOLUTION		Tier 3	
TEMPO SMART BUTTON DEVICE		Tier 3	
TEMPO WELCOME KIT KIT		Tier 3	
TRUE METRIX LEVEL 1 SOLUTION	(blood glucose control, low)	Tier 3	$
TRUE METRIX LEVEL 2 SOLUTION	(blood glucose control, normal)	Tier 3	$
TRUE METRIX LEVEL 3 SOLUTION	(blood glucose control, high)	Tier 3	$

Drug		Status	Notes
TRUSTEEL INFUSION SET 23" INFUSION SET		Tier 3	
TRUSTEEL INFUSION SET 32" INFUSION SET		Tier 3	
ULTRATRAK HIGH-LOW CONTROL SOLUTION		Tier 3	
ULTRATRAK NORMAL CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
ULTRATRAK ULTIMATE SOLUTION		Tier 3	
UNISTIK 2 EXTRA LANCET 21 GAUGE	(lancets)	Tier 2	
UNISTIK 2 NORMAL LANCET 21 GAUGE	(lancets)	Tier 2	
UNISTRIP LOW CONTROL SOLUTION	(blood glucose control, low)	Tier 3	
VARISOFT INFUSION SET 23" INFUSION SET		Tier 3	
VARISOFT INFUSION SET 32" INFUSION SET		Tier 3	
VARISOFT INFUSION SET 43" INFUSION SET		Tier 3	
V-GO 20 DEVICE		Tier 2	
V-GO 30 DEVICE		Tier 2	
V-GO 40 DEVICE		Tier 2	
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION	(blood glucose ctl high,nml,low)	Tier 3	
VIVAGUARD INO CTRL SOLN-L1,L3 SOLUTION		Tier 3	
VIVAGUARD INO CTRL SOLN-L2 SOLUTION	(blood glucose control, normal)	Tier 3	
Diabetic Ulcer Preparations,Topical			
REGRANEX TOPICAL GEL 0.01 %		Tier 2	$$$
Durable Medical Equipment,Misc(Group 1)			
BLULINK BG SYSTEM REFILL KIT 32 GAUGE		Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days
Hyperglycemics			
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION		Tier 2	

Drug		Status	Notes
diazoxide oral suspension 50 mg/ml	(Proglycem)	Tier 1	$$
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	(glucagon hcl)	Tier 3	ST: Must meet any of the following requirements: Baqsimi or Gvoke in 120 days
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG		Tier 1	$; ST: Must meet any of the following requirements: Baqsimi or Gvoke in 120 days
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML		Tier 2	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML		Tier 2	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML		Tier 2	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML		Tier 2	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML		Tier 2	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	(diazoxide)	Tier 3	
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML		Tier 3	$$; ST: Must meet any of the following requirements: Baqsimi or Gvoke in 120 days
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML		Tier 3	$$; ST: Must meet any of the following requirements: Baqsimi or Gvoke in 120 days
Insulins			
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	(insulin lispro)	Tier 3	$; ST: Must meet the following requirement: Fiasp, Lyumjev, Novolog, insulin lispro or Humalog U-200 120 days
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin lispro)	Tier 3	$; ST: Must meet the following requirement: Fiasp, Lyumjev, Novolog, insulin lispro or Humalog U-200 120 days
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT (90)/ 8 UNIT (90)		Tier 3	PA; $$$

Drug	Status	Notes
AFREZZA INHALATION CARTRIDGE WITH INHALER 4 UNIT, 8 UNIT	Tier 3	PA; $$
AFREZZA INHALATION CARTRIDGE WITH INHALER 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT (90)/ 12 UNIT (90)	Tier 3	PA; $$$$
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 3	ST: Must meet the following requirement: Fiasp, Lyumjev, Novolog, insulin lispro or Humalog U-200 120 days
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	ST: Must meet the following requirement: Fiasp, Lyumjev, Novolog, insulin lispro or Humalog U-200 120 days
BASAGLAR KWIKPEN U-100 INSULIN (insulin glargine) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	$; ST: Must meet any of the following requirements: Semglee (yfgn), Toujeo, or Tresiba in 120 days
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (3 ML)	Tier 3	$; ST: Must meet 2 of the following requirements: Insulin glargine-yfgn, Toujeo or Tresiba in 365 days
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	$
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	Tier 2	$$
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	Tier 2	$$$
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	$$
HUMALOG JUNIOR KWIKPEN U-100 (insulin lispro) SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	Tier 3	$
HUMALOG KWIKPEN INSULIN (insulin lispro) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 3	$
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	$$$
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	Tier 2	$

Drug		Status	Notes
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	(insulin lispro protamin-lispro)	Tier 3	$
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)		Tier 2	$
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML		Tier 3	$; ST: Must meet 2 of the following requirements: Insulin Lispro, Novolog, Fiasp, or Lyumjev (non tempo version) in 365 days
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML		Tier 2	$
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin lispro)	Tier 3	$
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		Tier 2	$
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		Tier 2	$
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 2	$
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		Tier 2	$
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML		Tier 2	$
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML		Tier 2	$$$
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)		Tier 2	$$$
insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)	(Novolog Mix 70-30FlexPen U-100)	Tier 3	ST: Must meet any of the following requirements: generic Humalog Mix 75-25 in 120 days
insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)	(Novolog Mix 70-30 U-100 Insuln)	Tier 3	ST: Must meet any of the following requirements: generic Humalog Mix 75-25 in 120 days

Drug		Status	Notes
insulin aspart u-100 subcutaneous cartridge 100 unit/ml	(Novolog PenFill U-100 Insulin)	Tier 3	ST: Must meet the following requirement: Fiasp, Lyumjev, Novolog, insulin lispro or Humalog U-200 120 days
insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)	(Novolog FlexPen U-100 Insulin)	Tier 3	ST: Must meet the following requirement: Fiasp, Lyumjev, Novolog, insulin lispro or Humalog U-200 120 days
insulin aspart u-100 subcutaneous solution 100 unit/ml	(Novolog U-100 Insulin aspart)	Tier 3	ST: Must meet the following requirement: Fiasp, Lyumjev, Novolog, insulin lispro or Humalog U-200 120 days
insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)	(Semglee(insulin glarg-yfgn)Pen)	Tier 2	
insulin glargine-yfgn subcutaneous solution 100 unit/ml	(Semglee(insulin glargine-yfgn))	Tier 2	
insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)	(Humalog Mix 75-25 KwikPen)	Tier 1	$
insulin lispro subcutaneous insulin pen 100 unit/ml	(Admelog SoloStar U-100 Insulin)	Tier 1	$
insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml	(Humalog Junior KwikPen U-100)	Tier 1	$
insulin lispro subcutaneous solution 100 unit/ml	(Admelog U-100 Insulin lispro)	Tier 1	$
KIRSTY PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 3	
KIRSTY SUBCUTANEOUS SOLUTION 100 UNIT/ML		Tier 3	
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML		Tier 2	$$
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)		Tier 2	$$$
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML		Tier 3	$$; ST: Must meet 2 of the following requirements: Insulin Lispro, Novolog, Fiasp, or Lyumjev (non tempo version) in 365 days
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		Tier 2	$$

Drug		Status	Notes
MERILOG SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 3	ST: Must meet the following requirement: Fiasp, Lyumjev, Novolog, insulin lispro or Humalog U-200 120 days
MERILOG SUBCUTANEOUS SOLUTION 100 UNIT/ML		Tier 3	ST: Must meet the following requirement: Fiasp, Lyumjev, Novolog, insulin lispro or Humalog U-200 120 days
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		Tier 2	$
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		Tier 2	$
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 2	$
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		Tier 2	$
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 2	$
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML		Tier 2	$
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin aspart u-100)	Tier 2	$
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	(insulin asp prt-insulin aspart)	Tier 2	$
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	(insulin asp prt-insulin aspart)	Tier 2	$
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	(insulin aspart u-100)	Tier 2	$
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin aspart u-100)	Tier 2	$
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine-yfgn)	Tier 3	$$; ST: Must meet any of the following requirements: Semglee (yfgn), Toujeo, or Tresiba in 120 days

Drug		Status	Notes
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine-yfgn)	Tier 3	ST: Must meet any of the following requirements: Semglee (yfgn), Toujeo, or Tresiba in 120 days
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	(insulin glargine u-300 conc)	Tier 2	$$
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc)	Tier 2	$$
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin degludec)	Tier 2	$$
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	(insulin degludec)	Tier 2	$$
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin degludec)	Tier 2	$$
Urine Glucose Test Aids			
DIASTIX STRIP		Tier 3	$
Ear - General Disorders			
Ear Preparations Anti-Inflammatory			
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	(fluocinolone acetonide oil)	Tier 3	
FLAC OTIC OIL OTIC (EAR) DROPS 0.01 %	(fluocinolone acetonide oil)	Tier 3	
fluocinolone acetonide oil otic (ear) drops 0.01 %	(DermOtic Oil)	Tier 1	$
Ear Preparations, Misc. Anti-Infectives			
acetic acid otic (ear) solution 2 %		Tier 1	
CORTANE-B TOPICAL LOTION 1-1-0.1 %		Tier 3	
hydrocortisone-acetic acid otic (ear) drops 1-2 %		Tier 1	
Ear Preparations,Antibiotics			
CETRAXAL OTIC (EAR) DROPPERETTE 0.2 %	(ciprofloxacin hcl)	Tier 3	
ciprofloxacin hcl otic (ear) dropperette 0.2 %	(Cetraxal)	Tier 1	$
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML		Tier 3	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%		Tier 1	$

Drug		Status	Notes
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%		Tier 1	$
ofloxacin otic (ear) drops 0.3 %		Tier 1	$
Otic Preparations,Anti-Inflammatory-Antibiotics			
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %		Tier 3	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %		Tier 1	$
ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)	(Otovel)	Tier 1	$
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	(ciprofloxacin-fluocinolone)	Tier 3	
Electrolyte Regulation			
Arginine Vasopressin (Avp) Receptor Antagonists			
SAMSCA ORAL TABLET 15 MG	(tolvaptan)	Tier 4	QL (30 EA per 365 days)
SAMSCA ORAL TABLET 30 MG	(tolvaptan)	Tier 4	QL (60 EA per 365 days)
tolvaptan (polycys kidney dis) oral tablet 15 mg	(Jynarque)	Tier 4	$$$; QL (30 EA per 365 days)
tolvaptan oral tablet 15 mg	(Samsca)	Tier 4	$$$; QL (30 EA per 365 days)
tolvaptan oral tablet 30 mg	(Samsca)	Tier 4	$$$$$; QL (60 EA per 365 days)
Electrolyte Depleters			
AURYXIA ORAL TABLET 210 MG IRON	(ferric citrate)	Tier 3	ST: Must meet the following requirements: Velphoro and one of the following: generic Sevelamer HCL, Calcium Acetate, Lanthanum Carbonate, or Sevelamer Carbonate in 365 days; QL (12 EA per 1 day)
calcium acetate(phosphat bind) oral capsule 667 mg		Tier 1	$
calcium acetate(phosphat bind) oral tablet 667 mg		Tier 1	$
ferric citrate oral tablet 210 mg iron	(Auryxia)	Tier 1	$$; ST: Must meet the following requirements: Velphoro and one of the following: generic Sevelamer HCL, Calcium Acetate, Lanthanum Carbonate, or Sevelamer Carbonate in 365 days; QL (12 EA per 1 day)

Drug		Status	Notes
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG		Tier 3	ST: Must meet the following requirements: Velphoro and one of the following: generic Sevelamer HCL, Calcium Acetate, Lanthanum Carbonate, or Sevelamer Carbonate in 365 days; QL (3 EA per 1 day)
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG	(lanthanum)	Tier 3	
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML		Tier 1	
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	(Fosrenol)	Tier 1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM		Tier 2	$$
RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	(sevelamer carbonate)	Tier 3	
RENVELA ORAL TABLET 800 MG	(sevelamer carbonate)	Tier 3	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	(Renvela)	Tier 1	$
sevelamer carbonate oral tablet 800 mg	(Renvela)	Tier 1	$
sevelamer hcl oral tablet 400 mg		Tier 1	$$
sevelamer hcl oral tablet 800 mg		Tier 1	$
sodium polystyrene sulfonate oral powder 15 gram		Tier 1	$
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML		Tier 1	$
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML		Tier 3	$
VELPHORO ORAL TABLET,CHEWABLE 500 MG		Tier 2	$$$$; QL (6 EA per 1 day)
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM		Tier 3	PA
XPHOZAH ORAL TABLET 20 MG, 30 MG		Tier 3	ST: Must meet the following requirements: Velphoro and one of the following: generic Sevelamer HCL, Calcium Acetate, Lanthanum Carbonate, or Sevelamer Carbonate in 365 days; QL (2 EA per 1 day)

Drug		Status	Notes
Polycystic Kidney Disease Agent, Avp Recep. Antag			
tolvaptan (polycys kidney dis) oral tablet 30 mg	(Jynarque)	Tier 4	$$$$$; QL (60 EA per 365 days)
Potassium Replacement			
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ		Tier 3	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	(potassium bicarb-citric acid)	Tier 1	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	(potassium chloride)	Tier 3	$
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	(potassium chloride)	Tier 3	$
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	(potassium chloride)	Tier 1	$
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	(potassium chloride)	Tier 1	$
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	(potassium chloride)	Tier 1	$
KLOR-CON ORAL PACKET 20 MEQ	(potassium chloride)	Tier 3	$
KLOR-CON/EF ORAL TABLET, EFFERVESCENT 25 MEQ	(potassium bicarb-citric acid)	Tier 3	$
POKONZA ORAL PACKET 10 MEQ		Tier 1	$$
potassium chloride oral capsule, extended release 10 meq, 8 meq		Tier 1	$
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml		Tier 1	$
potassium chloride oral packet 20 meq	(Klor-Con)	Tier 1	$
potassium chloride oral tablet extended release 10 meq	(Klor-Con 10)	Tier 1	$
potassium chloride oral tablet extended release 15 meq		Tier 1	
potassium chloride oral tablet extended release 20 meq		Tier 1	$
potassium chloride oral tablet extended release 8 meq	(Klor-Con 8)	Tier 1	$
potassium chloride oral tablet,er particles/crystals 10 meq	(Klor-Con M10)	Tier 1	$
potassium chloride oral tablet,er particles/crystals 15 meq	(Klor-Con M15)	Tier 1	
potassium chloride oral tablet,er particles/crystals 20 meq	(Klor-Con M20)	Tier 1	$
Sodium/Saline Preparations			
AQUASTAT 0.9% SODIUM CHLORIDE INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 3	

Drug		Status	Notes
AQUASTAT SFR 0.9% SODIUM CHLOR INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 3	
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 1	
MONOJECT 0.9% SODIUM CHLORIDE INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 3	
MONOJECT PREFILL ADVANCED NS INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 3	
NORMAL SALINE FLUSH INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 1	
sodium chlor 0.9% bacteriostat injection solution 0.9 %		Tier 1	$
sodium chloride 0.45 % intravenous parenteral solution 0.45 %		Tier 1	$
sodium chloride 0.9 % (flush) injection syringe	(BD PosiFlush Normal Saline 0.9)	Tier 1	$
sodium chloride 0.9 % injection solution		Tier 1	$
sodium chloride 0.9 % intravenous parenteral solution		Tier 1	$
sodium chloride 0.9 % intravenous piggyback		Tier 1	$
sodium chloride injection syringe 0.9 %		Tier 1	$
Endocrine Disorder - Fertility			
Drugs To Treat Impotency			
CIALIS ORAL TABLET 10 MG, 20 MG	(tadalafil)	Tier 3	PA; $$
CIALIS ORAL TABLET 5 MG	(tadalafil)	Tier 3	PA; $; QL (1 EA per 1 day)
tadalafil oral tablet 10 mg	(Cialis)	Tier 1	PA; $
tadalafil oral tablet 2.5 mg		Tier 1	PA; $; QL (1 EA per 1 day)
tadalafil oral tablet 20 mg	(Cialis)	Tier 1	PA; $; QL (2 EA per 1 day)
tadalafil oral tablet 5 mg	(Cialis)	Tier 1	PA; $; QL (1 EA per 1 day)
Fertility Stimulating Preparations,Non-Fsh			
CLOMID ORAL TABLET 50 MG	(clomiphene citrate)	Tier 3	
clomiphene citrate oral tablet 50 mg	(Clomid)	Tier 1	$
Follicle Stim./Luteinizing Hormones			
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT		Tier 4	
Follicle-Stimulating Hormone (Fsh)			
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML		Tier 4	ST: Must meet any of the following requirements: Gonal-F or Gonal-F RFF in 120 days
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300 UNIT/0.48 ML, 450 UNIT/0.72 ML		Tier 4	$$$

Drug		Status	Notes
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 900 UNIT/1.44 ML		Tier 4	$$$$
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT		Tier 4	
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT		Tier 4	
GONAL-F SUBCUTANEOUS RECON SOLN 450 UNIT		Tier 4	$$$$
Human Chorionic Gonadotropin (Hcg)			
chorionic gonadotropin, human intramuscular recon soln 10,000 unit	(Pregnyl)	Tier 3	ST: Must meet the following requirement: Novarel or Ovidrel in 120 days
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT		Tier 2	
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML		Tier 2	$
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	(chorionic gonadotropin, human)	Tier 3	ST: Must meet the following requirement: Novarel or Ovidrel in 120 days
Pregnancy Facilitating/Maintaining Agent,Hormonal			
CRINONE VAGINAL GEL 8 %		Tier 2	$$
ENDOMETRIN VAGINAL INSERT 100 MG	(progesterone micronized)	Tier 2	
Endocrine Disorder - Other			
Adrenal Steroid Inhibitors			
ISTURISA ORAL TABLET 1 MG, 5 MG		Tier 4	PA
RECORLEV ORAL TABLET 150 MG		Tier 4	PA
Adrenocorticotrophic Hormones			
ACTHAR INJECTION GEL 80 UNIT/ML		Tier 4	PA
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML		Tier 4	PA
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML		Tier 4	PA
CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML, 80 UNIT/ML		Tier 4	PA
Antidiuretic And Vasopressor Hormones			
DDAVP INJECTION SOLUTION 4 MCG/ML	(desmopressin)	Tier 3	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	(desmopressin)	Tier 3	

Drug		Status	Notes
desmopressin injection solution 4 mcg/ml	(DDAVP)	Tier 1	$$
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)		Tier 1	$
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)		Tier 1	$
desmopressin nasal spray,non-aerosol 150 mcg/spray (0.1 ml)		Tier 1	
desmopressin oral tablet 0.1 mg, 0.2 mg	(DDAVP)	Tier 1	$
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG		Tier 3	QL (1 EA per 1 day)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG		Tier 3	QL (1 EA per 1 day)
Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.			
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG		Tier 4	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)		Tier 4	PA
leuprolide subcutaneous kit 1 mg/0.2 ml		Tier 4	PA; $
Bone Formation Stim. Agents - Parathyroid Hormone			
BONSITY SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	(teriparatide)	Tier 4	PA
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	(teriparatide)	Tier 4	PA; $$$
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	(Bonsity)	Tier 4	PA; $$$
Bone Formation Stimulating Agts - Pth Rel Peptides			
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)		Tier 4	PA
Bone Resorption Inhibitor & Vitamin D Combinations			
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT		Tier 2	
Bone Resorption Inhibitors			
ACTONEL ORAL TABLET 150 MG	(risedronate)	Tier 3	$$; ST: Must meet the following requirements: generic Alendronate and Ibandronate in 365 days; QL (1 EA per 30 days)

Drug		Status	Notes
ACTONEL ORAL TABLET 35 MG	(risedronate)	Tier 3	$; ST: Must meet the following requirements: generic Alendronate and Ibandronate in 365 days; QL (1 EA per 7 days)
alendronate oral solution 70 mg/75 ml		Tier 1	QL (75 ML per 7 days)
alendronate oral tablet 10 mg, 35 mg		Tier 1	$
alendronate oral tablet 5 mg		Tier 1	
alendronate oral tablet 70 mg	(Fosamax)	Tier 1	$
ATELVIA ORAL TABLET,DELAYED RELEASE (DR/EC) 35 MG	(risedronate)	Tier 3	$; ST: Must meet the following requirements: generic Alendronate and Ibandronate in 365 days; QL (1 EA per 7 days)
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG		Tier 3	$$; ST: Must meet the following requirement: Alendronate and Ibandronate in 365 days; QL (4 EA per 28 days)
calcitonin (salmon) injection solution 200 unit/ml	(Miacalcin)	Tier 1	$$$$
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation		Tier 1	$
EVISTA ORAL TABLET 60 MG	(raloxifene)	Tier 3	$
FOSAMAX ORAL TABLET 70 MG	(alendronate)	Tier 3	
ibandronate oral tablet 150 mg		Tier 1	$
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	(calcitonin (salmon))	Tier 3	
raloxifene oral tablet 60 mg	(Evista)	Tier 5	$; $0 COPAY IF QUANTITY 1 IN 1 DAY
risedronate oral tablet 150 mg	(Actonel)	Tier 1	$; ST: Must meet the following requirements: generic Alendronate and Ibandronate in 365 days; QL (1 EA per 30 days)
risedronate oral tablet 30 mg		Tier 1	ST: Must meet the following requirements: generic Alendronate and Ibandronate in 365 days; QL (1 EA per 1 day)
risedronate oral tablet 35 mg	(Actonel)	Tier 1	$; ST: Must meet the following requirements: generic Alendronate and Ibandronate in 365 days; QL (1 EA per 7 days)

Drug		Status	Notes
risedronate oral tablet 5 mg		Tier 1	$; ST: Must meet the following requirements: generic Alendronate and Ibandronate in 365 days; QL (1 EA per 1 day)
risedronate oral tablet,delayed release (dr/ec) 35 mg	(Atelvia)	Tier 1	ST: Must meet the following requirements: generic Alendronate and Ibandronate in 365 days; QL (1 EA per 7 days)
Calcimimetic,Parathyroid Calcium Enhancer			
cinacalcet oral tablet 30 mg, 60 mg	(Sensipar)	Tier 4	$; QL (2 EA per 1 day)
cinacalcet oral tablet 90 mg	(Sensipar)	Tier 4	$; QL (4 EA per 1 day)
SENSIPAR ORAL TABLET 30 MG, 60 MG	(cinacalcet)	Tier 4	QL (2 EA per 1 day)
SENSIPAR ORAL TABLET 90 MG	(cinacalcet)	Tier 4	QL (4 EA per 1 day)
Growth Hormone Receptor Antagonists			
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		Tier 4	
Growth Hormone Releasing Hormone (Ghrh) & Analogs			
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG		Tier 4	PA
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG		Tier 4	PA
Growth Hormones			
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML		Tier 4	PA; $$
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML		Tier 4	PA; $$$
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 1 MG/0.25 ML, 1.2 MG/0.25 ML		Tier 4	PA; $$$$
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML		Tier 4	PA; $$$$$
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML)		Tier 4	PA; $$$$$
GENOTROPIN SUBCUTANEOUS CARTRIDGE 5 MG/ML (15 UNIT/ML)		Tier 4	PA; $$$$

Drug	Status	Notes
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT)	Tier 4	PA; $$$$
HUMATROPE INJECTION CARTRIDGE 24 MG (72 UNIT)	Tier 4	PA; $$$$$
HUMATROPE INJECTION CARTRIDGE 6 MG (18 UNIT)	Tier 4	PA; $$$
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)	Tier 4	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML)	Tier 4	PA; $$$$
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 15 MG/1.5 ML (10 MG/ML)	Tier 4	PA; $$$$$
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 30 MG/3 ML (10 MG/ML)	Tier 4	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 5 MG/1.5 ML (3.3 MG/ML)	Tier 4	PA; $$$
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML)	Tier 4	PA; $$$$$
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 20 MG/2 ML (10 MG/ML)	Tier 4	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 5 MG/2 ML (2.5 MG/ML)	Tier 4	PA; $$
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 4	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	Tier 4	PA
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	Tier 4	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG	Tier 4	PA; $$$$
SEROSTIM SUBCUTANEOUS RECON SOLN 5 MG	Tier 4	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 6 MG	Tier 4	PA; $$$$$

Drug	Status	Notes
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 4	PA
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML)	Tier 4	PA; $$$$
SOGROYA SUBCUTANEOUS PEN INJECTOR 15 MG/1.5 ML (10 MG/ML)	Tier 4	PA; $$$$$
SOGROYA SUBCUTANEOUS PEN INJECTOR 5 MG/1.5 ML (3.3 MG/ML)	Tier 4	PA; $$$
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	Tier 4	PA
Hyperparathyroid Tx Agents - Vitamin D Analog-Type		
doxercalciferol oral capsule 0.5 mcg, 2.5 mcg	Tier 1	$
doxercalciferol oral capsule 1 mcg	Tier 1	$$
paricalcitol oral capsule 1 mcg, 2 mcg (Zemplar)	Tier 1	$
paricalcitol oral capsule 4 mcg	Tier 1	$
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	Tier 2	QL (2 EA per 1 day)
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (paricalcitol)	Tier 3	
Insulin-Like Growth Factor-1 (Igf-1) Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 4	PA
Leptin Hormone Analogs		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Tier 4	PA; $$$$$
Lhrh (Gnrh) Antagonist,Estrogen And Progestin Comb		
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Tier 2	PA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Tier 2	PA
Lhrh(Gnrh) Agonist Analog Pituitary Suppressants		
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	Tier 4	PA; $$
Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents		
cetrorelix subcutaneous kit 0.25 mg (Cetrotide)	Tier 4	$$

Drug		Status	Notes
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	(cetrorelix)	Tier 4	$$$
FYREMADEL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	(ganirelix)	Tier 4	
ganirelix subcutaneous syringe 250 mcg/0.5 ml	(Fyremadel)	Tier 4	
ORILISSA ORAL TABLET 150 MG, 200 MG		Tier 2	PA
Lhrh(Gnrh)Agnst Pit.Sup-Central Precocious Puberty			
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)		Tier 4	
Natriuretic Peptides			
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG		Tier 4	PA
Parathyroid Hormones			
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML		Tier 4	PA
Pituitary Suppressive Agents			
cabergoline oral tablet 0.5 mg		Tier 1	$
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG		Tier 4	PA
CRENESSITY ORAL SOLUTION 50 MG/ML		Tier 4	PA
danazol oral capsule 100 mg, 200 mg, 50 mg		Tier 1	
Endocrine Disorder - Thyroid			
Antithyroid Preparations			
methimazole oral tablet 10 mg, 5 mg		Tier 1	$
propylthiouracil oral tablet 50 mg		Tier 1	$
Iodine Containing Agents			
LUGOLS ORAL SOLUTION 5 %		Tier 3	$
potassium iodide oral solution 1 gram/ml	(SSKI)	Tier 1	
SSKI ORAL SOLUTION 1 GRAM/ML	(potassium iodide)	Tier 1	
STRONG IODINE ORAL SOLUTION 5 %		Tier 1	$
Thyroid Hormones			
ADTHYZA ORAL TABLET 120 MG, 15 MG, 60 MG	(thyroid (pork))	Tier 3	$; ST: Must meet the following requirement: NP Thyroid tablets in 120 days
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 97.5 MG		Tier 3	
ADTHYZA ORAL TABLET 30 MG, 90 MG	(thyroid (pork))	Tier 3	$

Drug		Status	Notes
ADTHYZA ORAL TABLET 65 MG		Tier 3	$
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	(thyroid (pork))	Tier 3	$; ST: Must meet the following requirement: NP Thyroid tablets in 120 days
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG		Tier 3	$; ST: Must meet the following requirement: NP Thyroid tablets in 120 days
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	(liothyronine)	Tier 3	ST: Must meet the following requirement: generic Liothyronine tablets in 120 days
ERMEZA ORAL SOLUTION 30 MCG/ML		Tier 1	PA; $
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	(levothyroxine)	Tier 1	QL (2 EA per 1 day)
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	(levothyroxine)	Tier 3	ST: Must meet the following requirement: generic Levothyroxine tablets in 120 days; QL (2 EA per 1 day)
levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	(Tirosint)	Tier 1	PA
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	(Euthyrox)	Tier 1	$; QL (2 EA per 1 day)
levothyroxine oral tablet 300 mcg	(Levo-T)	Tier 1	$; QL (2 EA per 1 day)
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	(levothyroxine)	Tier 3	ST: Must meet the following requirement: generic Levothyroxine tablets in 120 days; QL (2 EA per 1 day)
LIOMNY ORAL TABLET 25 MCG, 5 MCG, 50 MCG	(liothyronine)	Tier 1	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	(Liomny)	Tier 1	$
NIVA THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	(thyroid (pork))	Tier 3	ST: Must meet the following requirement: NP Thyroid tablets in 120 days
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	(thyroid (pork))	Tier 1	$

Drug		Status	Notes
RENTHYROID ORAL TABLET 120 MG, 15 MG	(thyroid (pork))	Tier 3	ST: Must meet the following requirement: NP Thyroid tablets in 120 days
RENTHYROID ORAL TABLET 30 MG, 90 MG	(thyroid (pork))	Tier 3	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	(levothyroxine)	Tier 3	ST: Must meet the following requirement: generic Levothyroxine tablets in 120 days; QL (2 EA per 1 day)
THYQUIDITY ORAL SOLUTION 20 MCG/ML		Tier 3	ST: Must meet the following requirement: generic Levothyroxine tablets in 120 days; QL (20 ML per 1 day)
thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	(NP Thyroid)	Tier 1	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	(levothyroxine)	Tier 3	PA
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG		Tier 3	PA
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML		Tier 3	PA
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	(levothyroxine)	Tier 3	ST: Must meet the following requirement: generic Levothyroxine tablets in 120 days; QL (2 EA per 1 day)
Eye - General Disorders			
Eye Antibiotic, Glucocorticoid And Nsaid Comb.			
prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %		Tier 1	
prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %		Tier 1	
prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %		Tier 1	
prednisolon-moxiflox-ketorolac ophthalmic (eye) drops 1-0.5-0.5 %		Tier 1	

Drug		Status	Notes
Eye Antibiotic-Corticoid Combinations			
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %	(neomycin-polymyxin b-dexameth)	Tier 3	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(Neo-Polycin HC)	Tier 1	$
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	(Maxitrol)	Tier 1	$
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	(Maxitrol)	Tier 1	$
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml		Tier 1	
NEO-POLYCIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1%	(neomycin-bacitracin-poly-hc)	Tier 1	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %		Tier 3	
prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %		Tier 1	
prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %		Tier 1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %		Tier 2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %		Tier 3	ST: Must meet the following requirement: generic ophthalmic Tobramycin/Dexamethasone drops in 120 days
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %		Tier 1	$
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %		Tier 3	$
Eye Antihistamines			
azelastine ophthalmic (eye) drops 0.05 %		Tier 1	$; QL (12 ML per 30 days)
bepotastine besilate ophthalmic (eye) drops 1.5 %	(Bepreve)	Tier 1	$; ST: Must meet any of the following requirements: generic ophthalmic antihistamine (Azelastine, Epinastine, or Olopatadine) in 120 days; QL (10 ML per 30 days)

Drug		Status	Notes
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	(bepotastine besilate)	Tier 3	$; ST: Must meet any of the following requirements: generic ophthalmic antihistamine (Azelastine, Epinastine, or Olopatadine) in 120 days; QL (10 ML per 30 days)
epinastine ophthalmic (eye) drops 0.05 %		Tier 1	QL (10 ML per 30 days)
olopatadine ophthalmic (eye) drops 0.1 %	(Eye Allergy Itch-Redness Rlf)	Tier 1	$
olopatadine ophthalmic (eye) drops 0.2 %	(Advanced Eye Relief (olopatad))	Tier 1	QL (3 ML per 30 days)
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %		Tier 3	QL (60 EA per 30 days)
Eye Antiinflammatory Agents			
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	(ketorolac)	Tier 3	$
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	(ketorolac)	Tier 3	$$; QL (20 ML per 30 days)
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %		Tier 3	$; ST: Must meet the following requirements: Ilevro 0.3% and one of the following: Diclofenac 0.1% or Ketorolac 0.5% in 365 days; QL (60 EA per 15 days)
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	(loteprednol etabonate)	Tier 3	$; ST: Must meet any of the following requirements: generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (10 ML per 14 days)
bromfenac ophthalmic (eye) drops 0.07 %	(Prolensa)	Tier 1	ST: Must meet any of the following requirements: generic Ketorolac or Diclofenac ophthalmic drops in 120 days; QL (3 ML per 16 days)
bromfenac ophthalmic (eye) drops 0.075 %	(BromSite)	Tier 1	$; ST: Must meet any of the following requirements: generic Ketorolac or Diclofenac ophthalmic drops in 120 days; QL (5 ML per 16 days)

Drug		Status	Notes
bromfenac ophthalmic (eye) drops 0.09 %		Tier 1	ST: Must meet any of the following requirements: generic Ketorolac or Diclofenac ophthalmic drops in 120 days; QL (3.4 ML per 16 days)
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	(bromfenac)	Tier 3	$; ST: Must meet any of the following requirements: generic Ketorolac or Diclofenac ophthalmic drops in 120 days; QL (5 ML per 16 days)
clobetasol ophthalmic (eye) drops,suspension 0.05 %		Tier 1	ST: Must meet any of the following requirements: generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (3.5 ML per 14 days)
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %		Tier 1	$; QL (15 ML per 14 days)
DEXTENZA INTRACANALICULAR INSERT 0.4 MG		Tier 3	
diclofenac sodium ophthalmic (eye) drops 0.1 %		Tier 1	$; QL (10 ML per 14 days)
difluprednate ophthalmic (eye) drops 0.05 %	(Durezol)	Tier 1	$; QL (10 ML per 14 days)
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	(difluprednate)	Tier 3	QL (10 ML per 14 days)
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		Tier 3	PA
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %		Tier 3	ST: Must meet any of the following requirements: generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (15 ML per 14 days)
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	(FML Liquifilm)	Tier 1	QL (10 ML per 14 days)
flurbiprofen sodium ophthalmic (eye) drops 0.03 %		Tier 1	

Drug		Status	Notes
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		Tier 3	$; ST: Must meet any of the following requirements: generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (10 ML per 14 days)
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	(fluorometholone)	Tier 3	$; QL (10 ML per 14 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %		Tier 2	QL (3.4 ML per 16 days)
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %		Tier 3	ST: Must meet any of the following requirements: generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (5.6 ML per 14 days)
ketorolac ophthalmic (eye) drops 0.4 %	(Acular LS)	Tier 1	
ketorolac ophthalmic (eye) drops 0.5 %	(Acular)	Tier 1	$; QL (20 ML per 30 days)
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	(loteprednol etabonate)	Tier 3	$; QL (10 GM per 14 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %		Tier 2	$; QL (7 GM per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %		Tier 2	$; QL (10 GM per 14 days)
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	(Lotemax)	Tier 1	QL (10 GM per 14 days)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %	(Alrex)	Tier 1	ST: Must meet any of the following requirements: generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (10 ML per 14 days)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %		Tier 1	QL (20 ML per 14 days)
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %		Tier 3	ST: Must meet any of the following requirements: generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (25 ML per 14 days)

Drug	Status	Notes
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	ST: Must meet the following requirements: Ilevro 0.3% and one of the following: Diclofenac 0.1% or Ketorolac 0.5% in 365 days; QL (9 ML per 16 days)
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (prednisolone acetate)	Tier 3	$; QL (20 ML per 14 days)
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	Tier 3	$; ST: Must meet any of the following requirements: generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (20 ML per 14 days)
prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %	Tier 1	QL (20 ML per 14 days)
prednisolone acetate ophthalmic (eye) drops,suspension 1 % (Pred Forte)	Tier 1	QL (20 ML per 14 days)
prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %	Tier 1	
prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %	Tier 1	
prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %	Tier 1	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	Tier 1	$; QL (20 ML per 14 days)
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 % (bromfenac)	Tier 3	$; ST: Must meet any of the following requirements: generic Ketorolac or Diclofenac ophthalmic drops in 120 days; QL (3 ML per 16 days)
Eye Antivirals		
trifluridine ophthalmic (eye) drops 1 %	Tier 1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	Tier 3	$$; ST: Must meet any of the following requirements: oral Acyclovir, Famciclovir, or Valacyclovir in 120 days
Eye Local Anesthetics		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	Tier 3	

Drug		Status	Notes
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 %	(proparacaine)	Tier 1	
ALTACAINE OPHTHALMIC (EYE) DROPS 0.5 %	(tetracaine hcl)	Tier 1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %	(fluorescein-benoxinate)	Tier 1	
fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %		Tier 1	
fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %		Tier 1	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL 3 %		Tier 3	
proparacaine ophthalmic (eye) drops 0.5 %	(Alcaine)	Tier 1	$
tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %		Tier 1	
tetracaine hcl ophthalmic (eye) drops 0.5 %	(Altacaine)	Tier 1	
Eye Sulfonamides			
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %		Tier 2	
sulfacetamide sodium ophthalmic (eye) drops 10 %		Tier 1	$
sulfacetamide sodium ophthalmic (eye) ointment 10 %		Tier 1	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)		Tier 1	$
Eye Vasoconstrictors (Rx Only)			
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %		Tier 1	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %		Tier 3	PA
Nicotinic Recept.Partial Agonist, Alpha4beta2 Spec			
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY		Tier 2	PA
Ophthalmic (Eye) Antiparasitics			
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %		Tier 4	PA
Ophthalmic Antibiotics			
AZASITE OPHTHALMIC (EYE) DROPS 1 %		Tier 3	
bacitracin ophthalmic (eye) ointment 500 unit/gram		Tier 1	

Drug		Status	Notes
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	(Polycin)	Tier 1	$
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %		Tier 2	$
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %		Tier 2	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %		Tier 1	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)		Tier 1	$
gatifloxacin ophthalmic (eye) drops 0.5 %		Tier 1	$
gentamicin ophthalmic (eye) drops 0.3 %		Tier 1	$
levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %		Tier 1	
moxifloxacin ophthalmic (eye) drops 0.5 %	(Vigamox)	Tier 1	$
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %		Tier 1	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(Neo-Polycin)	Tier 1	$
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml		Tier 1	$
NEO-POLYCIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G	(neomycin-bacitracin-polymyxin)	Tier 1	
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 %	(ofloxacin)	Tier 3	$
ofloxacin ophthalmic (eye) drops 0.3 %	(Ocuflox)	Tier 1	$
POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM	(bacitracin-polymyxin b)	Tier 1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml		Tier 1	$
tobramycin ophthalmic (eye) drops 0.3 %		Tier 1	$
tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %		Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %		Tier 2	
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	(moxifloxacin)	Tier 3	
Ophthalmic Antifungal Agents			
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %		Tier 3	

Drug	Status	Notes
Ophthalmic Anti-Inflammatory Immunomodulator-Type		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	Tier 3	$$; ST: Must meet 2 of the following requirements: Cyclosporine/Restasis, Miebo, Tyrvaya, or Xiidra in 365 days; QL (60 EA per 30 days)
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 %	Tier 1	
cyclosporine ophthalmic (eye) dropperette 0.05 % (Restasis)	Tier 1	$; QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Tier 2	$$; QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (cyclosporine)	Tier 3	$$; QL (60 EA per 30 days)
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 3	PA
VEVYE OPHTHALMIC (EYE) DROPS 0.1 %	Tier 3	PA
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	Tier 2	$$; QL (60 EA per 30 days)
Ophthalmic Human Nerve Growth Factor (Hngf)		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	Tier 4	PA
Ophthalmic Mast Cell Stabilizers		
cromolyn ophthalmic (eye) drops 4 %	Tier 1	QL (50 ML per 30 days)
Ophthalmic Preparations, Miscellaneous		
ACUICYN TOPICAL SPRAY,NON-AEROSOL 0.01 %	Tier 3	
AMVISC INTRAOCULAR SYRINGE 12 MG/ML	Tier 3	
AMVISC PLUS INTRAOCULAR SYRINGE 16 MG/ML	Tier 3	
AVENOVA TOPICAL SPRAY,NON-AEROSOL 0.01 %	Tier 3	
BIOLON INTRAOCULAR SYRINGE 10 MG/ML	Tier 3	
HEALON GV PRO INTRAOCULAR SYRINGE 18 MG/ML	Tier 3	
HEALON PRO INTRAOCULAR SYRINGE 10 MG/ML	Tier 3	

Drug		Status	Notes
HEALON5 PRO INTRAOCULAR SYRINGE 23 MG/ML		Tier 3	
PROVISC INTRAOCULAR SYRINGE 10 MG/ML		Tier 3	
TOTALVISC INTRAOCULAR SYRINGE 2.5 % (1 ML) 1 % (1 ML)		Tier 3	
Eye - Glaucoma			
Carbonic Anhydrase Inhibitors			
acetazolamide oral capsule, extended release 500 mg		Tier 1	$
acetazolamide oral tablet 125 mg, 250 mg		Tier 1	$
methazolamide oral tablet 25 mg, 50 mg		Tier 1	$
Miotics/Other Intraoc. Pressure Reducers			
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %, 0.15 %	(brimonidine)	Tier 3	$
apraclonidine ophthalmic (eye) drops 0.5 %		Tier 1	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	(brinzolamide)	Tier 3	
betaxolol ophthalmic (eye) drops 0.5 %		Tier 1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %		Tier 3	
BETIMOL OPHTHALMIC (EYE) DROPS 0.5 %	(timolol)	Tier 3	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		Tier 3	
bimatoprost ophthalmic (eye) drops 0.03 %		Tier 1	$; QL (1 ML per 12 days)
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %	(Alphagan P)	Tier 1	
brimonidine ophthalmic (eye) drops 0.2 %		Tier 1	$
brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %		Tier 1	
brimonidine-dorzolamide ophthalmic (eye) drops 0.1-2 %		Tier 1	
brimonidine-dorzol-bimatoprost ophthalmic (eye) drops 0.1-2-0.01 %		Tier 1	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	(Combigan)	Tier 1	
brinzolamide ophthalmic (eye) drops,suspension 1 %	(Azopt)	Tier 1	$
carteolol ophthalmic (eye) drops 1 %		Tier 1	

Drug		Status	Notes
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	(brimonidine-timolol)	Tier 3	$
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	(dorzolamide-timolol (pf))	Tier 3	ST: Must meet the following requirement: Dorzolamide/Timolol in 120 days; QL (2 EA per 1 day)
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML	(dorzolamide-timolol)	Tier 3	
dorzolamide (pf) ophthalmic (eye) drops 2 %		Tier 1	
dorzolamide ophthalmic (eye) drops 2 %		Tier 1	$
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	(Cosopt (PF))	Tier 1	$; ST: Must meet the following requirement: Dorzolamide/Timolol in 120 days; QL (2 EA per 1 day)
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	(Cosopt)	Tier 1	$
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %		Tier 3	
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 %	(timolol maleate)	Tier 3	$
IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 %		Tier 3	ST: Must meet 2 of the following requirements: generic Prostaglandin Analog and Lumigan in 365 days; QL (1 EA per 1 day)
latanoprost ophthalmic (eye) drops 0.005 %	(Xalatan)	Tier 1	$
levobunolol ophthalmic (eye) drops 0.5 %		Tier 1	$
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %		Tier 2	$; QL (2.5 ML per 25 days)
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %		Tier 4	$$$$
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %		Tier 1	
pilocarpine hcl ophthalmic (eye) drops 1.25 %	(Vuity)	Tier 1	QL (10 ML per 30 days)
QLOSI OPHTHALMIC (EYE) DROPPERETTE 0.4 %		Tier 3	ST: Must meet the following requirement: Generic pilocarpine ophthalmic solution in 120 days; QL (2 EA per 1 day)

Drug		Status	Notes
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %		Tier 3	ST: Must meet the following requirements: Latanoprost and one of the following: Alphagan P 0.1%, Azopt, Combigan, Lumigan 0.01%, Simbrinza, or Travoprost in 365 days; QL (2.5 ML per 30 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %		Tier 3	ST: Must meet the following requirements: Latanoprost and one of the following: Alphagan P 0.1%, Azopt, Brimonidine 0.2%, Combigan, Lumigan 0.1%, Simbrinza, or Travatan Z in 365 days; QL (2.5 ML per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %		Tier 2	
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	(Zioptan (PF))	Tier 1	$; QL (1 EA per 1 day)
timol-brimon-dorzol-bimato(pf) ophthalmic (eye) drops 0.5 %-0.15 %- 2 %-0.01 %		Tier 1	
timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %	(Timoptic Ocudose (PF))	Tier 1	$; QL (2 EA per 1 day)
timolol maleate ophthalmic (eye) drops 0.25 %		Tier 1	
timolol maleate ophthalmic (eye) drops 0.5 %		Tier 1	$
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	(Istalol)	Tier 1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %		Tier 1	$
timolol ophthalmic (eye) drops 0.5 %	(Betimol)	Tier 1	
timolol-bimatoprost ophthalmic (eye) drops 0.5-0.01 %		Tier 1	
timolol-brimon-dorzol-bimatop ophthalmic (eye) drops 0.5-0.1-2-0.01 %		Tier 1	
timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %		Tier 1	
timolol-brimonidine-dorzolamid ophthalmic (eye) drops 0.5-0.1-2 %		Tier 1	
timolol-dorzolam-bimatopro(pf) ophthalmic (eye) drops 0.5-2-0.01 %		Tier 1	
timolol-dorzolamide-bimatopros ophthalmic (eye) drops 0.5-2-0.01 %		Tier 1	

Drug		Status	Notes
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %	(timolol maleate (pf))	Tier 3	QL (2 EA per 1 day)
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5 %	(timolol maleate (pf))	Tier 3	$$; QL (2 EA per 1 day)
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	(travoprost)	Tier 3	QL (2.5 ML per 25 days)
travoprost ophthalmic (eye) drops 0.004 %	(Travatan Z)	Tier 1	$; QL (2.5 ML per 25 days)
VIZZ OPHTHALMIC (EYE) DROPPERETTE 1.44 %		Tier 3	QL (1 EA per 1 day)
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	(pilocarpine hcl)	Tier 3	QL (10 ML per 30 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %		Tier 3	$; ST: Must meet 2 of the following requirements: generic Prostaglandin Analog and Lumigan in 365 days; QL (2.5 ML per 30 days)
XALATAN OPHTHALMIC (EYE) DROPS 0.005 %	(latanoprost)	Tier 3	
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %		Tier 3	ST: Must meet 2 of the following requirements: generic Prostaglandin Analog and Lumigan in 365 days; QL (2.5 ML per 25 days)
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	(tafluprost (pf))	Tier 3	QL (1 EA per 1 day)
Mydriatics			
atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %		Tier 1	
atropine ophthalmic (eye) drops 1 %	(Isopto Atropine)	Tier 1	
atropine sulfate (pf) ophthalmic (eye) dropperette 1 %		Tier 1	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 %	(cyclopentolate)	Tier 3	
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %		Tier 3	
cyclopentolate ophthalmic (eye) drops 1 %	(Cyclogyl)	Tier 1	$
cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %		Tier 3	
cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %-0.5 %, 1 %-1 %-2.5 %- 0.5 %		Tier 1	

Drug		Status	Notes
cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %-2.5 %-0.4 %		Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 %	(homatropine hbr)	Tier 1	
MYDCOMBI OPHTHALMIC (EYE) CARTRIDGE 2.5-1 %		Tier 3	
MYDRIACYL OPHTHALMIC (EYE) DROPS 1 %	(tropicamide)	Tier 3	
phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %		Tier 1	
tropicamide ophthalmic (eye) drops 0.5 %		Tier 1	$
tropicamide ophthalmic (eye) drops 1 %	(Mydriacyl)	Tier 1	$
Ophthalmic Antifibrotic Agents			
mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml		Tier 4	
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG		Tier 3	
Eye - Miscellaneous			
Agents For Corneal Collagen Cross-Linking			
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %		Tier 4	$$$$
Artificial Tears			
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 %		Tier 3	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %		Tier 2	$$
Eye Mydriatic And Nsaid Combinations			
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 %	(tropic-proparacai-pe-ketor-wat)	Tier 1	
Eye Preparations, Miscellaneous (Otc)			
GELFILM OPHTHALMIC (EYE) FILM		Tier 3	
Ophth. Vegf-A Receptor Antag. Rcmb Mc Antibody			
SUSVIMO (INITIAL FILL) INTRAVITREAL SOLUTION 10 MG/0.1 ML		Tier 4	PA
SUSVIMO INTRAVITREAL SOLUTION 10 MG/0.1 ML		Tier 4	PA

Drug		Status	Notes
Ophthalmic Cystine Depleting Agents			
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %		Tier 4	PA
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %		Tier 4	PA
Fluid Replacement			
Nucleic Acid/Nucleotide Supplements			
XURIDEN ORAL GRANULES IN PACKET 2 GRAM		Tier 4	PA
Gout And Related Diseases			
Colchicine			
colchicine oral capsule 0.6 mg	(Mitigare)	Tier 1	$; QL (2 EA per 1 day)
colchicine oral tablet 0.6 mg	(Colcrys)	Tier 1	$; QL (4 EA per 1 day)
COLCRYS ORAL TABLET 0.6 MG	(colchicine)	Tier 3	QL (4 EA per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML		Tier 3	ST: Must meet the following requirement: Colchicine capsules or tablets in 120 days; QL (10 ML per 1 day)
MITIGARE ORAL CAPSULE 0.6 MG	(colchicine)	Tier 3	QL (2 EA per 1 day)
Hyperuricemia Tx - Purine Inhibitors			
allopurinol oral tablet 100 mg	(Zyloprim)	Tier 1	$
allopurinol oral tablet 200 mg, 300 mg		Tier 1	$
febuxostat oral tablet 40 mg, 80 mg	(Uloric)	Tier 1	$; ST: Must meet the following requirement: Allopurinol in 120 days; QL (30 EA per 30 days)
ULORIC ORAL TABLET 40 MG, 80 MG	(febuxostat)	Tier 3	ST: Must meet the following requirement: Allopurinol in 120 days; QL (30 EA per 30 days)
ZYLOPRIM ORAL TABLET 100 MG	(allopurinol)	Tier 3	
Uricosuric Agents			
probenecid oral tablet 500 mg		Tier 1	$
probenecid-colchicine oral tablet 500-0.5 mg		Tier 1	$
Hematological Disorders			
Agents To Tx Thrombotic Thrombocytopenic Purpura			
CABLIVI INJECTION KIT 11 MG		Tier 4	PA
Anticoagulants,Coumarin Type			
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	(warfarin)	Tier 1	

Drug		Status	Notes
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(Jantoven)	Tier 1	
Antifibrinolytic Agents			
AMICAR ORAL SOLUTION 250 MG/ML (25 %)	(aminocaproic acid)	Tier 3	
AMICAR ORAL TABLET 1,000 MG, 500 MG	(aminocaproic acid)	Tier 3	
aminocaproic acid oral solution 250 mg/ml (25 %)	(Amicar)	Tier 1	$
aminocaproic acid oral tablet 1,000 mg, 500 mg	(Amicar)	Tier 1	$
tranexamic acid oral tablet 650 mg		Tier 1	
Antihemophilic Factors			
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT		Tier 4	
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT		Tier 4	
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE		Tier 4	
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML		Tier 4	
ALTUVIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT		Tier 4	
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT		Tier 4	
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT		Tier 4	

Drug	Status	Notes
ESPEROCT INTRAVENOUS RECON SOLN 2,000 (+/-) UNIT, 3,000 (+/-) UNIT	Tier 4	$$$$$
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	Tier 4	
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	Tier 4	
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	Tier 4	
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	Tier 4	
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	Tier 4	
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	Tier 4	
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT	Tier 4	$
JIVI INTRAVENOUS RECON SOLN 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	$$$$$
KOATE INTRAVENOUS RECON SOLN 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	$$$$$
KOVALTRY INTRAVENOUS RECON SOLN 250 (+/-) UNIT	Tier 4	$$
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT	Tier 4	$$$$
NOVOEIGHT INTRAVENOUS RECON SOLN 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG)	Tier 4	$$$$$
NOVOSEVEN RT INTRAVENOUS RECON SOLN 8 MG (8,000 MCG)	Tier 4	

Drug	Status	Notes
NUWIQ INTRAVENOUS RECON SOLN 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 4	
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	Tier 4	
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG)	Tier 4	
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	Tier 4	
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
Blood Factors,Miscellaneous		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	Tier 4	
Citrates As Anticoagulants		
ACD SOLUTION A SOLUTION 2.45-2.2 GRAM- 800 MG/100 ML	Tier 3	
ACD-A SOLUTION , 2.45-2.2 GRAM-730 MG/100 ML	Tier 3	
anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml	Tier 1	
sodium citrate in 0.9 % nacl solution 0.5 %	Tier 1	
sodium citrate intra-catheter solution 4 %	Tier 1	
sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)	Tier 1	
sodium citrate solution 4 gram /100 ml (4 %)	Tier 1	
Complement (C3) Inhibitors		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	Tier 4	PA

Drug		Status	Notes
Direct Factor Xa Inhibitors			
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)		Tier 2	$$; QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG		Tier 2	$; QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG		Tier 2	$$; QL (74 EA per 30 days)
rivaroxaban oral suspension for reconstitution 1 mg/ml	(Xarelto)	Tier 1	QL (20 ML per 1 day)
rivaroxaban oral tablet 2.5 mg	(Xarelto)	Tier 1	$$; QL (2 EA per 1 day)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG		Tier 3	ST: Must meet the following requirements: Eliquis and Xarelto in 365 days; QL (30 EA per 30 days)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)		Tier 2	$$; QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	(rivaroxaban)	Tier 2	$$; QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG	(rivaroxaban)	Tier 2	$$; QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	(rivaroxaban)	Tier 2	$$; QL (2 EA per 1 day)
Factor Ix Complex (Pcc) Preparations			
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT		Tier 4	
Factor Ix Preparations			
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT		Tier 4	
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT		Tier 4	
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT		Tier 4	
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT		Tier 4	
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 3,000 UNIT, 500 UNIT		Tier 4	

Drug	Status	Notes
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 3,000 (+/-) UNIT	Tier 4	
REBINYN INTRAVENOUS RECON SOLN 2,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	$$$$$
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 4	
Factor X Preparations		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 4	
Factor Xiii Preparations		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	Tier 4	
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT	Tier 4	
Hematinics,Other		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 4	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	Tier 4	PA
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	Tier 4	PA
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	Tier 4	PA
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 4	PA
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 4	PA

Drug		Status	Notes
Hemophilia Treatment Agents,Non-Factor Replacement			
ALHEMO PEN SUBCUTANEOUS PEN INJECTOR 150 MG/1.5 ML (100 MG/ML), 300 MG/3 ML (100 MG/ML), 60 MG/1.5 ML (40 MG/ML)		Tier 4	PA
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML		Tier 4	PA; $$$$$
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4 ML		Tier 4	PA; $$$$
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML		Tier 4	PA
QFITLIA PEN SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML		Tier 4	PA
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2 ML		Tier 4	PA
Hemorrheologic Agents			
pentoxifylline oral tablet extended release 400 mg		Tier 1	$
Heparin And Related Preparations			
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML	(fondaparinux)	Tier 3	QL (24 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	(fondaparinux)	Tier 3	QL (15 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 5 MG/0.4 ML	(fondaparinux)	Tier 3	QL (12 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 7.5 MG/0.6 ML	(fondaparinux)	Tier 3	QL (18 ML per 30 days)
enoxaparin subcutaneous solution 300 mg/3 ml	(Lovenox)	Tier 1	QL (30 ML per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml	(Lovenox)	Tier 1	$
ENOXILUV SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML		Tier 3	
fondaparinux subcutaneous syringe 10 mg/0.8 ml	(Arixtra)	Tier 1	$; QL (24 ML per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	(Arixtra)	Tier 1	$; QL (15 ML per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	(Arixtra)	Tier 1	$$; QL (12 ML per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	(Arixtra)	Tier 1	$$; QL (18 ML per 30 days)

Drug	Status	Notes
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML	Tier 3	QL (8 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	Tier 3	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	Tier 3	QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	Tier 3	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	Tier 3	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	Tier 3	QL (43.2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	Tier 3	QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	Tier 3	QL (18 ML per 30 days)
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML	Tier 1	
heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)	Tier 1	
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	Tier 1	
heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)	Tier 1	$
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	Tier 1	$
heparin (porcine) injection syringe 5,000 unit/ml	Tier 1	
heparin lock flush (porcine) intravenous solution 10 unit/ml	Tier 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML (heparin, porcine (pf))	Tier 1	
heparin, porcine (pf) injection solution 1,000 unit/ml	Tier 1	$
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	Tier 1	$
heparin, porcine (pf) injection syringe 5,000 unit/ml	Tier 1	

Drug		Status	Notes
heparin, porcine (pf) intravenous syringe 1 unit/ml		Tier 1	
heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml	(Heparin LockFlush(Porcine)(PF))	Tier 1	
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML	(enoxaparin)	Tier 3	QL (30 ML per 30 days)
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML	(enoxaparin)	Tier 3	
Human Monoclonal Antibody Complement(C5) Inhibitor			
FABHALTA ORAL CAPSULE 200 MG		Tier 4	PA
TAVNEOS ORAL CAPSULE 10 MG		Tier 4	PA
VOYDEYA ORAL TABLET 100 MG		Tier 4	PA
VOYDEYA ORAL TABLET 150 MG (50 MG X 1-100 MG X 1)		Tier 4	PA; $$$
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML		Tier 4	PA
ZILBRYSQ SUBCUTANEOUS SYRINGE 23 MG/0.574 ML, 32.4 MG/0.81 ML		Tier 4	PA; $$$$$
Hypoxia Inducible Factor Prolyl Hydroxylase Inh.			
VAFSEO ORAL TABLET 150 MG, 300 MG		Tier 3	PA
Leukocyte (Wbc) Stimulants			
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML		Tier 4	PA
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML		Tier 4	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML		Tier 4	PA
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML		Tier 4	PA
LEUKINE INJECTION RECON SOLN 250 MCG		Tier 4	PA
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML		Tier 4	PA
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML		Tier 4	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML		Tier 4	PA
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML		Tier 4	PA

Drug		Status	Notes
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML		Tier 4	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML		Tier 4	PA
NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML		Tier 4	PA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML		Tier 4	PA
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML		Tier 4	PA
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML		Tier 4	PA
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML		Tier 4	PA
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML		Tier 4	PA
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML		Tier 4	PA
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML		Tier 4	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML		Tier 4	PA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML		Tier 4	PA
Plasma Proteins			
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG		Tier 4	PA
Platelet Aggregation Inhibitors			
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	(aspirin)	Tier 5	
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	(aspirin)	Tier 5	
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG	(aspirin)	Tier 5	$
aspirin oral tablet,chewable 81 mg	(Aspirin Childrens)	Tier 5	$
aspirin oral tablet,delayed release (dr/ec) 81 mg	(Adult Aspirin Regimen)	Tier 5	$
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg		Tier 1	$

Drug		Status	Notes
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	(aspirin)	Tier 5	$
BRILINTA ORAL TABLET 60 MG, 90 MG	(ticagrelor)	Tier 3	$$; QL (2 EA per 1 day)
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG	(aspirin)	Tier 5	$
cilostazol oral tablet 100 mg, 50 mg		Tier 1	
clopidogrel oral tablet 300 mg		Tier 1	$; QL (4 EA per 30 days)
clopidogrel oral tablet 75 mg	(Plavix)	Tier 1	$
dipyridamole oral tablet 25 mg, 50 mg, 75 mg		Tier 1	$
DURLAZA ORAL CAPSULE,EXTENDED RELEASE 24HR 162.5 MG		Tier 3	PA
EFFIENT ORAL TABLET 10 MG, 5 MG	(prasugrel hcl)	Tier 3	QL (1 EA per 1 day)
PLAVIX ORAL TABLET 75 MG	(clopidogrel)	Tier 3	$
prasugrel hcl oral tablet 10 mg, 5 mg	(Effient)	Tier 1	$; QL (1 EA per 1 day)
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG	(aspirin)	Tier 5	
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	(aspirin)	Tier 5	
ticagrelor oral tablet 60 mg	(Brilinta)	Tier 1	$$; QL (2 EA per 1 day)
ticagrelor oral tablet 90 mg	(Brilinta)	Tier 1	$; QL (2 EA per 1 day)
YOSPRALA ORAL TABLET,IR,DELAYED REL,BIPHASIC 325-40 MG, 81-40 MG	(aspirin-omeprazole)	Tier 3	PA
ZONTIVITY ORAL TABLET 2.08 MG		Tier 3	QL (1 EA per 1 day)
Platelet Reducing Agents			
AGRYLIN ORAL CAPSULE 0.5 MG	(anagrelide)	Tier 3	
anagrelide oral capsule 0.5 mg	(Agrylin)	Tier 1	$
anagrelide oral capsule 1 mg		Tier 1	$
Pyruvate Kinase Activators			
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG		Tier 4	PA
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)-20 MG (7)		Tier 4	PA
Sickle Cell Anemia Agents			
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG		Tier 3	$
ENDARI ORAL POWDER IN PACKET 5 GRAM	(glutamine (sickle cell))	Tier 4	PA; $$$

Drug		Status	Notes
glutamine (sickle cell) oral powder in packet 5 gram	(Endari)	Tier 4	PA
SIKLOS ORAL TABLET 1,000 MG		Tier 3	ST: Must meet the following requirements: generic Hydroxyurea and Droxia in 365 days
SIKLOS ORAL TABLET 100 MG		Tier 3	QL (2 EA per 1 day)
XROMI ORAL SOLUTION 100 MG/ML		Tier 3	PA
Spleen Tyrosine Kinase Inhibitors			
TAVALISSE ORAL TABLET 100 MG, 150 MG		Tier 4	PA
Thrombin Inhibitors,Selective,Direct, & Reversible			
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	(Pradaxa)	Tier 1	$; QL (2 EA per 1 day)
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	(dabigatran etexilate)	Tier 3	ST: Must meet the following requirements: Eliquis and Xarelto in 365 days; QL (2 EA per 1 day)
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG		Tier 3	PA
Thrombopoietin Receptor Agonists			
ALVAIZ ORAL TABLET 18 MG, 9 MG		Tier 4	PA; $$$$
ALVAIZ ORAL TABLET 36 MG, 54 MG		Tier 4	PA; $$$$$
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG		Tier 4	PA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG		Tier 4	PA
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG		Tier 4	PA
eltrombopag olamine oral powder in packet 12.5 mg	(Promacta)	Tier 4	PA
eltrombopag olamine oral powder in packet 25 mg	(Promacta)	Tier 4	PA; $$$$$
eltrombopag olamine oral tablet 12.5 mg	(Promacta)	Tier 4	PA; $$$$
eltrombopag olamine oral tablet 25 mg, 50 mg, 75 mg	(Promacta)	Tier 4	PA; $$$$$
MULPLETA ORAL TABLET 3 MG		Tier 4	PA
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	(eltrombopag olamine)	Tier 4	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	(eltrombopag olamine)	Tier 4	PA

Drug	Status	Notes
Topical Hemostatics		
ASTRINGYN TOPICAL SOLUTION 259 MG/G	Tier 3	
AVITENE FLOUR TOPICAL POWDER	Tier 3	
AVITENE TOPICAL POWDER IN PACKET	Tier 3	
AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM	Tier 3	
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM	Tier 3	
EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2)	Tier 3	
GEL-FLOW NT TOPICAL SYRINGE	Tier 3	
GEL-FLOW TOPICAL SYRINGE KIT 5,000 UNIT	Tier 3	
GELFOAM COMPRESSED SIZE 100 TOPICAL SPONGE 100 CM	Tier 3	
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT	Tier 3	
GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT	Tier 3	
GELFOAM MUCOUS MEMBRANE POWDER	Tier 3	
GELFOAM SPONGE SIZE 100 TOPICAL SPONGE 100	Tier 3	
GELFOAM SPONGE SIZE 12-7MM TOPICAL SPONGE 12-7 MM	Tier 3	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200	Tier 3	
GELFOAM SPONGE SIZE 50 TOPICAL SPONGE 50	Tier 3	
GELFOAM TOPICAL SPONGE 4	Tier 3	
MONSEL'S TOPICAL SOLUTION 0.2 TO 0.22 GRAM/ML IRON	Tier 3	
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML	Tier 1	
RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT	Tier 3	
RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 3	
SURGIFOAM TOPICAL SPONGE 100 , 100 CM, 12-7 MM, 50	Tier 3	

Drug		Status	Notes
SYRINGE AVITENE TOPICAL POWDER		Tier 3	
THROMBI-GEL TOPICAL PADS, MEDICATED 10 CM2, 100 CM2, 40 CM2		Tier 1	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT		Tier 1	
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT		Tier 1	
THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT		Tier 1	
THROMBIN-JMI TOPICAL SPRAY,NON-AEROSOL 20,000 UNIT		Tier 1	
THROMBI-PAD TOPICAL PADS, MEDICATED 3 X 3 "		Tier 1	
ULTRAFOAM TOPICAL SPONGE 2 X 6.25 X 7 CM-CM-MM, 8 X 12.5 X 1 CM, 8 X 12.5 X 3 CM-CM-MM, 8 X 6.25 X 1 CM		Tier 3	
VISTASEAL-FIBRIN SEALANT TOPICAL SYRINGE 500 UNIT-80 MG /ML (10 ML), 500 UNIT-80 MG /ML (2 ML), 500 UNIT-80 MG /ML (4 ML)		Tier 3	
Vitamin K Preparations			
phytonadione (vitamin k1) injection solution 10 mg/ml	(Vitamin K1)	Tier 1	$
phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml		Tier 1	
phytonadione (vitamin k1) oral tablet 5 mg		Tier 1	$
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML	(phytonadione (vitamin k1))	Tier 1	$
VITAMIN K1 INJECTION SOLUTION 10 MG/ML	(phytonadione (vitamin k1))	Tier 1	$
Hormonal Deficiency			
Androgenic Agents			
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	(testosterone)	Tier 3	PA; $$$; QL (5 GM per 1 day)
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML	(testosterone cypionate)	Tier 3	PA; QL (10 ML per 28 days)
JATENZO ORAL CAPSULE 158 MG, 198 MG		Tier 3	PA; QL (4 EA per 1 day)
JATENZO ORAL CAPSULE 237 MG		Tier 3	PA; QL (2 EA per 1 day)
KYZATREX ORAL CAPSULE 100 MG		Tier 3	PA; QL (2 EA per 1 day)

Drug		Status	Notes
KYZATREX ORAL CAPSULE 150 MG, 200 MG		Tier 3	PA; QL (4 EA per 1 day)
METHITEST ORAL TABLET 10 MG	(methyltestosterone)	Tier 3	PA
methyltestosterone oral capsule 10 mg		Tier 1	PA
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION		Tier 3	PA; $$; QL (22 GM per 30 days)
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	(testosterone)	Tier 3	PA; QL (10 GM per 1 day)
TESTOPEL IMPLANT PELLET 75 MG		Tier 3	
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	(Depo-Testosterone)	Tier 1	PA; $; QL (10 ML per 28 days)
testosterone enanthate intramuscular oil 200 mg/ml		Tier 1	PA; $; QL (5 ML per 28 days)
testosterone implant pellet 100 mg, 200 mg, 50 mg		Tier 1	
testosterone transdermal gel 50 mg/5 gram (1 %)	(Testim)	Tier 1	PA; QL (10 GM per 1 day)
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation		Tier 1	PA; QL (4 GM per 1 day)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	(Vogelxo)	Tier 1	PA; $; QL (10 GM per 1 day)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	(AndroGel)	Tier 1	PA; $; QL (5 GM per 1 day)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1.62 % (40.5 mg/2.5 gram)		Tier 1	PA; $; QL (5 GM per 1 day)
testosterone transdermal gel in packet 1 % (50 mg/5 gram)	(Vogelxo)	Tier 1	PA; $; QL (10 GM per 1 day)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)		Tier 1	PA; $; QL (1.25 GM per 1 day)
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)		Tier 1	PA; $; QL (6 ML per 1 day)
TLANDO ORAL CAPSULE 112.5 MG		Tier 3	PA; QL (4 EA per 1 day)
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	(testosterone)	Tier 3	PA; QL (10 GM per 1 day)
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	(testosterone)	Tier 3	PA; QL (10 GM per 1 day)
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	(testosterone)	Tier 3	PA; QL (10 GM per 1 day)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML		Tier 3	PA; QL (2 ML per 28 days)

Drug		Status	Notes
Estrogen & Progestin With Antimineralocorticoid Cb			
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG		Tier 3	$
Estrogen & Selective Estrogen Recept Mod(Serm)Comb			
DUAVEE ORAL TABLET 0.45-20 MG		Tier 2	
Estrogen And Progestin Combinations			
BIJUVA ORAL CAPSULE 0.5-100 MG		Tier 2	QL (1 EA per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG		Tier 2	QL (30 EA per 30 days)
Estrogen/Androgen Combinations			
COVARYX H.S. ORAL TABLET 0.625-1.25 MG	(estrogens-methyltestosterone)	Tier 1	
COVARYX ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone)	Tier 1	
EEMT HS ORAL TABLET 0.625-1.25 MG	(estrogens-methyltestosterone)	Tier 1	$
EEMT ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone)	Tier 1	$
ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone)	Tier 1	
estrogens-methyltestosterone oral tablet 0.625-1.25 mg	(Covaryx H.S.)	Tier 1	$
estrogens-methyltestosterone oral tablet 1.25-2.5 mg	(Covaryx)	Tier 1	$
Estrogenic Agents			
ABIGALE LO ORAL TABLET 0.5-0.1 MG	(estradiol-norethindrone acet)	Tier 1	
ABIGALE ORAL TABLET 1-0.5 MG	(estradiol-norethindrone acet)	Tier 1	
ACTIVELLA ORAL TABLET 1-0.5 MG	(estradiol-norethindrone acet)	Tier 3	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR		Tier 3	$; ST: Must meet the following requirement: Combipatch in 120 days; QL (1 EA per 7 days)
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	(estradiol)	Tier 3	$; QL (1 EA per 7 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR		Tier 2	QL (2 EA per 7 days)
DELESTROGEN INTRAMUSCULAR OIL 20 MG/ML	(estradiol valerate)	Tier 3	$

Drug		Status	Notes
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	(estradiol cypionate)	Tier 3	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %)	(estradiol)	Tier 3	$; ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (30 EA per 30 days)
DIVIGEL TRANSDERMAL GEL IN PACKET 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%)	(estradiol)	Tier 3	ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (30 EA per 30 days)
DIVIGEL TRANSDERMAL GEL IN PACKET 1 MG/GRAM (0.1 %)	(estradiol)	Tier 3	$; ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (30 GM per 30 days)
DIVIGEL TRANSDERMAL GEL IN PACKET 1.25 MG/1.25 GRAM (0.1 %)	(estradiol)	Tier 3	ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (37.5 GM per 30 days)
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	(estradiol)	Tier 1	QL (2 EA per 7 days)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION		Tier 3	$; ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (52 GM per 30 days)
estradiol implant pellet 6 mg		Tier 1	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg		Tier 1	$
estradiol transdermal gel in metered-dose pump 1.25 gram/actuation	(EstroGel)	Tier 1	ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days
estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%)	(Divigel)	Tier 1	$; ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (30 EA per 30 days)
estradiol transdermal gel in packet 1 mg/gram (0.1 %)	(Divigel)	Tier 1	$; ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (30 GM per 30 days)

Drug		Status	Notes
estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)	(Divigel)	Tier 1	$; ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (37.5 GM per 30 days)
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Dotti)	Tier 1	$; QL (2 EA per 7 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Climara)	Tier 1	$; QL (1 EA per 7 days)
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml	(Delestrogen)	Tier 1	$
estradiol valerate intramuscular oil 40 mg/ml		Tier 1	$
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	(Abigale Lo)	Tier 1	$
estradiol-norethindrone acet oral tablet 1-0.5 mg	(Abigale)	Tier 1	$
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	(estradiol)	Tier 3	$; ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days
EVAMIST TRANSDERMAL SPRAY,NON-AEROSOL 1.53 MG/SPRAY (1.7%)		Tier 3	ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (16.2 ML per 30 days)
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	(norethindrone ac-eth estradiol)	Tier 1	
JINTELI ORAL TABLET 1-5 MG-MCG	(norethindrone ac-eth estradiol)	Tier 1	
LYLLANA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	(estradiol)	Tier 1	QL (2 EA per 7 days)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG		Tier 3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR		Tier 3	$; QL (1 EA per 7 days)
MIMVEY ORAL TABLET 1-0.5 MG	(estradiol-norethindrone acet)	Tier 1	
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	(estradiol)	Tier 3	QL (2 EA per 7 days)

Drug		Status	Notes
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	(Fyavolv)	Tier 1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG		Tier 2	$
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG	(conjugated estrogens)	Tier 2	$
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)		Tier 2	$
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		Tier 2	$
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	(estradiol)	Tier 3	QL (2 EA per 7 days)
Menopausal Symptoms Suppressant - Ssris			
paroxetine mesylate(menop.sym) oral capsule 7.5 mg		Tier 1	$; ST: Must meet any of the following requirements: Paroxetine HCL or Venlafaxine in 120 days; QL (1 EA per 1 day)
Menopausal Symptoms Suppressant-Nk3 Receptor Antag			
VEOZAH ORAL TABLET 45 MG		Tier 3	$$
Progestational Agents			
CRINONE VAGINAL GEL 4 %		Tier 2	$$
GALLIFREY ORAL TABLET 5 MG	(norethindrone acetate)	Tier 1	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	Tier 1	
norethindrone acetate oral tablet 5 mg	(Gallifrey)	Tier 1	$
progesterone intramuscular oil 50 mg/ml		Tier 1	$
progesterone micronized oral capsule 100 mg, 200 mg	(Prometrium)	Tier 1	$
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	(progesterone micronized)	Tier 3	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	(medroxyprogesterone)	Tier 3	
Immunization			
Antisera			
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %		Tier 4	PA
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)		Tier 4	PA

Drug	Status	Notes
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	Tier 4	PA
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 4	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	Tier 4	PA; $$
GAMUNEX-C INJECTION SOLUTION 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %)	Tier 4	PA; $$$$$
GAMUNEX-C INJECTION SOLUTION 2.5 GRAM/25 ML (10 %)	Tier 4	PA; $
GAMUNEX-C INJECTION SOLUTION 5 GRAM/50 ML (10 %)	Tier 4	PA; $$$$
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %)	Tier 4	PA; $$
HIZENTRA SUBCUTANEOUS SOLUTION 10 GRAM/50 ML (20 %)	Tier 4	PA; $$$$$
HIZENTRA SUBCUTANEOUS SOLUTION 2 GRAM/10 ML (20 %)	Tier 4	PA; $$$
HIZENTRA SUBCUTANEOUS SOLUTION 4 GRAM/20 ML (20 %)	Tier 4	PA; $$$$
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %)	Tier 4	PA; $$$
HIZENTRA SUBCUTANEOUS SYRINGE 10 GRAM/50 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 4	PA; $$$$$
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	Tier 4	PA
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %)	Tier 4	PA; $$
XEMBIFY SUBCUTANEOUS SOLUTION 10 GRAM/50 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 4	PA; $$$$$
XEMBIFY SUBCUTANEOUS SOLUTION 2 GRAM/10 ML (20 %)	Tier 4	PA; $$$$
Covid-19 Vaccines		
COMIRNATY 2025-2026(5-11Y)(PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	Tier 5	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
COMIRNATY 2025-26 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	Tier 5	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MNEXSPIKE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.2 ML	Tier 5	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	Tier 5	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	Tier 5	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
NUVAXOVID 2025-2026 (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	Tier 5	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	Tier 5	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2025-2026(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	Tier 5	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2025-26 (6M-11Y) (PF) INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	Tier 5	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Enteric Virus Vaccines		
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	Tier 3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	Tier 3	
Gram (-) Bacilli (Non-Enteric) Vaccines		
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	Tier 3	$
Influenza Virus Vaccines		
AFLURIA 2025-2026 (3YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 5	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
AFLURIA 2025-2026 (6MO UP) INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	Tier 5	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUAD 2025-2026 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 5	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUARIX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 5	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUBLOK 2025-2026 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	Tier 5	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 5	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	Tier 5	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLULAVAL 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 5	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST 2025-2026 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	Tier 5	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST HOME 2025-2026 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	Tier 5	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 5	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	Tier 5	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE HIGH-DOSE 2025-26 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	Tier 5	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug		Status	Notes
Toxin-Producing Bacilli Vaccines/Toxoids			
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT		Tier 3	$
Viral/Tumorigenic Vaccines			
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML		Tier 3	
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML		Tier 3	
Immunosuppression/Modulation			
Immunomodulators			
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML		Tier 4	PA
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML		Tier 4	
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML		Tier 4	PA
imiquimod topical cream in metered-dose pump 3.75 %	(Zyclara)	Tier 1	
imiquimod topical cream in packet 3.75 %	(Zyclara)	Tier 1	
imiquimod topical cream in packet 5 %		Tier 1	$; QL (2 EA per 1 day)
KAZURI TOPICAL GEL 5-0.05-1 %	(imiquimod-tretinoin-levocetir)	Tier 3	
KERIDA TOPICAL GEL 5-0.1-30 %		Tier 3	
KYNARA TOPICAL GEL 5-1-2 %	(imiquimod-levocetirizin-niacin)	Tier 3	
QUIDROXZAR TOPICAL GEL 5-0.1-30 %		Tier 3	
QUIHOXAXIA TOPICAL GEL 5-1-2 %	(imiquimod-levocetirizin-niacin)	Tier 3	
QUIHOXVAR TOPICAL GEL 5-0.05-1 %	(imiquimod-tretinoin-levocetir)	Tier 3	
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %		Tier 3	
Immunosuppressives			
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG	(tacrolimus)	Tier 3	$; ST: Must meet the following requirement: generic Tacrolimus in 120 days
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 1 MG	(tacrolimus)	Tier 3	$$; ST: Must meet the following requirement: generic Tacrolimus in 120 days

Drug		Status	Notes
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 5 MG	(tacrolimus)	Tier 3	$$$; ST: Must meet the following requirement: generic Tacrolimus in 120 days
AZASAN ORAL TABLET 100 MG, 75 MG	(azathioprine)	Tier 3	
azathioprine oral tablet 100 mg, 75 mg	(Azasan)	Tier 1	
azathioprine oral tablet 50 mg	(Imuran)	Tier 1	$
CELLCEPT ORAL CAPSULE 250 MG	(mycophenolate mofetil)	Tier 3	$$$
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	(mycophenolate mofetil)	Tier 3	$$$
CELLCEPT ORAL TABLET 500 MG	(mycophenolate mofetil)	Tier 3	$$$$
cyclosporine modified oral capsule 100 mg, 25 mg	(Gengraf)	Tier 1	$
cyclosporine modified oral capsule 50 mg		Tier 1	$
cyclosporine modified oral solution 100 mg/ml	(Gengraf)	Tier 1	$
cyclosporine oral capsule 100 mg, 25 mg	(Sandimmune)	Tier 1	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG		Tier 3	ST: Must meet the following requirement: generic Tacrolimus in 120 days
everolimus (immunosuppressive) oral tablet 0.25 mg	(Zortress)	Tier 1	$
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg	(Zortress)	Tier 1	$$
everolimus (immunosuppressive) oral tablet 1 mg	(Zortress)	Tier 1	$$$$
GENGRAF ORAL CAPSULE 100 MG, 25 MG	(cyclosporine modified)	Tier 1	
GENGRAF ORAL SOLUTION 100 MG/ML	(cyclosporine modified)	Tier 1	
IMURAN ORAL TABLET 50 MG	(azathioprine)	Tier 3	
LUPKYNIS ORAL CAPSULE 7.9 MG		Tier 4	PA
mycophenolate mofetil oral capsule 250 mg	(CellCept)	Tier 1	$
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	(CellCept)	Tier 1	$
mycophenolate mofetil oral tablet 500 mg	(CellCept)	Tier 1	$
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	(Myfortic)	Tier 1	$

Drug		Status	Notes
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC) 180 MG, 360 MG	(mycophenolate sodium)	Tier 3	
MYHIBBIN ORAL SUSPENSION 200 MG/ML		Tier 3	PA
NEORAL ORAL CAPSULE 100 MG, 25 MG	(cyclosporine modified)	Tier 3	
NEORAL ORAL SOLUTION 100 MG/ML	(cyclosporine modified)	Tier 3	
PROGRAF ORAL CAPSULE 0.5 MG	(tacrolimus)	Tier 3	$
PROGRAF ORAL CAPSULE 1 MG	(tacrolimus)	Tier 3	$$$
PROGRAF ORAL CAPSULE 5 MG	(tacrolimus)	Tier 3	$$
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG		Tier 2	$$
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	(cyclosporine)	Tier 3	
sirolimus oral solution 1 mg/ml		Tier 1	$
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg		Tier 1	$
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	(Prograf)	Tier 1	$
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	(everolimus (immunosuppressive))	Tier 3	
Rho Kinase Inhibitor			
REZUROCK ORAL TABLET 200 MG		Tier 4	PA
Infectious Disease - Bacterial			
Absorbable Sulfonamides			
BACTRIM DS ORAL TABLET 800-160 MG	(sulfamethoxazole-trimethoprim)	Tier 3	$
BACTRIM ORAL TABLET 400-80 MG	(sulfamethoxazole-trimethoprim)	Tier 3	
sulfadiazine oral tablet 500 mg		Tier 1	$$
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	(Sulfatrim)	Tier 1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	(Bactrim)	Tier 1	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	(Bactrim DS)	Tier 1	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML	(sulfamethoxazole-trimethoprim)	Tier 1	$
Betalactams			
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML		Tier 4	PA
Carbapenems (Thienamycins)			
ORLYNVAH ORAL TABLET 500-500 MG		Tier 3	PA; QL (2 EA per 1 day)

Drug	Status	Notes
Cephalosporins - 1St Generation		
cefadroxil oral capsule 500 mg	Tier 1	$
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	Tier 1	$
cefadroxil oral tablet 1 gram	Tier 1	
cephalexin oral capsule 250 mg, 500 mg	Tier 1	$
cephalexin oral capsule 750 mg	Tier 1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	$
cephalexin oral tablet 250 mg, 500 mg	Tier 1	
Cephalosporins - 2Nd Generation		
cefaclor oral capsule 250 mg, 500 mg	Tier 1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	Tier 1	
cefaclor oral tablet extended release 12 hr 500 mg	Tier 1	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	$
cefprozil oral tablet 250 mg, 500 mg	Tier 1	$
cefuroxime axetil oral tablet 250 mg, 500 mg	Tier 1	$
Cephalosporins - 3Rd Generation		
cefdinir oral capsule 300 mg	Tier 1	$
cefdinir oral suspension for reconstitution 125 mg/5 ml	Tier 1	
cefdinir oral suspension for reconstitution 250 mg/5 ml	Tier 1	$
cefixime oral capsule 400 mg	Tier 1	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	Tier 1	$
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	Tier 1	$
cefpodoxime oral tablet 100 mg, 200 mg	Tier 1	$
SPECTRACEF ORAL TABLET 400 MG	Tier 3	
SUPRAX ORAL CAPSULE 400 MG (cefixime)	Tier 3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (cefixime)	Tier 3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	Tier 2	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	Tier 2	

Drug		Status	Notes
Chemotherapeutics, Antibacterial, Misc.			
fosfomycin tromethamine oral packet 3 gram		Tier 1	
methenamine hippurate oral tablet 1 gram		Tier 1	$
methenamine mandelate oral tablet 0.5 gram, 1 gram		Tier 1	$
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg	(Urogesic-Blue)	Tier 1	
MONUROL ORAL PACKET 3 GRAM	(fosfomycin tromethamine)	Tier 3	
PRIMSOL ORAL SOLUTION 50 MG/5 ML		Tier 2	
trimethoprim oral tablet 100 mg		Tier 1	
URELLE ORAL TABLET 81-10.8-40.8 MG		Tier 3	$$
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG		Tier 2	$
URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG		Tier 3	$
URIMAR-T ORAL CAPSULE 120-10.8-40.8 MG		Tier 3	$
URIMAR-T ORAL TABLET 120-10.8-0.12 MG		Tier 3	
URNEVA ORAL CAPSULE 120-10.8-40.8 MG		Tier 3	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG	(methen-sod phos-meth blue-hyos)	Tier 1	$
URO-MP ORAL CAPSULE 118-10-40.8-36 MG		Tier 1	
URO-SP ORAL CAPSULE 118-10-40.8-36 MG		Tier 3	
URYL ORAL TABLET 81.6-40.8-0.12 MG	(methen-sod phos-meth blue-hyos)	Tier 3	
Fecal Microbiota Transplantation (Fmt)			
REBYOTA RECTAL ENEMA 150 ML		Tier 4	PA
VOWST ORAL CAPSULE		Tier 4	PA
Macrolides			
azithromycin oral packet 1 gram		Tier 1	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	(Zithromax)	Tier 1	$
azithromycin oral tablet 250 mg, 500 mg	(Zithromax)	Tier 1	$
azithromycin oral tablet 600 mg		Tier 1	$
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		Tier 1	

Drug		Status	Notes
clarithromycin oral tablet 250 mg, 500 mg		Tier 1	
clarithromycin oral tablet extended release 24 hr 500 mg		Tier 1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML		Tier 2	QL (10 ML per 1 day)
DIFICID ORAL TABLET 200 MG	(fidaxomicin)	Tier 3	QL (20 EA per 10 days)
E.E.S. 400 ORAL TABLET 400 MG	(erythromycin ethylsuccinate)	Tier 1	$
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	(erythromycin ethylsuccinate)	Tier 3	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 500 MG	(erythromycin)	Tier 1	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 333 MG	(erythromycin)	Tier 3	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	(erythromycin stearate)	Tier 1	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	(E.E.S. Granules)	Tier 1	
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml	(EryPed 400)	Tier 1	
erythromycin ethylsuccinate oral tablet 400 mg	(E.E.S. 400)	Tier 1	
erythromycin oral capsule,delayed release(dr/ec) 250 mg		Tier 1	
erythromycin oral tablet 250 mg, 500 mg		Tier 1	$
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	(Ery-Tab)	Tier 1	$
fidaxomicin oral tablet 200 mg	(Dificid)	Tier 1	QL (20 EA per 10 days)
ZITHROMAX ORAL PACKET 1 GRAM	(azithromycin)	Tier 3	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	(azithromycin)	Tier 3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	(azithromycin)	Tier 3	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	(azithromycin)	Tier 3	
ZITHROMAX Z-PAK ORAL TABLET 250 MG	(azithromycin)	Tier 3	
Nitrofuran Derivatives			
FURADANTIN ORAL SUSPENSION 25 MG/5 ML	(nitrofurantoin)	Tier 3	PA

Drug		Status	Notes
MACROBID ORAL CAPSULE 100 MG	(nitrofurantoin monohyd/m-cryst)	Tier 3	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg		Tier 1	$
nitrofurantoin macrocrystal oral capsule 25 mg		Tier 1	QL (4 EA per 1 day)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	(Macrobid)	Tier 1	$
nitrofurantoin oral suspension 25 mg/5 ml	(Furadantin)	Tier 1	PA; $
nitrofurantoin oral suspension 50 mg/5 ml		Tier 1	$$$$
Oxazolidinones			
linezolid oral suspension for reconstitution 100 mg/5 ml	(Zyvox)	Tier 1	$$
linezolid oral tablet 600 mg	(Zyvox)	Tier 1	$
SIVEXTRO ORAL TABLET 200 MG		Tier 2	PA
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	(linezolid)	Tier 3	
ZYVOX ORAL TABLET 600 MG	(linezolid)	Tier 3	
Penicillins			
amoxicillin oral capsule 250 mg, 500 mg		Tier 1	$
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml		Tier 1	$
amoxicillin oral tablet 500 mg, 875 mg		Tier 1	$
amoxicillin oral tablet,chewable 125 mg, 250 mg		Tier 1	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml		Tier 1	$
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml	(Augmentin)	Tier 1	$
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml	(Augmentin ES-600)	Tier 1	$
amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg		Tier 1	$
amoxicillin-pot clavulanate oral tablet 500-125 mg	(Augmentin)	Tier 1	$
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	(Augmentin XR)	Tier 1	$
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg		Tier 1	

Drug		Status	Notes
ampicillin oral capsule 500 mg		Tier 1	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML	(amoxicillin-pot clavulanate)	Tier 3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML		Tier 3	$$$; ST: Must meet the following requirement: generic Augmentin of different strength in 120 days; QL (150 ML per 30 days)
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	(amoxicillin-pot clavulanate)	Tier 3	
AUGMENTIN ORAL TABLET 500-125 MG	(amoxicillin-pot clavulanate)	Tier 3	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR 1,000-62.5 MG	(amoxicillin-pot clavulanate)	Tier 3	
dicloxacillin oral capsule 250 mg, 500 mg		Tier 1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	(amoxicillin)	Tier 3	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml		Tier 1	
penicillin v potassium oral tablet 250 mg, 500 mg		Tier 1	$
Pleuromutilin Derivatives			
XENLETA ORAL TABLET 600 MG		Tier 3	PA
Quinolones			
BAXDELA ORAL TABLET 450 MG		Tier 3	PA
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	(ciprofloxacin)	Tier 2	$
CIPRO ORAL TABLET 250 MG, 500 MG	(ciprofloxacin hcl)	Tier 3	$
ciprofloxacin hcl oral tablet 100 mg		Tier 1	
ciprofloxacin hcl oral tablet 250 mg, 500 mg	(Cipro)	Tier 1	$
ciprofloxacin hcl oral tablet 750 mg		Tier 1	$
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	(Cipro)	Tier 1	
levofloxacin oral solution 250 mg/10 ml		Tier 1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg		Tier 1	$
moxifloxacin oral tablet 400 mg		Tier 1	

Drug	Status	Notes
ofloxacin oral tablet 300 mg, 400 mg	Tier 1	
Tetracyclines		
AVIDOXY DK KIT 100 MG-2 % -SPF 30	Tier 3	ST: Must meet the following requirement: generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)
AVIDOXY ORAL TABLET 100 MG (doxycycline monohydrate)	Tier 3	QL (2 EA per 1 day)
BENZODOX 30 KIT, CLEANSER ER AND TABLET 100-4.4 MG-%	Tier 3	ST: Must meet the following requirement: generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)
BENZODOX 60 KIT, CLEANSER ER AND TABLET 100-4.4 MG-%	Tier 3	ST: Must meet the following requirement: generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)
demeclocycline oral tablet 150 mg, 300 mg	Tier 1	$
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 60 MG	Tier 3	ST: Must meet any of the following requirements: Doxycycline Monohydrate/Hyclate 50mg/100mg IR tablets or capsules in 120 days; QL (2 EA per 1 day)
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG (doxycycline hyclate)	Tier 3	ST: Must meet the following requirement: generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)
doxycycline hyclate oral capsule 100 mg	Tier 1	$; QL (2 EA per 1 day)
doxycycline hyclate oral capsule 50 mg (Morgidox)	Tier 1	$; QL (2 EA per 1 day)
doxycycline hyclate oral tablet 100 mg	Tier 1	$
doxycycline hyclate oral tablet 150 mg	Tier 1	$; ST: Must meet the following requirement: generic Doxycycline Monohydrate 150mg tablets in 120 days; QL (2 EA per 1 day)

Drug		Status	Notes
doxycycline hyclate oral tablet 50 mg	(Targadox)	Tier 1	ST: Must meet any of the following requirements: Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets in 120 days; QL (4 EA per 1 day)
doxycycline hyclate oral tablet 75 mg		Tier 1	$; ST: Must meet the following requirement: generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg		Tier 1	$; ST: Must meet any of the following requirements: Doxycycline Monohydrate or Hyclate 100mg tablets or capsules in 120 days; QL (2 EA per 1 day)
doxycycline hyclate oral tablet,delayed release (dr/ec) 150 mg		Tier 1	$; ST: Must meet the following requirement: generic Doxycycline Monohydrate 150mg tablets in 120 days; QL (2 EA per 1 day)
doxycycline hyclate oral tablet,delayed release (dr/ec) 200 mg	(Doryx)	Tier 1	$; ST: Must meet any of the following requirements: Doxycycline Monohydrate or Hyclate 100mg tablets or capsules in 120 days; QL (1 EA per 1 day)
doxycycline hyclate oral tablet,delayed release (dr/ec) 50 mg		Tier 1	$; ST: Must meet any of the following requirements: Doxycycline Hyclate 50mg tablets or Doxycycline Monohydrate 50mg capsules or tablets in 120 days; QL (2 EA per 1 day)
doxycycline hyclate oral tablet,delayed release (dr/ec) 75 mg		Tier 1	$; ST: Must meet the following requirement: generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)

Drug		Status	Notes
doxycycline hyclate oral tablet,delayed release (dr/ec) 80 mg	(Doryx)	Tier 1	ST: Must meet the following requirement: generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)
doxycycline monohydrate oral capsule 100 mg	(Mondoxyne NL)	Tier 1	
doxycycline monohydrate oral capsule 150 mg		Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral capsule 50 mg		Tier 1	
doxycycline monohydrate oral capsule 75 mg	(Mondoxyne NL)	Tier 1	ST: Must meet the following requirement: generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)
doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg	(Oracea)	Tier 1	PA; $$
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml		Tier 1	
doxycycline monohydrate oral tablet 100 mg	(Avidoxy)	Tier 1	$; QL (2 EA per 1 day)
doxycycline monohydrate oral tablet 150 mg		Tier 1	$; QL (2 EA per 1 day)
doxycycline monohydrate oral tablet 50 mg, 75 mg		Tier 1	$
EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG		Tier 3	PA
minocycline oral capsule 100 mg, 50 mg, 75 mg		Tier 1	$
minocycline oral capsule,extended release 24hr 135 mg, 45 mg, 90 mg	(Ximino)	Tier 1	ST: Must meet the following requirement: generic Minocycline IR in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
minocycline oral tablet 100 mg, 50 mg, 75 mg		Tier 1	$
minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 45 mg, 55 mg, 65 mg, 80 mg		Tier 1	ST: Must meet the following requirement: Generic immediate-release Minocycline in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)

Drug		Status	Notes
minocycline oral tablet extended release 24 hr 135 mg, 90 mg		Tier 1	$; ST: Must meet the following requirement: Generic immediate-release Minocycline in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
MONDOXYNE NL ORAL CAPSULE 100 MG	(doxycycline monohydrate)	Tier 1	
MONDOXYNE NL ORAL CAPSULE 75 MG	(doxycycline monohydrate)	Tier 1	ST: Must meet the following requirement: generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)
MORGIDOX 1X 50 KIT 50 MG		Tier 3	ST: Must meet the following requirement: generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)
MORGIDOX 1X100 KIT 100 MG		Tier 3	ST: Must meet the following requirement: generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)
MORGIDOX 2X100 KIT 100 MG		Tier 3	ST: Must meet the following requirement: generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)
MORGIDOX ORAL CAPSULE 50 MG	(doxycycline hyclate)	Tier 3	QL (2 EA per 1 day)
NUZYRA ORAL TABLET 150 MG		Tier 3	PA
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	(doxycycline monohydrate)	Tier 3	PA; $$
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG		Tier 3	$$; ST: Must meet any of the following requirements: generic Doxycycline or Minocycline IR in 120 days; QL (1 EA per 1 day); Age (Min 9 Years)
TARGADOX ORAL TABLET 50 MG	(doxycycline hyclate)	Tier 3	ST: Must meet any of the following requirements: Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets in 120 days; QL (4 EA per 1 day)

Drug		Status	Notes
tetracycline oral capsule 250 mg, 500 mg		Tier 1	$
tetracycline oral tablet 250 mg, 500 mg		Tier 1	
XIMINO ORAL CAPSULE,EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG	(minocycline)	Tier 3	ST: Must meet the following requirement: generic Minocycline IR in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
Infectious Disease - Fungal			
Antifungal Agents			
ANCOBON ORAL CAPSULE 250 MG, 500 MG	(flucytosine)	Tier 3	
clotrimazole mucous membrane troche 10 mg		Tier 1	$
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG		Tier 3	PA; $$$$$
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	(fluconazole)	Tier 3	$
DIFLUCAN ORAL TABLET 100 MG	(fluconazole)	Tier 3	$
fluconazole oral suspension for reconstitution 10 mg/ml		Tier 1	$
fluconazole oral suspension for reconstitution 40 mg/ml	(Diflucan)	Tier 1	$
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg		Tier 1	$
flucytosine oral capsule 250 mg, 500 mg	(Ancobon)	Tier 1	$$
itraconazole oral capsule 100 mg	(Sporanox)	Tier 1	$
itraconazole oral solution 10 mg/ml		Tier 1	$
ketoconazole oral tablet 200 mg		Tier 1	$
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG		Tier 3	PA
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	(posaconazole)	Tier 3	PA
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG	(posaconazole)	Tier 3	PA
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG		Tier 3	
posaconazole oral suspension 200 mg/5 ml (40 mg/ml)	(Noxafil)	Tier 1	PA; $$$
posaconazole oral tablet,delayed release (dr/ec) 100 mg		Tier 1	PA; $
SPORANOX ORAL CAPSULE 100 MG	(itraconazole)	Tier 3	$
SPORANOX ORAL SOLUTION 10 MG/ML	(itraconazole)	Tier 3	
terbinafine hcl oral tablet 250 mg		Tier 1	$

Drug		Status	Notes
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG		Tier 3	PA
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)	(voriconazole)	Tier 3	
VFEND ORAL TABLET 50 MG	(voriconazole)	Tier 3	$
VIVJOA ORAL CAPSULE 150 MG		Tier 3	PA
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	(Vfend)	Tier 1	$$
voriconazole oral tablet 200 mg, 50 mg		Tier 1	$
Antifungal Antibiotics			
BREXAFEMME ORAL TABLET 150 MG		Tier 3	PA
FULVICIN P/G ORAL TABLET 165 MG	(griseofulvin ultramicrosize)	Tier 1	
griseofulvin microsize oral suspension 125 mg/5 ml		Tier 1	$
griseofulvin microsize oral tablet 500 mg		Tier 1	$
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg		Tier 1	$
griseofulvin ultramicrosize oral tablet 165 mg		Tier 1	
nystatin oral suspension 100,000 unit/ml		Tier 1	$
nystatin oral tablet 500,000 unit		Tier 1	$
Infectious Disease - Miscellaneous			
Aminoglycosides			
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML		Tier 4	PA
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	(tobramycin)	Tier 4	PA; $$$$$
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	(tobramycin with nebulizer)	Tier 4	PA; $$$$
neomycin oral tablet 500 mg		Tier 1	
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	(tobramycin in 0.225 % nacl)	Tier 4	PA
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG		Tier 4	PA; $$$$$
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	(Tobi)	Tier 4	PA; $$
tobramycin inhalation solution for nebulization 300 mg/4 ml	(Bethkis)	Tier 4	PA
tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml	(Kitabis Pak)	Tier 4	PA; $$

Drug		Status	Notes
Antibacterial Agents,Miscellaneous			
GLYCINE UROLOGIC IRRIGATION SOLUTION 1.5 %	(glycine urologic solution)	Tier 3	
glycine urologic solution irrigation solution 1.5 %	(Glycine Urologic)	Tier 1	
Antileprotics			
dapsone oral tablet 100 mg, 25 mg		Tier 1	$
THALOMID ORAL CAPSULE 100 MG, 50 MG		Tier 4	PA
Anti-Mycobacterium Agents			
ethambutol oral tablet 100 mg, 400 mg		Tier 1	$
isoniazid oral solution 50 mg/5 ml		Tier 1	$
isoniazid oral tablet 100 mg, 300 mg		Tier 1	$
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM		Tier 3	
pyrazinamide oral tablet 500 mg		Tier 1	$$
rifabutin oral capsule 150 mg		Tier 1	$
TRECATOR ORAL TABLET 250 MG		Tier 3	
Antitubercular Antibiotics			
cycloserine oral capsule 250 mg		Tier 1	$$$$$
pretomanid oral tablet 200 mg		Tier 3	$$; QL (1 EA per 1 day)
PRIFTIN ORAL TABLET 150 MG		Tier 3	
rifampin oral capsule 150 mg, 300 mg		Tier 1	$
SIRTURO ORAL TABLET 100 MG, 20 MG		Tier 4	PA
Lincosamides			
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG	(clindamycin hcl)	Tier 3	
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	(clindamycin palmitate hcl)	Tier 3	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin HCl)	Tier 1	$
clindamycin palmitate hcl oral recon soln 75 mg/5 ml	(Clindamycin Pediatric)	Tier 1	$
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	(clindamycin palmitate hcl)	Tier 1	$
Rifamycins And Related Derivative Antibiotics			
XIFAXAN ORAL TABLET 200 MG		Tier 3	PA
XIFAXAN ORAL TABLET 550 MG		Tier 2	PA
Vancomycin And Derivatives			
FIRVANQ ORAL RECON SOLN 25 MG/ML	(vancomycin)	Tier 3	QL (300 ML per 1 FILL)

Drug		Status	Notes
FIRVANQ ORAL RECON SOLN 50 MG/ML	(vancomycin)	Tier 3	QL (600 ML per 1 FILL)
VANCOCIN ORAL CAPSULE 125 MG	(vancomycin)	Tier 3	QL (56 EA per 1 FILL)
VANCOCIN ORAL CAPSULE 250 MG	(vancomycin)	Tier 3	QL (112 EA per 1 FILL)
vancomycin oral capsule 125 mg	(Vancocin)	Tier 1	$; QL (56 EA per 1 FILL)
vancomycin oral capsule 250 mg	(Vancocin)	Tier 1	$; QL (112 EA per 1 FILL)
vancomycin oral recon soln 25 mg/ml	(Firvanq)	Tier 1	QL (300 ML per 1 FILL)
vancomycin oral recon soln 50 mg/ml	(Firvanq)	Tier 1	QL (600 ML per 1 FILL)
Infectious Disease - Parasitic			
2Nd Gen. Anaerobic Antiprotozoal-Antibacterial			
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM		Tier 3	$; ST: Must meet 2 of the following requirements: Clindamycin, vaginal Clindamycin cream, oral Metronidazole, vaginal Metronidazole gel, or Tinidazole in 365 days; QL (1 EA per 30 days)
tinidazole oral tablet 250 mg, 500 mg		Tier 1	$
Anaerobic Antiprotozoal-Antibacterial Agents			
LIKMEZ ORAL SUSPENSION 500 MG/5 ML		Tier 3	PA
metronidazole oral capsule 375 mg		Tier 1	
metronidazole oral tablet 125 mg		Tier 1	
metronidazole oral tablet 250 mg, 500 mg		Tier 1	$
Anthelmintics			
albendazole oral tablet 200 mg		Tier 1	$
BILTRICIDE ORAL TABLET 600 MG	(praziquantel)	Tier 3	
EMVERM ORAL TABLET,CHEWABLE 100 MG	(mebendazole)	Tier 2	PA
ivermectin oral tablet 3 mg	(Stromectol)	Tier 1	$
ivermectin oral tablet 6 mg		Tier 1	
praziquantel oral tablet 600 mg	(Biltricide)	Tier 1	$$
STROMECTOL ORAL TABLET 3 MG	(ivermectin)	Tier 3	
Antimalarial Drugs			
ARAKODA ORAL TABLET 100 MG		Tier 3	
atovaquone-proguanil oral tablet 250-100 mg	(Malarone)	Tier 1	$
atovaquone-proguanil oral tablet 62.5-25 mg	(Malarone Pediatric)	Tier 1	$

Drug		Status	Notes
chloroquine phosphate oral tablet 250 mg		Tier 1	$; QL (36 EA per 16 days)
chloroquine phosphate oral tablet 500 mg		Tier 1	$; QL (18 EA per 16 days)
COARTEM ORAL TABLET 20-120 MG		Tier 3	
DARAPRIM ORAL TABLET 25 MG	(pyrimethamine)	Tier 4	PA
hydroxychloroquine oral tablet 100 mg		Tier 1	$; QL (180 EA per 30 days)
hydroxychloroquine oral tablet 200 mg	(Sovuna)	Tier 1	$; QL (100 EA per 30 days)
hydroxychloroquine oral tablet 300 mg	(Sovuna)	Tier 1	$; QL (60 EA per 30 days)
hydroxychloroquine oral tablet 400 mg		Tier 1	$; QL (60 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG		Tier 2	QL (2 EA per 1 FILL)
MALARONE ORAL TABLET 250-100 MG	(atovaquone-proguanil)	Tier 3	$
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG	(atovaquone-proguanil)	Tier 3	$
mefloquine oral tablet 250 mg		Tier 1	
PLAQUENIL ORAL TABLET 200 MG	(hydroxychloroquine)	Tier 3	QL (100 EA per 30 days)
primaquine oral tablet 26.3 mg (15 mg base)		Tier 2	$
pyrimethamine oral tablet 25 mg	(Daraprim)	Tier 4	PA; $$$$$
QUALAQUIN ORAL CAPSULE 324 MG	(quinine sulfate)	Tier 3	
quinine sulfate oral capsule 324 mg	(Qualaquin)	Tier 1	$
SOVUNA ORAL TABLET 200 MG	(hydroxychloroquine)	Tier 2	QL (100 EA per 30 days)
SOVUNA ORAL TABLET 300 MG	(hydroxychloroquine)	Tier 3	QL (60 EA per 30 days)
Antiparasitics			
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML		Tier 3	QL (50 ML per 1 day)
ALINIA ORAL TABLET 500 MG	(nitazoxanide)	Tier 3	QL (2 EA per 1 day)
nitazoxanide oral tablet 500 mg	(Alinia)	Tier 1	QL (2 EA per 1 day)
Antiprotozoal Drugs,Miscellaneous			
atovaquone oral suspension 750 mg/5 ml	(Mepron)	Tier 1	$
benznidazole oral tablet 100 mg, 12.5 mg		Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG		Tier 2	PA
LAMPIT ORAL TABLET 120 MG, 30 MG		Tier 3	
MEPRON ORAL SUSPENSION 750 MG/5 ML	(atovaquone)	Tier 3	
NEBUPENT INHALATION RECON SOLN 300 MG	(pentamidine)	Tier 3	
pentamidine inhalation recon soln 300 mg	(Nebupent)	Tier 1	$

Drug	Status	Notes
Infectious Disease - Viral		
Antiretroviral - Capsid Inhibitors		
SUNLENCA ORAL TABLET 300 MG	Tier 2	PA
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	Tier 2	PA
YEZTUGO ORAL TABLET 300 MG	Tier 2	PA
YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML	Tier 2	PA
Antiretroviral-Integrase Inhibitor And Nnrti Comb.		
JULUCA ORAL TABLET 50-25 MG	Tier 2	$$$$$
Antiretroviral-Integrase Inhibitor And Nrti Comb.		
DOVATO ORAL TABLET 50-300 MG	Tier 2	$$$$$
Antiretroviral-Nucleoside,Nucleotide,Protease Inh.		
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 2	
Antiviral - Main Protease (Mpro) Inhibitor		
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5)	Tier 2	QL (20 EA per 28 days); Age (Min 12 Years)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	Tier 2	QL (30 EA per 28 days); Age (Min 12 Years)
Antiviral Monoclonal Antibodies		
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML	Tier 3	
BEYFORTUS INTRAMUSCULAR SYRINGE 50 MG/0.5 ML	Tier 3	$$
Antiviral Nucleotide Analogs		
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	Tier 1	QL (40 EA per 29 days); Age (Min 18 Years)
Antivirals, General		
acyclovir oral capsule 200 mg	Tier 1	$
acyclovir oral suspension 200 mg/5 ml (Zovirax)	Tier 1	$
acyclovir oral tablet 400 mg, 800 mg	Tier 1	$
famciclovir oral tablet 125 mg, 250 mg, 500 mg	Tier 1	$
LIVTENCITY ORAL TABLET 200 MG	Tier 4	PA
oseltamivir oral capsule 30 mg (Tamiflu)	Tier 1	$; QL (40 EA per 180 days)
oseltamivir oral capsule 45 mg, 75 mg (Tamiflu)	Tier 1	$; QL (20 EA per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml (Tamiflu)	Tier 1	$; QL (360 ML per 180 days)

Drug		Status	Notes
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG		Tier 3	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG		Tier 3	PA
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION		Tier 3	QL (40 EA per 180 days)
ribavirin inhalation recon soln 6 gram		Tier 1	
rimantadine oral tablet 100 mg	(Flumadine)	Tier 1	$
TAMIFLU ORAL CAPSULE 30 MG	(oseltamivir)	Tier 3	QL (40 EA per 180 days)
TAMIFLU ORAL CAPSULE 45 MG	(oseltamivir)	Tier 3	QL (20 EA per 180 days)
TAMIFLU ORAL CAPSULE 75 MG	(oseltamivir)	Tier 3	$; QL (20 EA per 180 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	(oseltamivir)	Tier 3	QL (360 ML per 180 days)
TEMBEXA ORAL SUSPENSION 10 MG/ML		Tier 2	
TEMBEXA ORAL TABLET 100 MG		Tier 2	
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG		Tier 2	
valacyclovir oral tablet 1 gram, 500 mg	(Valtrex)	Tier 1	$
VALCYTE ORAL RECON SOLN 50 MG/ML	(valganciclovir)	Tier 3	
VALCYTE ORAL TABLET 450 MG	(valganciclovir)	Tier 3	
valganciclovir oral recon soln 50 mg/ml	(Valcyte)	Tier 1	$$
valganciclovir oral tablet 450 mg	(Valcyte)	Tier 1	$
VALTREX ORAL TABLET 1 GRAM, 500 MG	(valacyclovir)	Tier 3	$$
VIRAZOLE INHALATION RECON SOLN 6 GRAM	(ribavirin)	Tier 3	
XOFLUZA ORAL TABLET 40 MG		Tier 2	$; QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 80 MG		Tier 2	$; QL (2 EA per 180 days)
ZOVIRAX ORAL SUSPENSION 200 MG/5 ML	(acyclovir)	Tier 3	
Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib			
APTIVUS ORAL CAPSULE 250 MG		Tier 2	
darunavir oral tablet 600 mg, 800 mg	(Prezista)	Tier 1	$
PREZCOBIX ORAL TABLET 675-150 MG		Tier 4	QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG		Tier 3	
PREZISTA ORAL SUSPENSION 100 MG/ML		Tier 2	

Drug		Status	Notes
PREZISTA ORAL TABLET 150 MG, 75 MG		Tier 2	
PREZISTA ORAL TABLET 600 MG, 800 MG	(darunavir)	Tier 3	
Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog			
CIMDUO ORAL TABLET 300-300 MG		Tier 2	$$$
DESCOVY ORAL TABLET 120-15 MG		Tier 2	
DESCOVY ORAL TABLET 200-25 MG		Tier 5	$0 COPAY IF QUANTITY IS 1 IN 1 DAY AND IF USED FOR PREVENTION OF HIV
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	(Truvada)	Tier 1	
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	(Truvada)	Tier 5	$; $0 COPAY IF QUANTITY IS 1 IN 1 DAY AND IF USED FOR PREVENTION OF HIV
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	(emtricitabine-tenofovir (tdf))	Tier 3	
Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb			
abacavir-lamivudine oral tablet 600-300 mg		Tier 1	$
lamivudine-zidovudine oral tablet 150-300 mg		Tier 1	$
Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.			
maraviroc oral tablet 150 mg, 300 mg	(Selzentry)	Tier 1	$$$
SELZENTRY ORAL SOLUTION 20 MG/ML		Tier 2	
SELZENTRY ORAL TABLET 150 MG	(maraviroc)	Tier 3	$$$$
SELZENTRY ORAL TABLET 300 MG	(maraviroc)	Tier 3	$$$
Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor			
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG		Tier 2	PA; $$$$$
Antivirals, Hiv-Specific, Fusion Inhibitors			
FUZEON SUBCUTANEOUS RECON SOLN 90 MG		Tier 2	
Antivirals, Hiv-Specific, Non-Nucleoside, Rti			
EDURANT ORAL TABLET 25 MG		Tier 2	
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG		Tier 2	

Drug		Status	Notes
efavirenz oral tablet 600 mg		Tier 1	$
etravirine oral tablet 100 mg, 200 mg	(Intelence)	Tier 1	$$
INTELENCE ORAL TABLET 100 MG, 200 MG	(etravirine)	Tier 3	
INTELENCE ORAL TABLET 25 MG		Tier 2	
nevirapine oral suspension 50 mg/5 ml		Tier 1	
nevirapine oral tablet 200 mg		Tier 1	$
nevirapine oral tablet extended release 24 hr 100 mg		Tier 1	
nevirapine oral tablet extended release 24 hr 400 mg		Tier 1	$
PIFELTRO ORAL TABLET 100 MG		Tier 3	
Antivirals, Hiv-Specific, Nucleoside Analog, Rti			
abacavir oral solution 20 mg/ml	(Ziagen)	Tier 1	$
abacavir oral tablet 300 mg		Tier 1	$
emtricitabine oral capsule 200 mg	(Emtriva)	Tier 5	$0 COPAY IF QUANTITY IS 1 IN 1 DAY AND IF USED FOR PREVENTION OF HIV
EMTRIVA ORAL CAPSULE 200 MG	(emtricitabine)	Tier 3	
EMTRIVA ORAL SOLUTION 10 MG/ML		Tier 2	
EPIVIR ORAL SOLUTION 10 MG/ML	(lamivudine)	Tier 3	
EPIVIR ORAL TABLET 150 MG, 300 MG	(lamivudine)	Tier 3	
lamivudine oral solution 10 mg/ml	(Epivir)	Tier 1	$
lamivudine oral tablet 150 mg, 300 mg	(Epivir)	Tier 1	$
RETROVIR ORAL CAPSULE 100 MG	(zidovudine)	Tier 3	
RETROVIR ORAL SYRUP 10 MG/ML	(zidovudine)	Tier 3	$
stavudine oral capsule 15 mg, 20 mg		Tier 1	
ZIAGEN ORAL SOLUTION 20 MG/ML	(abacavir)	Tier 3	
zidovudine oral capsule 100 mg	(Retrovir)	Tier 1	
zidovudine oral syrup 10 mg/ml	(Retrovir)	Tier 1	
zidovudine oral tablet 300 mg		Tier 1	$
Antivirals, Hiv-Specific, Nucleotide Analog, Rti			
tenofovir disoproxil fumarate oral tablet 300 mg	(Viread)	Tier 5	$; $0 COPAY IF QUANTITY IS 1 IN 1 DAY AND IF USED FOR PREVENTION OF HIV
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)		Tier 2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		Tier 2	

Drug		Status	Notes
VIREAD ORAL TABLET 300 MG	(tenofovir disoproxil fumarate)	Tier 3	
Antivirals, Hiv-Specific, Protease Inhibitor Comb			
KALETRA ORAL SOLUTION 400-100 MG/5 ML	(lopinavir-ritonavir)	Tier 3	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	(lopinavir-ritonavir)	Tier 3	
lopinavir-ritonavir oral tablet 100-25 mg	(Kaletra)	Tier 1	
lopinavir-ritonavir oral tablet 200-50 mg	(Kaletra)	Tier 1	$$
Antivirals, Hiv-Specific, Protease Inhibitors			
atazanavir oral capsule 150 mg		Tier 1	$
atazanavir oral capsule 200 mg, 300 mg	(Reyataz)	Tier 1	$
EVOTAZ ORAL TABLET 300-150 MG		Tier 2	$$$
fosamprenavir oral tablet 700 mg		Tier 1	$$
NORVIR ORAL CAPSULE 100 MG		Tier 2	
NORVIR ORAL POWDER IN PACKET 100 MG		Tier 2	
NORVIR ORAL TABLET 100 MG	(ritonavir)	Tier 3	
REYATAZ ORAL CAPSULE 200 MG	(atazanavir)	Tier 3	$$$
REYATAZ ORAL CAPSULE 300 MG	(atazanavir)	Tier 3	
REYATAZ ORAL POWDER IN PACKET 50 MG		Tier 2	
ritonavir oral tablet 100 mg	(Norvir)	Tier 1	$
VIRACEPT ORAL TABLET 250 MG, 625 MG		Tier 2	
Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr			
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	(cabotegravir)	Tier 5	$$$$; $0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; Age (Min 12 Years)
ISENTRESS HD ORAL TABLET 600 MG		Tier 2	
ISENTRESS ORAL POWDER IN PACKET 100 MG		Tier 2	
ISENTRESS ORAL TABLET 400 MG		Tier 2	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG		Tier 2	
TIVICAY ORAL TABLET 50 MG		Tier 2	$$$$

Drug		Status	Notes
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG		Tier 2	$
Artv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti			
COMPLERA ORAL TABLET 200-25-300 MG	(emtricita-rilpivirine-tenof df)	Tier 3	
DELSTRIGO ORAL TABLET 100-300-300 MG		Tier 3	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg		Tier 1	$
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg		Tier 1	$$$$
efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg	(Symfi)	Tier 1	$$$$
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	(Complera)	Tier 1	$$$$
ODEFSEY ORAL TABLET 200-25-25 MG		Tier 2	
SYMFI LO ORAL TABLET 400-300-300 MG	(efavirenz-lamivu-tenofov disop)	Tier 3	$$$$
SYMFI ORAL TABLET 600-300-300 MG	(efavirenz-lamivu-tenofov disop)	Tier 3	$$$$
Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor			
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG		Tier 2	
GENVOYA ORAL TABLET 150-150-200-10 MG		Tier 2	
STRIBILD ORAL TABLET 150-150-200-300 MG		Tier 2	
Arv Comb-Nrtis & Integrase Inhibitor			
TRIUMEQ ORAL TABLET 600-50-300 MG		Tier 2	$$$$$
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG		Tier 2	$$$
Cytochrome P450 Inhibitors			
TYBOST ORAL TABLET 150 MG		Tier 2	
Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo			
VOSEVI ORAL TABLET 400-100-100 MG		Tier 4	PA
Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo.			
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG		Tier 4	PA

Drug		Status	Notes
EPCLUSA ORAL TABLET 200-50 MG		Tier 4	PA
EPCLUSA ORAL TABLET 400-100 MG	(sofosbuvir-velpatasvir)	Tier 4	PA
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG		Tier 4	PA
HARVONI ORAL TABLET 45-200 MG		Tier 4	PA
HARVONI ORAL TABLET 90-400 MG	(ledipasvir-sofosbuvir)	Tier 4	PA
Hep C Virus,Nucleotide Analog Ns5b Polymerase Inh			
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG		Tier 4	PA
SOVALDI ORAL TABLET 200 MG, 400 MG		Tier 4	PA
Hepatitis B Treatment Agents			
adefovir oral tablet 10 mg	(Hepsera)	Tier 4	$$; QL (1 EA per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML		Tier 4	$$; QL (630 ML per 30 days)
BARACLUDE ORAL TABLET 0.5 MG, 1 MG	(entecavir)	Tier 4	$$$$; QL (1 EA per 1 day)
entecavir oral tablet 0.5 mg, 1 mg	(Baraclude)	Tier 4	$; QL (1 EA per 1 day)
HEPSERA ORAL TABLET 10 MG	(adefovir)	Tier 4	QL (1 EA per 1 day)
lamivudine oral tablet 100 mg		Tier 1	$$; QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG		Tier 4	QL (1 EA per 1 day)
Hepatitis C Treatment Agents			
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		Tier 4	PA; $$$$
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML		Tier 4	PA
ribavirin oral capsule 200 mg		Tier 1	
ribavirin oral tablet 200 mg		Tier 1	
Hepatitis C Virus - Ns5a, Ns3/4A, Ns5b Inhib Cmb.			
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG		Tier 4	
Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb			
MAVYRET ORAL PELLETS IN PACKET 50-20 MG		Tier 4	PA
MAVYRET ORAL TABLET 100-40 MG		Tier 4	PA
ZEPATIER ORAL TABLET 50-100 MG		Tier 4	PA
Inflammatory Disease			
Anti-Arthritic And Chelating Agents			
CUPRIMINE ORAL CAPSULE 250 MG	(penicillamine)	Tier 4	PA; $$$$$
DEPEN TITRATABS ORAL TABLET 250 MG	(penicillamine)	Tier 4	PA

Drug		Status	Notes
D-PENAMINE ORAL TABLET 125 MG		Tier 4	PA
penicillamine oral capsule 250 mg	(Cuprimine)	Tier 4	PA; $$
penicillamine oral tablet 250 mg	(Depen Titratabs)	Tier 4	PA; $$$$
Anti-Arthritic, Folate Antagonist Agents			
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML		Tier 3	QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML		Tier 3	QL (1 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML		Tier 3	QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML		Tier 3	QL (1.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML		Tier 3	QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML		Tier 3	QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML		Tier 3	QL (2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML		Tier 3	QL (2.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML		Tier 3	QL (0.6 ML per 28 days)
Anti-Flam. Interleukin-1 Receptor Antagonist			
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG		Tier 4	PA
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML		Tier 4	PA
Anti-Inflammatory Tumor Necrosis Factor Inhibitor			
adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml	(Hyrimoz(CF) Pen)	Tier 4	PA
adalimumab-adaz subcutaneous pen injector 80 mg/0.8 ml	(Hyrimoz Pen Crohn's-UC Starter)	Tier 4	PA
adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml, 20 mg/0.2 ml, 40 mg/0.4 ml	(Hyrimoz(CF))	Tier 4	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)		Tier 4	PA; $$$$$
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)		Tier 4	PA; $$$$$
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)		Tier 4	PA; $$$$$

Drug	Status	Notes
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	Tier 4	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	Tier 4	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	Tier 4	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Tier 4	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 4	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 4	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 4	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 4	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 4	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 4	PA
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-ryvk)	Tier 4	PA
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 80 MG/0.8 ML	Tier 4	PA
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML (adalimumab-ryvk)	Tier 4	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	Tier 4	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	Tier 4	PA
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	Tier 4	PA
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	Tier 4	PA
Anti-Inflammatory, Pyrimidine Synthesis Inhibitor		
ARAVA ORAL TABLET 10 MG, 20 MG (leflunomide)	Tier 3	
LEFLUNICLO KIT,GEL AND TABLET 20 MG- 1 %	Tier 3	

Drug		Status	Notes
leflunomide oral tablet 10 mg, 20 mg	(Arava)	Tier 1	$
Anti-Inflammatory,Phosphodiesterase-4(Pde4) Inhib.			
OTEZLA ORAL TABLET 20 MG, 30 MG		Tier 4	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)		Tier 4	PA
Anti-Inflammatory/Antiarthritics Agents, Misc.			
DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML		Tier 3	PA; QL (3 ML per 180 days)
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION)		Tier 2	PA; QL (6 ML per 180 days)
GEL-ONE INTRA-ARTICULAR SYRINGE 30 MG/3 ML		Tier 3	PA; $$$; QL (3 ML per 180 days)
GELSYN-3 INTRA-ARTICULAR SYRINGE 16.8 MG/2 ML		Tier 3	PA; QL (6 ML per 180 days)
GENVISC 850 INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 3	PA; QL (12.5 ML per 180 days)
HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML		Tier 3	PA; QL (10 ML per 180 days)
HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 3	PA; QL (10 ML per 180 days)
HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML		Tier 3	PA; QL (6 ML per 180 days)
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML		Tier 3	PA; QL (4 ML per 180 days)
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML		Tier 3	PA; QL (8 ML per 180 days)
SUPARTZ FX INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 3	PA; QL (12.5 ML per 180 days)
SYNOJOYNT INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 3	PA; QL (6 ML per 180 days)
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML		Tier 2	PA; QL (6 ML per 180 days)
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML		Tier 2	PA; QL (6 ML per 180 days)
TRILURON INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 3	PA; QL (6 ML per 180 days)
TRIVISC INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 3	PA; QL (7.5 ML per 180 days)
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 3	PA; $; QL (7.5 ML per 180 days)

Drug		Status	Notes
Antinflammatory, Sel.Costim.Mod.,T-Cell Inhibitor			
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML		Tier 4	PA; $$$$$
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML		Tier 4	PA; $$$$
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML, 87.5 MG/0.7 ML		Tier 4	PA; $$$$$
Bradykinin B2 Receptor Antagonists			
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	(icatibant)	Tier 4	PA
icatibant subcutaneous syringe 30 mg/3 ml	(Firazyr)	Tier 4	PA; $$$
SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML	(icatibant)	Tier 4	PA
C1 Esterase Inhibitors			
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)		Tier 4	PA
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)		Tier 4	PA; $$$$$
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT		Tier 4	PA
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT		Tier 4	PA
Glucocorticoids			
AGAMREE ORAL SUSPENSION 40 MG/ML		Tier 4	PA
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG		Tier 4	PA
BETALOAN SUIK KIT 6 MG/ML		Tier 3	
budesonide oral capsule,delayed,extend.release 3 mg		Tier 1	$
budesonide oral tablet,delayed and ext.release 9 mg	(Uceris)	Tier 1	$$; ST: Must meet the following requirement: Balsalazide in 120 days
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	(hydrocortisone)	Tier 3	
cortisone oral tablet 25 mg		Tier 1	
deflazacort oral suspension 22.75 mg/ml	(Emflaza)	Tier 4	PA; $$$$$
deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg	(Emflaza)	Tier 4	PA
DEXABLISS ORAL TABLETS,DOSE PACK 1.5 MG (39 TABS)		Tier 1	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days

Drug		Status	Notes
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML		Tier 3	
dexamethasone oral elixir 0.5 mg/5 ml		Tier 1	
dexamethasone oral solution 0.5 mg/5 ml		Tier 1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg, 6 mg		Tier 1	
dexamethasone oral tablet 1.5 mg, 4 mg		Tier 1	$
dexamethasone oral tablets,dose pack 1.5 mg (21 tabs)	(TaperDex)	Tier 1	$; ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
dexamethasone oral tablets,dose pack 1.5 mg (35 tabs), 1.5 mg (51 tabs)		Tier 1	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
DEXONTO IONTOPHORETIC SOLUTION 0.4 %		Tier 3	
DMT SUIK KIT 10 MG/ML		Tier 3	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	(deflazacort)	Tier 4	PA
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	(deflazacort)	Tier 4	PA
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML		Tier 4	PA
HEMADY ORAL TABLET 20 MG		Tier 3	QL (2 EA per 1 day)
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	(Cortef)	Tier 1	$
hydrocortisone sod succinate injection recon soln 100 mg	(Solu-Cortef)	Tier 1	
JAYTHARI ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	(deflazacort)	Tier 4	PA
KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML	(triamcinolone acetonide)	Tier 3	$
KENALOG-80 INJECTION SUSPENSION 80 MG/ML		Tier 3	$
KHINDIVI ORAL SOLUTION 1 MG/ML		Tier 4	
MEDROL (PAK) ORAL TABLETS,DOSE PACK 4 MG	(methylprednisolone)	Tier 3	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	(methylprednisolone)	Tier 3	
MEDROL ORAL TABLET 2 MG		Tier 2	
MEDROLOAN II SUIK KIT 40 MG/ML		Tier 3	
MEDROLOAN SUIK KIT 40 MG/ML		Tier 3	

Drug		Status	Notes
methylprednisolone oral tablet 16 mg, 8 mg	(Medrol)	Tier 1	
methylprednisolone oral tablet 32 mg		Tier 1	
methylprednisolone oral tablet 4 mg	(Medrol)	Tier 1	$
methylprednisolone oral tablets,dose pack 4 mg	(Medrol (Pak))	Tier 1	$
ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG	(prednisolone sodium phosphate)	Tier 3	
ORTIKOS ORAL CAPSULE, EXTENDED RELEASE 6 MG, 9 MG		Tier 3	PA
PEDIAPRED ORAL SOLUTION 5 MG BASE/5 ML (6.7 MG/5 ML)	(prednisolone sodium phosphate)	Tier 3	
prednisolone oral solution 15 mg/5 ml		Tier 1	$
prednisolone oral tablet 5 mg	(Millipred)	Tier 1	$; ST: Must meet 2 of the following requirements: Methylprednisolone, Prednisolone, or Prednisone in 365 days
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)		Tier 1	$
prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)	(Veripred 20)	Tier 1	$
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)	(Pediapred)	Tier 1	$
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	(Orapred ODT)	Tier 1	$
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML		Tier 2	
prednisone oral solution 5 mg/5 ml		Tier 1	
prednisone oral tablet 1 mg, 2.5 mg, 50 mg		Tier 1	
prednisone oral tablet 10 mg, 20 mg, 5 mg		Tier 1	$
prednisone oral tablets,dose pack 10 mg, 5 mg		Tier 1	
RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC) 1 MG, 2 MG, 5 MG		Tier 3	PA
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML		Tier 3	

Drug		Status	Notes
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS)	(dexamethasone)	Tier 1	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (27 TABS), 1.5 MG (49 TABS)		Tier 1	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG		Tier 4	PA
triamcinolone acetonide injection suspension 10 mg/ml	(Kenalog)	Tier 1	
triamcinolone acetonide injection suspension 40 mg/ml	(Kenalog)	Tier 1	$
TRILOAN II SUIK KIT 40 MG/ML		Tier 3	
TRILOAN SUIK KIT 40 MG/ML		Tier 3	
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG	(budesonide)	Tier 3	ST: Must meet the following requirement: Balsalazide in 120 days
VERIPRED 20 ORAL SOLUTION 20 MG/5 ML (4 MG/ML)	(prednisolone sodium phosphate)	Tier 3	
ZCORT ORAL TABLETS,DOSE PACK 1.5 MG (25 TABS)		Tier 3	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
Gold Salts			
auranofin oral capsule 3 mg	(Ridaura)	Tier 1	
RIDAURA ORAL CAPSULE 3 MG	(auranofin)	Tier 3	
Immunomodulator,B-Lymphocyte Stim(Blys)-Spec Inhib			
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML		Tier 4	PA; $$$$
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML		Tier 4	PA; $$$$$
Interleukin-6 (Il-6) Receptor Inhibitors			
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML		Tier 4	PA; $$$$
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML		Tier 4	PA; $$$$
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML		Tier 4	PA; $$$$$
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML		Tier 4	PA; $$$$
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML		Tier 4	PA; $$$$

Drug	Status	Notes
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 4	
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 4	
Janus Kinase (Jak) Inhibitors		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	Tier 4	PA
LEQSELVI ORAL TABLET 8 MG	Tier 4	PA
LITFULO ORAL CAPSULE 50 MG	Tier 4	PA
OLUMIANT ORAL TABLET 1 MG, 2 MG	Tier 4	PA; $$$$
OLUMIANT ORAL TABLET 4 MG	Tier 4	PA; $$$$$
RINVOQ LQ ORAL SOLUTION 1 MG/ML	Tier 4	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	Tier 4	PA
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 4	PA
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 4	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	Tier 4	PA
Mineralocorticoids		
fludrocortisone oral tablet 0.1 mg	Tier 1	$
Monoclonal Antibody-Human Interleukin 12/23 Inhib		
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (ustekinumab)	Tier 4	PA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (ustekinumab)	Tier 4	PA
STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 4	PA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 4	PA
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 4	PA
Nasal Nsaids, Cox Non-Selective,Systemic Analgesic		
SPRIX NASAL SPRAY,NON-AEROSOL 15.75 MG/SPRAY (ketorolac)	Tier 3	ST: Must meet the following requirement: generic nonsteroidal anti-inflammatory in 120 days; QL (5 EA per 30 days)

Drug		Status	Notes
Nsaid & Histamine H2 Receptor Antagonist Comb.			
ibuprofen-famotidine oral tablet 800-26.6 mg		Tier 1	$; ST: Must meet the following requirement: generic prescription strength Ibuprofen 400, 600, or 800mg in 120 days; QL (3 EA per 1 day)
Nsaid & Topical Irritant Counter-Irritant Comb.			
INFLAMMACIN KIT 75 MG- 0.025 %		Tier 3	
INFLATHERM(DICLOFENAC-MENTHOL) KIT, GEL AND TABLET DELAY REL 75 MG-3 %- 3 %		Tier 3	
NAPROTIN KIT 500 MG- 0.025 %		Tier 3	
Nsaid, Cox Inhibitor-Type & Proton Pump Inhib Comb			
naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic 375-20 mg		Tier 1	$$; ST: Must meet the following requirement: generic Naproxen in 120 days
naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic 500-20 mg	(Vimovo)	Tier 1	$$; ST: Must meet the following requirement: generic Naproxen in 120 days
Nsaids (Cox Non-Specific Inhib)& Prostaglandin Cmb			
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC 50-200 MG-MCG	(diclofenac-misoprostol)	Tier 3	
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC 75-200 MG-MCG	(diclofenac-misoprostol)	Tier 3	$
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg	(Arthrotec 50)	Tier 1	$
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg	(Arthrotec 75)	Tier 1	$
Nsaids, Cyclooxygenase 2 Inhibitor - Type			
CELEBREX ORAL CAPSULE 100 MG, 50 MG	(celecoxib)	Tier 3	
CELEBREX ORAL CAPSULE 200 MG, 400 MG	(celecoxib)	Tier 3	$$
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(Celebrex)	Tier 1	$

Drug		Status	Notes
Nsaids, Cyclooxygenase Inhibitor-Type			
ANAPROX DS ORAL TABLET 550 MG	(naproxen sodium)	Tier 3	
COXANTO ORAL CAPSULE 300 MG	(oxaprozin)	Tier 1	
DAYPRO ORAL TABLET 600 MG	(oxaprozin)	Tier 3	
diclofenac potassium oral capsule 25 mg	(Zipsor)	Tier 1	$; ST: Must meet the following requirements: Diclofenac Sodium in 120 days; QL (4 EA per 1 day)
diclofenac potassium oral tablet 25 mg	(Lofena)	Tier 1	$$$; QL (8 EA per 1 day)
diclofenac potassium oral tablet 50 mg		Tier 1	$
diclofenac sodium oral tablet extended release 24 hr 100 mg		Tier 1	$
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg		Tier 1	$
diclofenac submicronized oral capsule 35 mg	(Zorvolex)	Tier 1	ST: Must meet the following requirements: Diclofenac Sodium in 120 days; QL (3 EA per 1 day)
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG	(naproxen)	Tier 3	
EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG	(naproxen)	Tier 1	
etodolac oral capsule 200 mg, 300 mg		Tier 1	
etodolac oral tablet 400 mg	(Lodine)	Tier 1	$
etodolac oral tablet 500 mg		Tier 1	$
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg		Tier 1	$
FELDENE ORAL CAPSULE 20 MG	(piroxicam)	Tier 3	
fenoprofen oral capsule 200 mg		Tier 1	
fenoprofen oral capsule 400 mg	(Nalfon)	Tier 1	$
fenoprofen oral tablet 600 mg	(Nalfon)	Tier 1	
FENOPRON ORAL CAPSULE 300 MG		Tier 3	
flurbiprofen oral tablet 100 mg	(Lurbiro)	Tier 1	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	(ibuprofen)	Tier 1	
IBUPAK ORAL KIT 600 MG		Tier 3	
ibuprofen oral suspension 100 mg/5 ml	(Children's Advil)	Tier 1	$
ibuprofen oral tablet 300 mg		Tier 1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	(IBU)	Tier 1	$
indomethacin oral capsule 25 mg, 50 mg		Tier 1	$

Drug		Status	Notes
indomethacin oral capsule, extended release 75 mg		Tier 1	$
indomethacin oral suspension 25 mg/5 ml	(Indocin)	Tier 1	
indomethacin rectal suppository 100 mg		Tier 1	
indomethacin rectal suppository 50 mg	(Indocin)	Tier 1	
ketoprofen oral capsule 25 mg, 50 mg		Tier 1	$
ketoprofen oral capsule 75 mg		Tier 1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg		Tier 1	$$$
ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)		Tier 1	$
ketorolac injection solution 30 mg/ml		Tier 1	
ketorolac injection syringe 15 mg/ml, 30 mg/ml		Tier 1	
ketorolac intramuscular solution 60 mg/2 ml		Tier 1	$
ketorolac intramuscular syringe 60 mg/2 ml		Tier 1	
ketorolac oral tablet 10 mg		Tier 1	$; QL (20 EA per 5 days)
KIPROFEN ORAL CAPSULE 25 MG	(ketoprofen)	Tier 1	
LODINE ORAL TABLET 400 MG	(etodolac)	Tier 3	
LOFENA ORAL TABLET 25 MG	(diclofenac potassium)	Tier 1	$$$; QL (8 EA per 1 day)
LURBIPR ORAL TABLET 100 MG	(flurbiprofen)	Tier 1	
LURBIRO ORAL TABLET 100 MG	(flurbiprofen)	Tier 1	
meclofenamate oral capsule 100 mg, 50 mg		Tier 1	$
mefenamic acid oral capsule 250 mg		Tier 1	$
meloxicam oral suspension 7.5 mg/5 ml		Tier 1	
meloxicam oral tablet 15 mg, 7.5 mg		Tier 1	$
meloxicam submicronized oral capsule 10 mg, 5 mg	(Vivlodex)	Tier 1	ST: Must meet 2 of the following requirements: generic Meloxicam and Diclofenac tablets in 365 days; QL (1 EA per 1 day)
nabumetone oral tablet 500 mg, 750 mg		Tier 1	$
NAPROSYN ORAL TABLET 500 MG	(naproxen)	Tier 3	
naproxen oral suspension 125 mg/5 ml	(Naprosyn)	Tier 1	$
naproxen oral tablet 250 mg, 375 mg		Tier 1	$
naproxen oral tablet 500 mg	(Naprosyn)	Tier 1	$
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	(EC-Naprosyn)	Tier 1	$
naproxen sodium oral tablet 275 mg		Tier 1	$
naproxen sodium oral tablet 550 mg	(Anaprox DS)	Tier 1	$

Drug		Status	Notes
naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 750 mg	(Naprelan CR)	Tier 1	$$
naproxen sodium oral tablet, er multiphase 24 hr 500 mg	(Naprelan CR)	Tier 1	$
oxaprozin oral capsule 300 mg	(Coxanto)	Tier 1	
oxaprozin oral tablet 600 mg		Tier 1	
piroxicam oral capsule 10 mg		Tier 1	$
piroxicam oral capsule 20 mg	(Feldene)	Tier 1	$
RELAFEN DS ORAL TABLET 1,000 MG		Tier 3	$$$$; ST: Must meet the following requirement: generic Nabumetone tablets in 120 days; QL (2 EA per 1 day); Age (Min 18 Years)
sulindac oral tablet 150 mg, 200 mg		Tier 1	$
tolmetin oral capsule 400 mg		Tier 1	
tolmetin oral tablet 600 mg	(Tolectin 600)	Tier 1	
TORONOVA II SUIK KIT 30 MG/ML		Tier 3	
TORONOVA SUIK KIT 30 MG/ML		Tier 3	
TRESNI RECTAL SUPPOSITORY 100 MG		Tier 3	
ZORVOLEX ORAL CAPSULE 18 MG		Tier 3	ST: Must meet the following requirements: Diclofenac Sodium in 120 days; QL (3 EA per 1 day)
ZORVOLEX ORAL CAPSULE 35 MG	(diclofenac submicronized)	Tier 3	ST: Must meet the following requirements: Diclofenac Sodium in 120 days; QL (3 EA per 1 day)
Plasma Kallikrein Inhibitors			
DAWNZERA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML		Tier 4	PA; QL (0.8 ML per 28 days)
EKTERLY ORAL TABLET 300 MG		Tier 4	PA; QL (4 EA per 1 day)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG		Tier 4	PA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)		Tier 4	PA
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)		Tier 4	PA; $$$$$
Local Anesthesia			
Local Anesthetics			
ACCUCAINE KIT KIT 10 MG/ML (1 %)		Tier 3	
bupivacaine in nacl(pf) epidural solution 0.125 % (1,250 mcg/ml)		Tier 1	

Drug		Status	Notes
bupivacaine in nacl(pf) epidural syringe 25 mg/10 ml (2.5mg/ml)0.25%		Tier 1	
GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 %	(lidocaine hcl)	Tier 1	$
lidocaine hcl mucous membrane jelly 2 %		Tier 1	
lidocaine hcl mucous membrane jelly in applicator 2 %	(Glydo)	Tier 1	
lidocaine hcl mucous membrane solution 2 %	(Lidocaine Viscous)	Tier 1	$
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)		Tier 1	$
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %	(lidocaine hcl)	Tier 1	$
LIDOMARK 1-5 KIT 10 MG/ML (1 %)		Tier 3	
LIDOMARK 2-5 KIT 20 MG/ML (2 %)		Tier 3	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML)		Tier 3	
ropivacaine (pf)-nacl,iso-osm epidural solution 0.2 % (2 mg/ml)		Tier 1	
ropivacaine(pf)-0.9 % sodchlor epidural prefilled pump reservoir 0.2 % (2 mg/ml)		Tier 1	
ropivacaine(pf)-0.9 % sodchlor epidural solution 0.1 %, 0.15 %, 0.2 %		Tier 1	
ropivacaine(pf)-0.9 % sodchlor epidural syringe 100 mg/50 ml (2 mg/ml) 0.2 %		Tier 1	
XARACOLL IMPLANT IMPLANT 100 MG		Tier 3	
ZYNRELEF SURGICAL SITE INSTILLATION SOLUTION,EXTENDED RELEASE 200 MG-6 MG /7 ML, 400 MG-12 MG /14 ML		Tier 3	
Lower Gastrointestinal Disorders - Bowel Inflammat			
Chronic Inflam. Colon Dx, 5-A-Salicylat,Rectal Tx			
CANASA RECTAL SUPPOSITORY 1,000 MG	(mesalamine)	Tier 3	
mesalamine rectal enema 4 gram/60 ml	(sfRowasa)	Tier 1	$
mesalamine rectal suppository 1,000 mg	(Canasa)	Tier 1	$
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	(Rowasa)	Tier 1	$
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML	(mesalamine with cleansing wipe)	Tier 3	$$$

Drug		Status	Notes
SFROWASA RECTAL ENEMA 4 GRAM/60 ML	(mesalamine)	Tier 3	
Drug Tx-Chronic Inflam. Colon Dx,5-Aminosalicylat			
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	(mesalamine)	Tier 3	
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	(sulfasalazine)	Tier 3	$
AZULFIDINE ORAL TABLET 500 MG	(sulfasalazine)	Tier 3	$
balsalazide oral capsule 750 mg	(Colazal)	Tier 1	$
COLAZAL ORAL CAPSULE 750 MG	(balsalazide)	Tier 3	
DIPENTUM ORAL CAPSULE 250 MG		Tier 3	$$$$; ST: Must meet the following requirement: Lialda in 120 days
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC) 1.2 GRAM	(mesalamine)	Tier 3	
mesalamine oral capsule (with del rel tablets) 400 mg		Tier 1	
mesalamine oral capsule, extended release 500 mg	(Pentasa)	Tier 1	
mesalamine oral capsule,extended release 24hr 0.375 gram	(Apriso)	Tier 1	$
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	(Lialda)	Tier 1	$
mesalamine oral tablet,delayed release (dr/ec) 800 mg		Tier 1	$$
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG		Tier 3	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	(mesalamine)	Tier 3	
sulfasalazine oral tablet 500 mg	(Azulfidine)	Tier 1	$
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	(Azulfidine EN-tabs)	Tier 1	
Hemorrhoidal Prep, Anti-Infam Steroid/Local Anesth			
ANALPRAM-HC RECTAL CREAM 1-1 %, 2.5-1 %	(hydrocortisone-pramoxine)	Tier 3	
hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %	(Analpram-HC)	Tier 1	$
hydrocortisone-pramoxine rectal cream 2.5-1 % (4g)		Tier 1	$
hydrocortisone-pramoxine rectal suppository 25-18 mg		Tier 1	

Drug		Status	Notes
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %		Tier 1	
lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)		Tier 1	$
lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-1 % (7 gram)		Tier 1	
lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-2.5 % (7 gram)		Tier 1	$
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %		Tier 1	
PROCORT RECTAL CREAM 1.85-1.15 %		Tier 3	$
PROCTOFOAM HC RECTAL FOAM 1-1 %		Tier 2	$
ZYPRAM RECTAL KIT,CREAM AND TOWELETTE 2.35-1 %		Tier 3	
Ibs Agents,Mixed Opioid Recep Agonists/Antagonists			
VIBERZI ORAL TABLET 100 MG, 75 MG		Tier 2	QL (2 EA per 1 day)
Integrin Receptor Antagonist, Monoclonal Antibody			
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML		Tier 4	
Irritable Bowel Agents,Guanylate Cylase-C Agonist			
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		Tier 2	$$; QL (1 EA per 1 day)
TRULANCE ORAL TABLET 3 MG		Tier 2	QL (1 EA per 1 day)
Local Anorectal Nitrate Preparations			
nitroglycerin rectal ointment 0.4 % (w/w)	(Rectiv)	Tier 1	$
RECTIV RECTAL OINTMENT 0.4 % (W/W)	(nitroglycerin)	Tier 3	
Rectal Preparations			
ANUCORT-HC RECTAL SUPPOSITORY 25 MG	(hydrocortisone acetate)	Tier 1	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG	(hydrocortisone acetate)	Tier 3	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG, 30 MG	(hydrocortisone acetate)	Tier 3	$
hydrocortisone acetate rectal suppository 25 mg	(Anucort-HC)	Tier 1	$
hydrocortisone acetate rectal suppository 30 mg	(Hemmorex-HC)	Tier 1	$

Drug		Status	Notes
PROCTOCORT RECTAL SUPPOSITORY 30 MG	(hydrocortisone acetate)	Tier 3	
Rectal/Lower Bowel Prep.,Glucocort. (Non-Hemorr)			
budesonide rectal foam 2 mg/actuation	(Uceris)	Tier 1	$$
CORTENEMA RECTAL ENEMA 100 MG/60 ML	(hydrocortisone)	Tier 3	
CORTIFOAM RECTAL FOAM 10 % (80 MG)		Tier 3	$
hydrocortisone rectal enema 100 mg/60 ml	(Cortenema)	Tier 1	$
UCERIS RECTAL FOAM 2 MG/ACTUATION	(budesonide)	Tier 3	
Lower Gastrointestinal Disorders - Other			
Ammonia Inhibitors			
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM	(sodium phenylbutyrate)	Tier 4	PA
BUPHENYL ORAL TABLET 500 MG	(sodium phenylbutyrate)	Tier 4	PA
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	(carglumic acid)	Tier 4	PA
carglumic acid oral tablet, dispersible 200 mg	(Carbaglu)	Tier 4	PA; $$$$$
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	(lactulose)	Tier 1	$
GENERLAC ORAL SOLUTION 10 GRAM/15 ML	(lactulose)	Tier 1	
LITHOSTAT ORAL TABLET 250 MG		Tier 3	$$
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM		Tier 4	PA
PHEBURANE ORAL GRANULES 483 MG/GRAM		Tier 4	PA
RAVICTI ORAL LIQUID 1.1 GRAM/ML		Tier 4	PA
sodium phenylbutyrate oral powder 0.94 gram/gram	(Buphenyl)	Tier 4	PA; $$$$$
sodium phenylbutyrate oral tablet 500 mg	(Buphenyl)	Tier 4	PA; $$$$
Antidiarrheal - G.I. Chloride Channel Inhibitors			
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG		Tier 2	ST: Must meet the following requirement: Antiretroviral therapy in 120 days; QL (2 EA per 1 day)

Drug		Status	Notes
Antidiarrheal - Tryptophan Hydroxylase Inhibitor			
XERMELO ORAL TABLET 250 MG		Tier 4	PA
Antidiarrheals			
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml		Tier 1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	(Lomotil)	Tier 1	$
LOMOTIL ORAL TABLET 2.5-0.025 MG	(diphenoxylate-atropine)	Tier 3	$
loperamide oral capsule 2 mg	(Anti-Diarrheal (loperamide))	Tier 1	$
MOTOFEN ORAL TABLET 1-0.025 MG		Tier 3	ST: Must meet the following requirement: Diphenoxylate/Atropine in 120 days; QL (8 EA per 1 day)
opium tincture oral tincture 10 mg/ml (morphine)		Tier 1	$
Bile Salts			
CHENODAL ORAL TABLET 250 MG		Tier 4	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG		Tier 4	PA; $$$$$
CTEXLI ORAL TABLET 250 MG		Tier 4	PA
RELTONE ORAL CAPSULE 200 MG, 400 MG	(ursodiol)	Tier 3	PA
URSO FORTE ORAL TABLET 500 MG	(ursodiol)	Tier 3	
ursodiol oral capsule 200 mg, 400 mg	(Reltone)	Tier 1	PA
ursodiol oral capsule 300 mg		Tier 1	$
ursodiol oral tablet 250 mg		Tier 1	$
ursodiol oral tablet 500 mg	(URSO Forte)	Tier 1	$
Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog			
OCALIVA ORAL TABLET 10 MG, 5 MG		Tier 4	PA
Ibs Agents,Sodium-Hydrogen Exchanger 3(Nhe3) Inhib			
IBSRELA ORAL TABLET 50 MG		Tier 3	PA
Ileal Bile Acid Transporter (Ibat) Inhibitor			
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG		Tier 4	PA; $$$$$
BYLVAY ORAL PELLET 200 MCG		Tier 4	PA; $$$$$
BYLVAY ORAL PELLET 600 MCG		Tier 4	PA
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML		Tier 4	PA

Drug		Status	Notes
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG		Tier 4	PA
Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type			
alosetron oral tablet 0.5 mg, 1 mg	(Lotronex)	Tier 1	
LOTRONEX ORAL TABLET 0.5 MG, 1 MG	(alosetron)	Tier 3	
Laxatives And Cathartics			
AMITIZA ORAL CAPSULE 24 MCG	(lubiprostone)	Tier 3	$$; QL (2 EA per 1 day)
AMITIZA ORAL CAPSULE 8 MCG	(lubiprostone)	Tier 3	$$; QL (4 EA per 1 day)
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML		Tier 5	$0 COPAY IF QUANTITY IS 350, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (350 ML per 1 FILL)
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	(lactulose)	Tier 1	$
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	(peg 3350-electrolytes)	Tier 5	$; $0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	(peg 3350-electrolytes)	Tier 5	$; $0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-N ORAL RECON SOLN 420 GRAM	(peg-electrolyte soln)	Tier 5	$; $0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	(peg 3350-electrolytes)	Tier 3	QL (4000 ML per 1 FILL)
KRISTALOSE ORAL PACKET 20 GRAM	(lactulose)	Tier 3	ST: Must meet the following requirement: generic Lactulose solution in 120 days; QL (2 EA per 1 day)
lactulose oral packet 10 gram	(Kristalose)	Tier 1	$$$; ST: Must meet the following requirement: generic Lactulose solution in 120 days; QL (3 EA per 1 day)

Drug		Status	Notes
lactulose oral packet 20 gram	(Kristalose)	Tier 1	$$$$; ST: Must meet the following requirement: generic Lactulose solution in 120 days; QL (2 EA per 1 day)
lactulose oral solution 10 gram/15 ml	(Constulose)	Tier 1	$
lubiprostone oral capsule 24 mcg	(Amitiza)	Tier 1	$; QL (2 EA per 1 day)
lubiprostone oral capsule 8 mcg	(Amitiza)	Tier 1	$; QL (4 EA per 1 day)
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	(peg3350-sod sul-nacl-kcl-asb-c)	Tier 3	QL (1 EA per 1 FILL)
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	(Golytely)	Tier 5	$; $0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (4000 ML per 1 FILL)
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	(MoviPrep)	Tier 5	$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (1 EA per 1 FILL)
peg-electrolyte soln oral recon soln 420 gram	(GaviLyte-N)	Tier 5	$; $0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (4000 ML per 1 FILL)
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM		Tier 5	ST: Must meet the following requirement: Sutab, Clenpiq, or generic bowel prep in 120 days; $0 COPAY IF QUANTITY IS 3, FILL OF 2 IN 365 DAYS, TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP, AND 45 TO 75 YEARS OF AGE; QL (3 EA per 1 FILL)
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	(Suprep Bowel Prep Kit)	Tier 5	$; $0 COPAY IF QUANTITY IS 354, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (354 ML per 1 FILL)

Drug		Status	Notes
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM		Tier 5	ST: Must meet the following requirement: Sutab, Clenpiq, or generic bowel prep in 120 days; $0 COPAY IF QUANTITY IS 2, FILL OF 2 IN 365 DAYS, TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP, AND 45 TO 75 YEARS OF AGE; QL (2 EA per 1 FILL)
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	(sodium,potassium,mag sulfates)	Tier 3	QL (354 ML per 1 FILL)
SUTAB ORAL TABLET 1.479-0.188-0.225 GRAM		Tier 5	$0 COPAY IF QUANTITY IS 24, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (24 EA per 1 FILL)
Narcotic Antagonists, Peripherally-Acting			
alvimopan oral capsule 12 mg		Tier 1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		Tier 2	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG		Tier 3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML		Tier 3	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML		Tier 3	PA
SYMPROIC ORAL TABLET 0.2 MG		Tier 2	QL (1 EA per 1 day)
Ppar Agonist			
IQIRVO ORAL TABLET 80 MG		Tier 4	PA; $$$$$
LIVDELZI ORAL CAPSULE 10 MG		Tier 4	PA
Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs			
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG		Tier 4	PA
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG		Tier 4	PA
Tissue Bulking Implants - Non-Cosmetic			
SOLESTA IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (4)		Tier 4	
Medical Supplies			
Bandages And Related Supplies			
ACESO AG TOPICAL BANDAGE 4 X 4 "		Tier 3	

Drug	Status	Notes
ACTICOAT 7 DRESSING TOPICAL BANDAGE 2 X 2 ", 4 X 5 ", 6 X 6 "	Tier 3	
ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 2 X 2 ", 4 X 4 ", 4 X 48 ", 5 X 5 ", 8 X 16 "	Tier 3	
ACTICOAT DRESSING TOPICAL BANDAGE 4 X 8 "	Tier 3	$
ACTICOAT FLEX 3 DRESSING TOPICAL BANDAGE 16 X 16 ", 2 X 2 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 "	Tier 3	
ACTICOAT FLEX 7 DRESSING TOPICAL BANDAGE 1 X 24 ", 16 X 16 ", 2 X 2 ", 4 X 5 ", 6 X 6 ", 8 X 16 "	Tier 3	
ALLEVYN ADHESIVE DRESSING TOPICAL BANDAGE 7 X 7 "	Tier 3	
ALLEVYN AG ADHESIVE TOPICAL BANDAGE 5 %- 3" X 3", 5 %- 5" X 5", 5 %- 7" X 7"	Tier 3	
ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 "	Tier 3	
BIOSTEP AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 "	Tier 3	
BIOSTEP TOPICAL BANDAGE 2 X 2 ", 4 X 4 "	Tier 3	
CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL	Tier 3	
CELLPAD TOPICAL PAD 2 X 5.5 "	Tier 3	
CICASIL TOPICAL PAD 2 X 5.5 "	Tier 3	
CICATRACE PAD TOPICAL PAD 4.7 X 5.7 "	Tier 3	
CURAFIL GEL WOUND TOPICAL GEL	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2"	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET	Tier 3	
CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 "	Tier 3	
CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "-YARD	Tier 3	
DERM-SILK TOPICAL PAD 2.5 X 2 "	Tier 3	
DYNAFOAM AG TOPICAL BANDAGE 4 X 4 "	Tier 3	

Drug	Status	Notes
DYNAGINATE AG TOPICAL BANDAGE 12 ", 2 X 2 ", 4 X 5 ", 4 X 8 "	Tier 3	
KELOTOP TOPICAL PAD 4.7 X 5.7 "	Tier 3	
KERAGEL TOPICAL GEL	Tier 3	
KERAGELT TOPICAL GEL	Tier 3	
KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD	Tier 3	
KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75"	Tier 3	
MEDIHONEY (CAL ALGINATE-HONEY) TOPICAL BANDAGE 2 X 2 ", 3/4 X 12 ", 4 X 5 "	Tier 3	
NUVA III TOPICAL SHEET 10 CM X 12 CM	Tier 3	
NUVAGEL TOPICAL SHEET 10 CM X 12 CM	Tier 3	
NUVAZIL II TOPICAL SHEET 10 CM X 12 CM	Tier 3	
OASIS ULTRA FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM	Tier 3	
OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM	Tier 3	
OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM	Tier 3	
PETROLEUM GAUZE TOPICAL BANDAGE	Tier 3	
PROSILK TOPICAL PAD 2 X 5.5 "	Tier 3	
REPLICARE DRESSING TOPICAL BANDAGE 1 1/2 X 2 1/2 "	Tier 3	
REPLICARE THIN TOPICAL BANDAGE 2 X 2 3/4 ", 3 1/2 X 5 1/2 "	Tier 3	
REPLICARE THIN TOPICAL BANDAGE 6 X 8 " (hydrocolloid dressing)	Tier 3	
REPLICARE ULTRA DRESSING TOPICAL BANDAGE 4 X 4 " (hydrocolloid dressing)	Tier 3	
REPLICARE ULTRA DRESSING TOPICAL BANDAGE 7 X 8 "	Tier 3	
RESTORE CALCIUM ALGINATE TOPICAL BANDAGE 4 X 4 3/4 "	Tier 3	
RESTORE TOPICAL BANDAGE 1 X 12 ", 2 X 2 "	Tier 3	
SCARCIN PAD PLUS TOPICAL PAD 1.57 X 5.12 "	Tier 3	

Drug	Status	Notes
SCARCINPAD TOPICAL PAD 1.57 X 5.12 "	Tier 3	
SCARHEAL TOPICAL SHEET 2 X 2.5 "	Tier 3	
SCARSILK TOPICAL PAD 2 X 5.5 "	Tier 3	
SILADERM TOPICAL SHEET 5 CM X 14 CM	Tier 3	
SILADONE TOPICAL SHEET 2 X 2.5 "	Tier 3	
SILIGENTLE AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 "	Tier 3	
SIL-K TOPICAL PAD 2 X 5.5 "	Tier 3	
SILTREX TOPICAL PAD 2 X 5.5 "	Tier 3	
SPECTRAGEL TOPICAL GEL	Tier 3	
STRATACTX TOPICAL GEL	Tier 3	
STRATAGRT TOPICAL GEL	Tier 3	
STRATAXRT TOPICAL GEL	Tier 3	
SZOSIL TOPICAL SHEET 5 CM X 14 CM	Tier 3	
SZOSIL TOPICAL STRIP 1.4 X 6 "	Tier 3	
THERAHONEY TOPICAL BANDAGE 4 X 5 "	Tier 3	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 1 X 8 ", 2 X 2 ", 4 X 3 "-YARD	Tier 3	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 4 X 4 ", 5 X 9 "	Tier 3	$
XEROFORM PETROLATUM OVERWRAP TOPICAL BANDAGE 1 X 8 "	Tier 3	
XEROFORM PETROLATUM OVERWRAP TOPICAL BANDAGE 5 X 9 "	Tier 3	$
XEROFORM TOPICAL BANDAGE 5 X 9 "	Tier 3	
ZENPHOR TOPICAL BANDAGE 2 X 4.7 "	Tier 3	
ZENPHOR TOPICAL GEL	Tier 3	
Catheters And Related Devices		
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR-"	Tier 3	
ADVANCE PLUS INTERMITTENT 14-16 FR-" (catheter)	Tier 3	

Drug		Status	Notes
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8 FR- 16"		Tier 3	
APOGEE IC INTERMIT CATHETER 14-6 FR-"		Tier 3	
APOGEE PLUS INTERMITT CATHETER 16-16 FR-"		Tier 3	
CURITY DRAINAGE BAG 2,000 ML		Tier 3	
DOVER COATED LATEX FOLEY COMBO PACK		Tier 3	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR		Tier 3	
DOVER RED RUBBER ROBINSON CATH 8 FR		Tier 3	
DOVER UNIVERSAL TRAY	(catheterization tray)	Tier 3	
FEMALE CATHETER 14 FR		Tier 3	$
KENGUARD FOLEY CATHETER 18-16 FR-"		Tier 3	
KENGUARD FOLEY CATHETER TRAY	(catheterization tray)	Tier 3	
LOFRIC 12-16 FR-"		Tier 3	
LOFRIC 14-16 FR-"	(catheter)	Tier 3	
LOFRIC ORIGO 14-16 FR-"	(catheter)	Tier 3	
LOFRIC PRIMO NELATON CATHETER 16-16 FR-"		Tier 3	
LOFRIC SENSE NELATON CATHETER 14-6 FR-"		Tier 3	
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-"		Tier 3	
MONO-FLO DRAINAGE BAG 2,000 ML		Tier 3	
ROBINSON CLEAR VINYL CATHETER 16 FR		Tier 3	
SELF-CATHETER, FEMALE 14 FR		Tier 3	$
SILASTIC FOLEY CATHETER 20 FR		Tier 3	
SPEEDICATH (FEMALE) 16 FR		Tier 3	
TOUCH-TROL 10 FR		Tier 3	
VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8"		Tier 3	
Diabetic Supplies			
UNISTIK 3 COMFORT LANCET 28 GAUGE	(lancets)	Tier 2	
Durable Medical Equipment,Misc			
A.I.R.S. NEBULIZER REPLACEMENT KIT		Tier 3	
AERONEB GO	(nebulizer accessories)	Tier 3	

Drug		Status	Notes
AIRS ADULT AEROSOL MASK	(nebulizer accessories)	Tier 3	
ALL FLOW 1000 KIT	(nebulizer accessories)	Tier 3	
ALL FLOW 1000 PFT FILTER	(nebulizer accessories)	Tier 3	
ALL FLOW 3000 KIT	(nebulizer accessories)	Tier 3	
ALL FLOW 3000 PFT FILTER	(nebulizer accessories)	Tier 3	
ALL FLOW 4000 KIT	(nebulizer accessories)	Tier 3	
ALL FLOW 4000 PFT FILTER	(nebulizer accessories)	Tier 3	
ALL FLOW 5000 KIT	(nebulizer accessories)	Tier 3	
ALL FLOW 5000 PFT FILTER	(nebulizer accessories)	Tier 3	
ALL FLOW 6000 PFT FILTER	(nebulizer accessories)	Tier 3	
AMIELLE VAGINAL TRAINER KIT		Tier 3	
ARGYLE TRACHEOSTOMY CARE TRAY		Tier 3	
CEFALY COMBO PACK		Tier 3	
CLEVER CHOICE NEB KIT-ADULT	(nebulizer accessories)	Tier 3	$
CLEVER CHOICE NEB KIT-CHILD	(nebulizer accessories)	Tier 3	
ENFIT MEDICAL STRAW		Tier 3	
ENFIT MEDICINE BOTTLE ADAPTER	(adapter cap for bottle)	Tier 3	
INNOSPIRE REPLACEMENT FILTER	(nebulizer accessories)	Tier 3	
INSPIRATION ELITE FILTER	(nebulizer accessories)	Tier 3	
NOSE CLIP	(nebulizer accessories)	Tier 3	
PARI BABY CONV KIT - SIZE 1 KIT		Tier 3	
PARI BABY CONV KIT - SIZE 2 KIT		Tier 3	
PARI BABY CONV KIT - SIZE 3 KIT		Tier 3	
PARI TREK S PORTABLE PWR KIT	(nebulizer accessories)	Tier 3	
PILLOW MASK CHILD	(nebulizer accessories)	Tier 3	
PRO COMFORT TENS ELECTRODE PAD		Tier 3	
PRO COMFORT TENS UNIT COMBO PACK		Tier 3	
PRO-CEPTION VAGINAL		Tier 3	
PRONEB ULTRA II FILTER ASSEM	(nebulizer accessories)	Tier 3	
REUSABLE NEBULIZER KIT KIT		Tier 3	
RUBBER MOUTHPIECE	(nebulizer accessories)	Tier 3	
SAMI THE SEAL MASK	(nebulizer accessories)	Tier 3	
SIDESTREAM MASK	(nebulizer accessories)	Tier 3	
SILICONE MASK	(nebulizer accessories)	Tier 3	
TENS 502 DEVICE		Tier 3	
TENS 504 DEVICE		Tier 3	

Drug		Status	Notes
Durable Medical Equipment,Misc(Group 1)			
ACCU-CHEK FASTCLIX LANCET DRUM	(lancets)	Tier 2	
ACCU-CHEK SAFE-T-PRO 23 GAUGE		Tier 2	$
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE		Tier 2	$
ACCU-CHEK SOFTCLIX LANCETS	(lancets)	Tier 2	$
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE		Tier 2	
ACTI-LANCE LANCETS 28 GAUGE	(lancets)	Tier 2	$
ADVANCED TRAVEL LANCETS 28 GAUGE	(lancets)	Tier 2	
ADVOCATE LANCET 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
ADVOCATE LANCET 23 GAUGE		Tier 2	
AGAMATRIX ULTRA-THIN LANCET 33 GAUGE	(lancets)	Tier 2	
ALTERNATE SITE LANCET 26 GAUGE	(lancets)	Tier 2	
ASSURE LANCE 25 GAUGE		Tier 2	
ASSURE LANCE 28 GAUGE	(lancets)	Tier 2	$
ASSURE LANCE PLUS 21 GAUGE, 30 GAUGE	(lancets)	Tier 2	
ASSURE LANCE PLUS 25 GAUGE		Tier 2	
BD MICROTAINER LANCET 1.5 X 2 MM		Tier 2	
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE	(lancets)	Tier 2	
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 28 GAUGE	(lancets)	Tier 2	
BULLSEYE MINI SAFETY LANCETS 25 GAUGE		Tier 2	
BUTTERFLY TOUCH LANCET 30 GAUGE	(lancets)	Tier 2	
CAREONE ULTRA THIN LANCET	(lancets)	Tier 2	
CARESENS LANCETS 30 GAUGE	(lancets)	Tier 2	
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE	(lancets)	Tier 2	
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	
CHOSEN LANCET 30 GAUGE	(lancets)	Tier 2	
CHOSEN SAFETY LANCET 28 GAUGE	(lancets)	Tier 2	
CLEVER CHEK LANCETS 30 GAUGE	(lancets)	Tier 2	
COAGUCHEK LANCETS	(lancets)	Tier 2	

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

Drug		Status	Notes
INCONTROL ULTRA THIN LANCETS 28 GAUGE	(lancets)	Tier 2	
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
INVACARE LANCETS 30 GAUGE	(lancets)	Tier 2	
lancets	(Accu-Chek Fastclix Lancet Drum)	Tier 2	$
lancets 21 gauge, 30 gauge	(Advocate Lancet)	Tier 2	
lancets 26 gauge	(Advocate Lancet)	Tier 2	$
lancets 28 gauge	(Acti-Lance Lancets)	Tier 2	$
lancets 33 gauge	(AgaMatrix Ultra-Thin Lancet)	Tier 2	$
LANCETS, SUPER THIN	(lancets)	Tier 2	
LANCETS,THIN , 28 GAUGE	(lancets)	Tier 2	
LANCETS,ULTRA THIN	(lancets)	Tier 2	$
MEDISENSE THIN LANCETS 28 GAUGE	(lancets)	Tier 2	
MEDLANCE PLUS LANCETS 21 GAUGE, 30 GAUGE	(lancets)	Tier 2	
MEDLANCE PLUS LANCETS 25 GAUGE		Tier 2	$
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM		Tier 2	
MICRO THIN LANCETS 33 GAUGE	(lancets)	Tier 2	$
MICROLET LANCET	(lancets)	Tier 2	$
MOBILE LANCETS 30 GAUGE	(lancets)	Tier 2	$
MONOLET LANCETS 21 GAUGE	(lancets)	Tier 2	
MONOLET THIN LANCETS 28 GAUGE	(lancets)	Tier 2	
MYGLUCOHEALTH LANCETS 30 GAUGE	(lancets)	Tier 2	
NOVA SAFETY LANCETS 23 GAUGE		Tier 2	
NOVA SAFETY LANCETS 28 GAUGE	(lancets)	Tier 2	
NOVA SUREFLEX LANCETS	(lancets)	Tier 2	
ON CALL LANCET 30 GAUGE	(lancets)	Tier 2	
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	$
ONETOUCH DELICA SAFETY LANCET 30 GAUGE	(lancets)	Tier 2	
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE	(lancets)	Tier 2	
ON-THE-GO LANCETS 30 GAUGE	(lancets)	Tier 2	
PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
PIP LANCET 28 GAUGE	(lancets)	Tier 2	

Drug		Status	Notes
PIP LANCET 30 GAUGE	(lancets)	Tier 2	$
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE	(lancets)	Tier 2	
PRO COMFORT LANCET 30 GAUGE	(lancets)	Tier 2	$
PRO COMFORT LANCET 31 GAUGE		Tier 2	$
PRO COMFORT SAFETY LANCET 30 GAUGE	(lancets)	Tier 2	$
PRODIGY LANCETS 26 GAUGE, 28 GAUGE	(lancets)	Tier 2	
PRODIGY TWIST TOP LANCET 28 GAUGE	(lancets)	Tier 2	
PURE COMFORT LANCETS 30 GAUGE	(lancets)	Tier 2	
PURE COMFORT SAFETY LANCETS 30 GAUGE	(lancets)	Tier 2	
PUSH BUTTON SAFETY LANCETS 28 GAUGE	(lancets)	Tier 2	
RELIAMED LANCET 28 GAUGE	(lancets)	Tier 2	$
RELIAMED LANCET 30 GAUGE	(lancets)	Tier 2	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
RIGHTEST GL300 LANCETS 30 GAUGE	(lancets)	Tier 2	
SAFETY LANCETS 21 GAUGE, 28 GAUGE	(lancets)	Tier 2	
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	$
SAFETY-LET LANCETS 30 GAUGE	(lancets)	Tier 2	
SINGLE-LET	(lancets)	Tier 2	
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE	(lancets)	Tier 2	
SMARTEST LANCET	(lancets)	Tier 2	
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
STERILANCE TL 30 GAUGE	(lancets)	Tier 2	
STERILANCE TL 32 GAUGE		Tier 2	
SUPER THIN LANCETS 28 GAUGE	(lancets)	Tier 2	$
SUPER THIN LANCETS 30 GAUGE	(lancets)	Tier 2	
SURE COMFORT LANCETS 18 GAUGE, 23 GAUGE		Tier 2	
SURE COMFORT LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
SURE-LANCE , 26 GAUGE, 28 GAUGE	(lancets)	Tier 2	
SURE-LANCE ULTRA THIN 30 GAUGE	(lancets)	Tier 2	

Drug		Status	Notes
SURE-TOUCH LANCET	(lancets)	Tier 2	
TECHLITE LANCETS 26 GAUGE	(lancets)	Tier 2	
TECHLITE LANCETS 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	$
TELCARE LANCETS 30 GAUGE	(lancets)	Tier 2	
TEMPO REFILL KIT WITH GAUZE KIT		Tier 2	
THIN LANCETS 26 GAUGE	(lancets)	Tier 2	
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE	(lancets)	Tier 2	
TRUE COMFORT LANCET 30 GAUGE	(lancets)	Tier 2	$
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	$
TRUEPLUS LANCETS 33 GAUGE	(lancets)	Tier 2	
TWIST LANCETS 30 GAUGE	(lancets)	Tier 2	
TWIST LANCETS 32 GAUGE		Tier 2	
ULTILET BASIC LANCETS 30 GAUGE	(lancets)	Tier 2	
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	
ULTILET SAFETY LANCETS 23 GAUGE		Tier 2	
ULTRA THIN II LANCETS 30 GAUGE	(lancets)	Tier 2	
ULTRA THIN LANCETS , 30 GAUGE	(lancets)	Tier 2	$
ULTRA THIN LANCETS 28 GAUGE	(lancets)	Tier 2	
ULTRA THIN LANCETS 31 GAUGE		Tier 2	$
ULTRA THIN PLUS LANCETS 33 GAUGE	(lancets)	Tier 2	$
ULTRA TLC LANCETS	(lancets)	Tier 2	
ULTRA-CARE LANCETS 30 GAUGE	(lancets)	Tier 2	
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE	(lancets)	Tier 2	
ULTRA-THIN II LANCETS 28 GAUGE	(lancets)	Tier 2	
UNILET COMFORTOUCH LANCET , 26 GAUGE	(lancets)	Tier 2	
UNILET GP LANCET	(lancets)	Tier 2	
UNILET LANCET 28 GAUGE, 33 GAUGE	(lancets)	Tier 2	
UNILET LANCETS 30 GAUGE	(lancets)	Tier 2	
UNILET SUPER THIN LANCETS 30 GAUGE	(lancets)	Tier 2	
UNISTIK 3 EXTRA LANCET 21 GAUGE	(lancets)	Tier 2	
UNISTIK 3 GENTLE 30 GAUGE	(lancets)	Tier 2	

Drug		Status	Notes
UNISTIK 3 NORMAL LANCET 23 GAUGE		Tier 2	
UNISTIK COMFORT LANCETS 28 GAUGE	(lancets)	Tier 2	
UNISTIK CZT LANCET 23 GAUGE		Tier 2	
UNISTIK CZT LANCET 28 GAUGE	(lancets)	Tier 2	
UNISTIK EXTRA LANCETS 21 GAUGE	(lancets)	Tier 2	
UNISTIK NORMAL LANCETS 23 GAUGE		Tier 2	
UNISTIK PRO LANCET 21 GAUGE, 28 GAUGE	(lancets)	Tier 2	
UNISTIK PRO LANCET 25 GAUGE		Tier 2	
UNISTIK SAFETY 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
UNISTIK TOUCH LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
UNISTIK TOUCH LANCETS 23 GAUGE		Tier 2	
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE	(lancets)	Tier 2	$
UNIVERSAL 1 LANCETS 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	
VERIFINE SAFETY LANCET MINI 21 GAUGE, 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
VERIFINE SAFETY LANCET MINI 23 GAUGE		Tier 2	
VERIFINE UNIVERSAL LANCET 28 GAUGE, 33 GAUGE	(lancets)	Tier 2	
VERIFINE UNIVERSAL LANCET 30 GAUGE	(lancets)	Tier 2	$
VIVAGUARD LANCET 30 GAUGE	(lancets)	Tier 2	
VIVAGUARD SAFETY LANCET 28 GAUGE	(lancets)	Tier 2	
Feeding Devices			
ENFIT IRRIGAT SYRINGE-CONTAINR KIT		Tier 3	
enteral connector, enfit		Tier 3	
ENTERAL GRAVITY BAG SET-ENFIT		Tier 3	
KANGAROO 924 SAFETY SCREW	(pump set)	Tier 3	
KANGAROO EPUMP SET		Tier 3	
KANGAROO GRAVITY SET		Tier 3	
RELIZORB CARTRIDGE		Tier 3	
Incontinence Supplies			
FLEXI-SEAL SIGNAL FMS RECTAL		Tier 3	

Drug	Status	Notes
TENSCARE ITOUCH SURE VAGINAL DEVICE	Tier 3	
Medical Supplies,Miscellaneous		
VARITHENA ADMINISTRATION PACK	Tier 3	
VIBRANT ORAL CAPSULE	Tier 3	
VIBRANT STARTER KIT COMBO PACK	Tier 3	
Medical Supplies,Miscellaneous(Group 2)		
AIRS PEDIATRIC DISPOSABLE MASK (nebulizer accessories)	Tier 3	
EAR POPPER INFLATION DEVICE NASAL DEVICE	Tier 3	
PCCA ACCUPEN-15 DEVICE	Tier 3	
PROVATE PELVIC ORGAN SUPPORT VAGINAL 61 MM, 67 MM, 73 MM, 79 MM, 85 MM, 91 MM	Tier 3	
YONI FIT BLADDER SUPPORT VAGINAL 34-38 MM, 34-38-42 MM, 42-45 MM, 45-48-52 MM, 48-52 MM	Tier 3	
Parenteral Administration Sets		
BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1", 24 GAUGE X 3/4"	Tier 3	
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4"	Tier 3	
INSUFLON INFUSION SET 25 X 18 MM	Tier 3	
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 "	Tier 3	
I-PORT	Tier 3	
I-PORT ADVANCE 6 MM INJEC PORT	Tier 3	
I-PORT ADVANCE 9 MM INJEC PORT	Tier 3	
IVENIX ADMIN SET 2INLET 2YSITE INFUSION SET (iv administration set)	Tier 3	
IVENIX ADMIN SET 2INLET Y-SITE INFUSION SET (iv administration set)	Tier 3	
IVENIX LVP EPIDURAL SET NRFIT EPIDURAL INFUSION SET	Tier 3	
MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY	Tier 3	
NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 "	Tier 3	
PHASEAL ASSEMBLY FIXTURE DEVICE	Tier 3	
PHASEAL CONNECTOR LUER LOCK	Tier 3	
PHASEAL INFUSION ADAPTER	Tier 3	

Drug		Status	Notes
PHASEAL INFUSION CLAMP		Tier 3	
PHASEAL INJECTOR LUER		Tier 3	
PHASEAL INJECTOR LUER LOCK		Tier 3	
PHASEAL SECONDARY SET INFUSION SET		Tier 3	
PHASEAL Y-SITE		Tier 3	
Syringes And Accessories			
EXTENDED RESERVOIR 3 ML		Tier 3	
insulin u-500 syringe-needle syringe 1/2 ml 31 gauge x 15/64"		Tier 2	
INTERLINK LEVER LOCK CANNULA		Tier 3	
KENDALL DISINFECTANT CAP		Tier 3	
PARADIGM RESERVOIR 1.8 ML, 3 ML		Tier 3	
ULTRA-FINE INS SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16"		Tier 2	
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	Tier 2	
Tissue Bulking Implants			
BARRIGEL IMPLANT GEL FOR IMPLANT IN SYRINGE 60 MG/3 ML		Tier 3	PA
Miscellaneous Agents			
Amyloidosis Agents-Transthyretin (Ttr) Suppression			
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML		Tier 4	PA; $$$$$
Anaphylaxis Therapy Agents			
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML		Tier 2	QL (2 EA per 365 days)
AUVI-Q INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	(epinephrine)	Tier 2	QL (2 EA per 365 days)
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml	(Auvi-Q)	Tier 1	$; QL (4 EA per 1 FILL)
epinephrine injection auto-injector 0.15 mg/0.3 ml	(EpiPen Jr)	Tier 1	$; QL (4 EA per 1 FILL)
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	(epinephrine)	Tier 3	$; QL (4 EA per 1 FILL)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	(epinephrine)	Tier 3	$$; QL (4 EA per 1 FILL)

Drug		Status	Notes
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	(epinephrine)	Tier 3	$$; QL (4 EA per 1 FILL)
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	(epinephrine)	Tier 3	QL (4 EA per 1 FILL)
NEFFY NASAL SPRAY,NON-AEROSOL 1 MG/SPRAY (0.1 ML), 2 MG/SPRAY (0.1 ML)		Tier 3	QL (4 EA per 1 FILL)
Cxcr4 Chemokine Receptor Antagonist			
XOLREMDI ORAL CAPSULE 100 MG		Tier 4	PA
Genetic D/O Tx-Exon Inclusion Antisense Oligonucle			
EVRYSDI ORAL RECON SOLN 0.75 MG/ML		Tier 4	$$$$$
EVRYSDI ORAL TABLET 5 MG		Tier 4	$$$$$
Parasympathetic Agents			
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg		Tier 1	$
cevimeline oral capsule 30 mg	(Evoxac)	Tier 1	$
EVOXAC ORAL CAPSULE 30 MG	(cevimeline)	Tier 3	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen (pilocarpine))	Tier 1	$
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG	(pilocarpine hcl)	Tier 3	
Pharmacological Chaperone-Alpha-Galactosid.A Stabz			
GALAFOLD ORAL CAPSULE 123 MG		Tier 4	PA
Pku Treatment Agents - Phenylalanine Ammonia Lyase			
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML		Tier 4	PA
Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase			
JAVYGTOR ORAL POWDER IN PACKET 100 MG	(sapropterin)	Tier 4	$$$
JAVYGTOR ORAL POWDER IN PACKET 500 MG	(sapropterin)	Tier 4	$$$$$
JAVYGTOR ORAL TABLET,SOLUBLE 100 MG	(sapropterin)	Tier 4	$$$$$
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	(sapropterin)	Tier 4	
KUVAN ORAL TABLET,SOLUBLE 100 MG	(sapropterin)	Tier 4	
sapropterin oral powder in packet 100 mg	(Javygtor)	Tier 4	$$

Drug		Status	Notes
sapropterin oral powder in packet 500 mg	(Javygtor)	Tier 4	$$$$
sapropterin oral tablet,soluble 100 mg	(Javygtor)	Tier 4	$$$$
SEPHIENCE ORAL POWDER IN PACKET 1,000 MG, 250 MG		Tier 4	PA
Systemic Enzyme Inhibitors			
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG		Tier 4	PA
GLASSIA INTRAVENOUS SOLUTION 20 MG/ML (2 %)		Tier 4	PA
JOENJA ORAL TABLET 70 MG		Tier 4	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML		Tier 4	PA; $$$$$
VIJOICE ORAL GRANULES IN PACKET 50 MG		Tier 4	PA
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG		Tier 4	PA
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG		Tier 4	PA
ZOKINVY ORAL CAPSULE 50 MG, 75 MG		Tier 4	PA
Thyroid Hormone Receptor (Thr) Agonist			
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG		Tier 4	PA
Topical Anticholinergic Hyperhidrosis Tx Agents			
QBREXZA TOPICAL TOWELETTE 2.4 %		Tier 2	PA
SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION)		Tier 3	PA
Neoplastic Disease			
Alkylating Agents			
ALKERAN ORAL TABLET 2 MG	(melphalan)	Tier 3	
cyclophosphamide oral capsule 25 mg, 50 mg		Tier 4	$
cyclophosphamide oral tablet 25 mg		Tier 4	
cyclophosphamide oral tablet 50 mg		Tier 4	$
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	(lomustine)	Tier 4	PA
GLIADEL WAFER IMPLANT WAFER 7.7 MG		Tier 4	
HYDREA ORAL CAPSULE 500 MG	(hydroxyurea)	Tier 3	$
hydroxyurea oral capsule 500 mg	(Hydrea)	Tier 1	$

Drug		Status	Notes
LEUKERAN ORAL TABLET 2 MG		Tier 4	
MYLERAN ORAL TABLET 2 MG		Tier 4	
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg		Tier 4	PA; $
Antiandrogenic Agents			
abiraterone oral tablet 250 mg	(Abirtega)	Tier 4	PA; $
abiraterone oral tablet 500 mg	(Zytiga)	Tier 4	PA; $$$
ABIRTEGA ORAL TABLET 250 MG	(abiraterone)	Tier 4	PA
bicalutamide oral tablet 50 mg	(Casodex)	Tier 1	$
CASODEX ORAL TABLET 50 MG	(bicalutamide)	Tier 3	
ERLEADA ORAL TABLET 240 MG, 60 MG		Tier 4	PA
NILANDRON ORAL TABLET 150 MG	(nilutamide)	Tier 4	QL (2 EA per 1 day)
nilutamide oral tablet 150 mg	(Nilandron)	Tier 4	QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG		Tier 4	PA; $$$$$
XTANDI ORAL CAPSULE 40 MG		Tier 4	PA; $$$$$
XTANDI ORAL TABLET 40 MG, 80 MG		Tier 4	PA; $$$$$
YONSA ORAL TABLET 125 MG		Tier 4	PA; $$$$$
ZYTIGA ORAL TABLET 250 MG, 500 MG	(abiraterone)	Tier 4	PA
Antibiotic Antineoplastics			
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2		Tier 4	PA
Antimetabolites			
capecitabine oral tablet 150 mg, 500 mg	(Xeloda)	Tier 4	PA; $
INQOVI ORAL TABLET 35-100 MG		Tier 4	PA
JYLAMVO ORAL SOLUTION 2 MG/ML		Tier 3	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG		Tier 4	PA
mercaptopurine oral suspension 20 mg/ml	(Purixan)	Tier 4	ST: Must meet the following requirement: Mercaptopurine tablets in 120 days
mercaptopurine oral tablet 50 mg		Tier 1	$
methotrexate sodium (pf) injection recon soln 1 gram		Tier 1	$
methotrexate sodium (pf) injection solution 25 mg/ml		Tier 1	$
methotrexate sodium injection solution 25 mg/ml		Tier 1	
methotrexate sodium oral tablet 2.5 mg		Tier 1	$
ONUREG ORAL TABLET 200 MG, 300 MG		Tier 4	PA

Drug		Status	Notes
PURIXAN ORAL SUSPENSION 20 MG/ML	(mercaptopurine)	Tier 4	ST: Must meet the following requirement: Mercaptopurine tablets in 120 days
TABLOID ORAL TABLET 40 MG	(thioguanine)	Tier 4	
TREXALL ORAL TABLET 10 MG, 15 MG		Tier 2	$$
TREXALL ORAL TABLET 5 MG, 7.5 MG		Tier 2	$
XATMEP ORAL SOLUTION 2.5 MG/ML		Tier 3	ST: Must meet any of the following requirements: Methotrexate tablets or injection solution in 120 days if 12 years of age and older; QL (120 ML per 60 days)
XELODA ORAL TABLET 150 MG	(capecitabine)	Tier 4	PA
XELODA ORAL TABLET 500 MG	(capecitabine)	Tier 4	PA; $$$$
Antineoplastic Aromatase Inhibitors			
anastrozole oral tablet 1 mg	(Arimidex)	Tier 5	$; $0 COPAY IF QUANTITY 1 IN 1 DAY
ARIMIDEX ORAL TABLET 1 MG	(anastrozole)	Tier 5	
AROMASIN ORAL TABLET 25 MG	(exemestane)	Tier 5	
exemestane oral tablet 25 mg	(Aromasin)	Tier 5	$0 COPAY IF QUANTITY 1 IN 1 DAY
FEMARA ORAL TABLET 2.5 MG	(letrozole)	Tier 3	
letrozole oral tablet 2.5 mg	(Femara)	Tier 1	$
Antineoplastic - Braf Kinase Inhibitors			
BRAFTOVI ORAL CAPSULE 75 MG		Tier 4	PA
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML		Tier 4	PA
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)		Tier 4	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG		Tier 4	PA
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG		Tier 4	PA
ZELBORAF ORAL TABLET 240 MG		Tier 4	PA; $$$$$
Antineoplastic - Hedgehog Pathway Inhibitor			
DAURISMO ORAL TABLET 100 MG, 25 MG		Tier 4	PA
ERIVEDGE ORAL CAPSULE 150 MG		Tier 4	PA; $$$$$
ODOMZO ORAL CAPSULE 200 MG		Tier 4	PA; $$$$$

Drug		Status	Notes
Antineoplastic - Janus Kinase (Jak) Inhibitors			
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG		Tier 4	PA; $$$$$; QL (2 EA per 1 day)
Antineoplastic - Kras Protein Inhibitor			
KRAZATI ORAL TABLET 200 MG		Tier 4	PA
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG		Tier 4	PA
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors			
COTELLIC ORAL TABLET 20 MG		Tier 4	PA; $$$$$
GOMEKLI ORAL CAPSULE 1 MG, 2 MG		Tier 4	PA
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG		Tier 4	PA
KOSELUGO ORAL CAPSULE 10 MG, 25 MG		Tier 4	PA; $$$$$
MEKINIST ORAL RECON SOLN 0.05 MG/ML		Tier 4	PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG		Tier 4	PA
MEKTOVI ORAL TABLET 15 MG		Tier 4	PA
Antineoplastic - Mtor Kinase Inhibitors			
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	(everolimus (antineoplastic))	Tier 4	PA
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	(everolimus (antineoplastic))	Tier 4	PA
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 7.5 mg	(Afinitor)	Tier 4	PA; $$
everolimus (antineoplastic) oral tablet 5 mg	(Afinitor)	Tier 4	PA; $
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	(Afinitor Disperz)	Tier 4	PA; $$$$$
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	(everolimus (antineoplastic))	Tier 4	PA
Antineoplastic - Protein Methyltransferase Inhibit			
TAZVERIK ORAL TABLET 200 MG		Tier 4	PA
Antineoplastic - Topoisomerase I Inhibitors			
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG		Tier 4	

Drug	Status	Notes
Antineoplastic Immunomodulator Agents		
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg (Revlimid)	Tier 4	PA; $$$$$
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 4	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (lenalidomide)	Tier 4	PA
Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	Tier 3	QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	Tier 3	QL (1 EA per 30 days)
ORGOVYX ORAL TABLET 120 MG	Tier 4	PA
Antineoplastic Systemic Enzyme Activators		
MODEYSO ORAL CAPSULE 125 MG	Tier 4	PA; QL (20 EA per 28 days)
Antineoplastic Systemic Enzyme Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	Tier 4	PA; $$$$$
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 4	PA
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	Tier 4	PA
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	Tier 4	PA; $$$$$
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Tier 4	PA
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 4	PA
BOSULIF ORAL CAPSULE 100 MG, 50 MG	Tier 4	PA
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Tier 4	PA
BRUKINSA ORAL CAPSULE 80 MG	Tier 4	PA
BRUKINSA ORAL TABLET 160 MG	Tier 4	PA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 4	PA; $$$$$
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	Tier 4	PA; $$$$$
CAPRELSA ORAL TABLET 100 MG, 300 MG (vandetanib)	Tier 4	PA

Drug		Status	Notes
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3)		Tier 4	PA
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)		Tier 4	PA; $$$$$
COPIKTRA ORAL CAPSULE 15 MG, 25 MG		Tier 4	PA
DANZITEN ORAL TABLET 71 MG		Tier 4	PA; $$$$$
DANZITEN ORAL TABLET 95 MG		Tier 4	PA
dasatinib oral tablet 100 mg, 140 mg, 20 mg	(Sprycel)	Tier 4	PA; $$$$
dasatinib oral tablet 50 mg, 70 mg	(Sprycel)	Tier 4	PA; $$$
dasatinib oral tablet 80 mg	(Sprycel)	Tier 4	PA; $$$$$
ENSACOVE ORAL CAPSULE 100 MG, 25 MG		Tier 4	PA
erlotinib oral tablet 100 mg, 150 mg, 25 mg		Tier 4	PA; $
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG		Tier 4	PA; $$$$$
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG		Tier 4	PA
GAVRETO ORAL CAPSULE 100 MG		Tier 4	PA
gefitinib oral tablet 250 mg	(Iressa)	Tier 4	PA; $$
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		Tier 4	PA
GLEEVEC ORAL TABLET 100 MG, 400 MG	(imatinib)	Tier 4	PA
HERNEXEOS ORAL TABLET 60 MG		Tier 4	PA; QL (3 EA per 1 day)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG		Tier 4	PA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG		Tier 4	PA
IBTROZI ORAL CAPSULE 200 MG		Tier 4	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG		Tier 4	PA
imatinib oral tablet 100 mg, 400 mg	(Gleevec)	Tier 4	PA; $
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG		Tier 4	PA
IMBRUVICA ORAL SUSPENSION 70 MG/ML		Tier 4	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG		Tier 4	PA
IMKELDI ORAL SOLUTION 80 MG/ML		Tier 4	PA
INLYTA ORAL TABLET 1 MG, 5 MG		Tier 4	PA

Drug		Status	Notes
INREBIC ORAL CAPSULE 100 MG		Tier 4	PA; QL (4 EA per 1 day)
IRESSA ORAL TABLET 250 MG	(gefitinib)	Tier 4	PA; $$$$$
ITOVEBI ORAL TABLET 3 MG, 9 MG		Tier 4	PA; $$$$$
IWILFIN ORAL TABLET 192 MG		Tier 4	PA
JAYPIRCA ORAL TABLET 100 MG, 50 MG		Tier 4	PA; $$$$$
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)		Tier 4	PA
lapatinib oral tablet 250 mg	(Tykerb)	Tier 4	PA; $$$$
LAZCLUZE ORAL TABLET 240 MG, 80 MG		Tier 4	PA
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)		Tier 4	PA
LORBRENA ORAL TABLET 100 MG, 25 MG		Tier 4	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG		Tier 4	PA; $$$$$
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)		Tier 4	PA
NERLYNX ORAL TABLET 40 MG		Tier 4	PA
NEXAVAR ORAL TABLET 200 MG	(sorafenib)	Tier 4	PA; $$$$$
nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg	(Tasigna)	Tier 4	PA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG		Tier 4	PA
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG		Tier 4	PA
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG		Tier 4	PA
pazopanib oral tablet 200 mg	(Votrient)	Tier 4	PA; $$$
PEMAZYRE ORAL TABLET 13.5 MG, 9 MG		Tier 4	PA; $$$$$
PEMAZYRE ORAL TABLET 4.5 MG		Tier 4	PA
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)		Tier 4	PA
QINLOCK ORAL TABLET 50 MG		Tier 4	PA

Drug		Status	Notes
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG		Tier 4	PA; $$$$$
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG		Tier 4	PA
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG		Tier 4	PA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG		Tier 4	PA; $$$$$
ROZLYTREK ORAL PELLETS IN PACKET 50 MG		Tier 4	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG		Tier 4	PA
RYDAPT ORAL CAPSULE 25 MG		Tier 4	PA
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG		Tier 4	PA
sorafenib oral tablet 200 mg	(Nexavar)	Tier 4	PA; $$$
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	(dasatinib)	Tier 4	PA; $$$$$
SPRYCEL ORAL TABLET 20 MG	(dasatinib)	Tier 4	PA; $$$$
STIVARGA ORAL TABLET 40 MG		Tier 4	PA; $$$$$
sunitinib malate oral capsule 12.5 mg, 50 mg	(Sutent)	Tier 4	PA; $
sunitinib malate oral capsule 25 mg	(Sutent)	Tier 4	PA; $$
sunitinib malate oral capsule 37.5 mg	(Sutent)	Tier 4	PA; $$$
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	(sunitinib malate)	Tier 4	PA
TABRECTA ORAL TABLET 150 MG, 200 MG		Tier 4	PA
TAGRISSO ORAL TABLET 40 MG, 80 MG		Tier 4	PA; $$$$$
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG		Tier 4	PA
TARCEVA ORAL TABLET 100 MG	(erlotinib)	Tier 4	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	(nilotinib hcl)	Tier 4	PA
TEPMETKO ORAL TABLET 225 MG		Tier 4	PA; $$$$$
TRUQAP ORAL TABLET 160 MG, 200 MG		Tier 4	PA; $$$$$
TUKYSA ORAL TABLET 150 MG, 50 MG		Tier 4	PA; $$$$$
TURALIO ORAL CAPSULE 125 MG		Tier 4	PA
TYKERB ORAL TABLET 250 MG	(lapatinib)	Tier 4	PA
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG		Tier 4	PA

Drug	Status	Notes
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 4	PA; $$$$$
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 4	PA; $$$$$
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 4	PA; $$$$$
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 4	PA
VONJO ORAL CAPSULE 100 MG	Tier 4	PA; QL (4 EA per 1 day)
VOTRIENT ORAL TABLET 200 MG (pazopanib)	Tier 4	PA
WAYRILZ ORAL TABLET 400 MG	Tier 4	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 4	PA
XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG	Tier 4	PA
XOSPATA ORAL TABLET 40 MG	Tier 4	PA; $$$$$
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 4	PA; $$$$$
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 4	PA
ZYKADIA ORAL TABLET 150 MG	Tier 4	PA
Antineoplastic,Histone Deacetylase Inhibitors,Hdis		
ZOLINZA ORAL CAPSULE 100 MG	Tier 4	
Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 4	PA
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	Tier 4	PA
Antineoplastic-Enzyme Inhib, Antiandrogen Comb.		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 4	PA
Antineoplastic-Hypoxia Inducible Factor (Hif) Inh		
WELIREG ORAL TABLET 40 MG	Tier 4	PA
Antineoplastic-Isocitrate Dehydrogenase Inhibitors		
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 4	PA
REZLIDHIA ORAL CAPSULE 150 MG	Tier 4	PA
TIBSOVO ORAL TABLET 250 MG	Tier 4	PA
VORANIGO ORAL TABLET 10 MG, 40 MG	Tier 4	PA

Drug		Status	Notes
Antineoplastics,Miscellaneous			
etoposide oral capsule 50 mg		Tier 1	$$
LYSODREN ORAL TABLET 500 MG		Tier 4	
MATULANE ORAL CAPSULE 50 MG		Tier 4	
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML		Tier 4	
tretinoin (antineoplastic) oral capsule 10 mg		Tier 4	$$
Antineoplastic-Select Inhib Of Nuclear Exp (Sine)			
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)		Tier 4	PA
Chemotherapy Rescue/Antidote Agents			
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg		Tier 1	$
mesna oral tablet 400 mg	(Mesnex)	Tier 1	$$
MESNEX ORAL TABLET 400 MG	(mesna)	Tier 3	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM		Tier 4	QL (24 EA per 14 days)
Intrapleural Sclerosing Agents, Antineoplast. Adj.			
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM		Tier 3	
sterile talc intrapleural suspension for reconstitution 5 gram		Tier 1	
STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM		Tier 3	
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM		Tier 3	
Photoactivated, Antineopls. & Premalignant Lesions			
AMELUZ TOPICAL GEL 10 %		Tier 3	
LEVULAN TOPICAL SOLUTION 20 %		Tier 3	
Selective Estrogen Receptor Modulators (Serm)			
FARESTON ORAL TABLET 60 MG	(toremifene)	Tier 4	PA
ORSERDU ORAL TABLET 345 MG, 86 MG		Tier 4	PA

Drug		Status	Notes
SOLTAMOX ORAL SOLUTION 20 MG/10 ML		Tier 2	
tamoxifen oral tablet 10 mg, 20 mg		Tier 5	$; $0 COPAY IF QUANTITY 1 IN 1 DAY
toremifene oral tablet 60 mg	(Fareston)	Tier 4	PA
Selective Retinoid X Receptor Agonists (Rxr)			
bexarotene oral capsule 75 mg	(Targretin)	Tier 4	PA; $$$$$
TARGRETIN ORAL CAPSULE 75 MG	(bexarotene)	Tier 4	PA; $$$$$
Steroid Antineoplastics			
megestrol oral tablet 20 mg, 40 mg		Tier 1	
Neurological Disease - Miscellaneous			
Agents To Treat Multiple Sclerosis			
AUBAGIO ORAL TABLET 14 MG, 7 MG	(teriflunomide)	Tier 4	PA
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML		Tier 4	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML		Tier 4	PA
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML		Tier 4	PA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML		Tier 4	PA
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG		Tier 4	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG		Tier 4	PA; $$$$$
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	(glatiramer)	Tier 4	PA
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg	(Tecfidera)	Tier 4	PA; $
fingolimod oral capsule 0.5 mg	(Gilenya)	Tier 4	PA; $$
GILENYA ORAL CAPSULE 0.25 MG		Tier 4	PA
GILENYA ORAL CAPSULE 0.5 MG	(fingolimod)	Tier 4	PA
glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml	(Copaxone)	Tier 4	PA; $$$
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	(glatiramer)	Tier 4	PA
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML		Tier 4	PA
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG		Tier 4	PA; $$$$$
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG		Tier 4	PA; $$$$$

Drug	Status	Notes
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA; $$$$$
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA; $$$$$
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA; $$$$$
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA; $$$$$
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA; $$$$$
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	Tier 4	PA
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	Tier 4	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	Tier 4	PA
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	Tier 4	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 4	PA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 4	PA
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	Tier 4	PA; $$$$
PONVORY ORAL TABLET 20 MG	Tier 4	PA; $$$$$
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	Tier 4	PA; $$$$$
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 4	PA; $$$$$
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 4	PA
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG	Tier 4	PA
TECFIDERA ORAL (dimethyl fumarate) CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	Tier 4	PA

Drug		Status	Notes
teriflunomide oral tablet 14 mg	(Aubagio)	Tier 4	PA; $
teriflunomide oral tablet 7 mg	(Aubagio)	Tier 4	PA; $$
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG		Tier 4	PA
Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr			
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	(dalfampridine)	Tier 4	PA; $$$$$
dalfampridine oral tablet extended release 12 hr 10 mg	(Ampyra)	Tier 4	PA; $
FIRDAPSE ORAL TABLET 10 MG		Tier 4	PA
Amyotrophic Lateral Sclerosis Agents			
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML		Tier 4	
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML		Tier 4	
RILUTEK ORAL TABLET 50 MG	(riluzole)	Tier 3	
riluzole oral tablet 50 mg		Tier 1	$
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML		Tier 4	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML		Tier 4	PA
Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib			
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		Tier 3	$$; ST: Must meet 2 of the following requirements: Amitriptyline tablets, Cyclobenzaprine IR tablets, Duloxetine (20, 30, 60mg) capsules, generic Gabapentin IR tablets and capsules, or Pregabalin IR capsules in 365 days; QL (2 EA per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)		Tier 3	$; ST: Must meet 2 of the following requirements: Amitriptyline tablets, Cyclobenzaprine IR tablets, Duloxetine (20, 30, 60mg) capsules, generic Gabapentin IR tablets and capsules, or Pregabalin IR capsules in 365 days; QL (2 EA per 1 day)
Glypromate (Gpe) Analogs			
DAYBUE ORAL SOLUTION 200 MG/ML		Tier 4	PA

Drug	Status	Notes
Heat Shock Protein (Hsp) Modulating Agents		
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	Tier 4	PA
Metabolic Disease Enzyme Replacement, Mocd		
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	Tier 4	PA
Movement Disorders(Drug Therapy)		
AUSTEDO ORAL TABLET 12 MG, 9 MG	Tier 4	PA; QL (4 EA per 1 day)
AUSTEDO ORAL TABLET 6 MG	Tier 4	PA; QL (2 EA per 1 day)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	Tier 4	PA; QL (1 EA per 1 day)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	Tier 4	PA
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	Tier 3	ST: Must meet any of the following requirements: Gabapentin, Pramipexole IR, or Ropinirole IR in 120 days; QL (30 EA per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	Tier 3	ST: Must meet any of the following requirements: Gabapentin, Pramipexole IR, or Ropinirole IR in 120 days; QL (2 EA per 1 day)
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	Tier 4	PA; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Tier 4	PA; QL (1 EA per 1 day)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	Tier 4	PA; QL (1 EA per 1 day)
tetrabenazine oral tablet 12.5 mg, 25 mg (Xenazine)	Tier 4	PA; $
XENAZINE ORAL TABLET 12.5 MG, 25 MG (tetrabenazine)	Tier 4	PA

Drug	Status	Notes
Neuropathic Agents		
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG (pregabalin)	Tier 3	ST: Must meet 2 of the following requirements: Divalproex, Duloxetine, Gabapentin, Pregabalin IR, a tricyclic antidepressant, Valproic Acid, or Venlafaxine in 365 days; QL (3 EA per 1 day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG (pregabalin)	Tier 3	ST: Must meet 2 of the following requirements: Divalproex, Duloxetine, Gabapentin, Pregabalin IR, a tricyclic antidepressant, Valproic Acid, or Venlafaxine in 365 days; QL (2 EA per 1 day)
pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg (Lyrica CR)	Tier 1	ST: Must meet 2 of the following requirements: Divalproex, Duloxetine, Gabapentin, Pregabalin IR, a tricyclic antidepressant, Valproic Acid, or Venlafaxine in 365 days; QL (3 EA per 1 day)
pregabalin oral tablet extended release 24 hr 330 mg (Lyrica CR)	Tier 1	ST: Must meet 2 of the following requirements: Divalproex, Duloxetine, Gabapentin, Pregabalin IR, a tricyclic antidepressant, Valproic Acid, or Venlafaxine in 365 days; QL (2 EA per 1 day)
Nuclear Factor Erythroid 2-Rel. Factor 2 Activator		
SKYCLARYS ORAL CAPSULE 50 MG	Tier 4	PA
Postherpetic Neuralgia Agents		
gabapentin oral tablet extended release 24 hr 300 mg (Gralise)	Tier 1	$; ST: Must meet the following requirements: Gabapentin immediate release in 120 days; QL (1 EA per 1 day)
gabapentin oral tablet extended release 24 hr 600 mg (Gralise)	Tier 1	$; ST: Must meet the following requirements: Gabapentin immediate release in 120 days; QL (2 EA per 1 day)

Drug		Status	Notes
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG		Tier 3	ST: Must meet the following requirements: Gabapentin immediate release in 120 days; QL (1 EA per 1 day)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 750 MG, 900 MG		Tier 3	ST: Must meet the following requirements: Gabapentin immediate release in 120 days; QL (2 EA per 1 day)
Pseudobulbar Affect (Pba) Agents, Nmda Antagonists			
NUEDEXTA ORAL CAPSULE 20-10 MG		Tier 3	PA
Sphingosine 1-Phosphate (S1p) Receptor Modulator			
VELSIPITY ORAL TABLET 2 MG		Tier 4	PA
ZEPOSIA ORAL CAPSULE 0.92 MG		Tier 4	PA
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)		Tier 4	PA
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)		Tier 4	PA
Oral/Pharyngeal Disorders			
Dental Aids And Preparations			
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Periogard)	Tier 1	$
ORALONE DENTAL PASTE 0.1 %	(triamcinolone acetonide)	Tier 1	
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 %	(chlorhexidine gluconate)	Tier 3	$
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	(chlorhexidine gluconate)	Tier 1	$
Q-CARE RX Q2 KIT 0.12 %		Tier 3	
Q-CARE RX Q4 KIT 0.12 %		Tier 3	
triamcinolone acetonide dental paste 0.1 %	(Oralone)	Tier 1	$
Nose Preparations, Miscellaneous (Rx)			
cocaine nasal solution 4 %	(Numbrino)	Tier 1	
GOPRELTO NASAL SOLUTION 4 %	(cocaine)	Tier 3	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)		Tier 1	$
NUMBRINO NASAL SOLUTION 4 %	(cocaine)	Tier 1	
Periodontal Collagenase Inhibitors			
doxycycline hyclate oral tablet 20 mg		Tier 1	$

Drug		Status	Notes
Periodontal Tetracycline Antiinfective, Local			
ARESTIN DENTAL CARTRIDGE 1 MG		Tier 4	PA
Other Drugs			
Abortifacient,Progesterone Receptor Antagonist-Typ			
MIFEPREX ORAL TABLET 200 MG	(mifepristone)	Tier 3	
mifepristone oral tablet 200 mg	(Mifeprex)	Tier 1	$
Agents For Stomatological Use			
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %		Tier 3	
PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML		Tier 3	
Antineoplastic - Systemic Enzyme Inhibitors Combs			
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG		Tier 4	PA
Antipsychotics, Muscarinic Agonist/Antagonist Comb			
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG		Tier 3	$$$; ST: Must meet any of the following requirements: generic atypical antipsychotic, Rexulti, or Vraylar in 120 days; QL (2 EA per 1 day)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG		Tier 3	$$$; ST: Must meet any of the following requirements: generic atypical antipsychotic, Rexulti, or Vraylar in 120 days
Antivenins			
ANASCORP INTRAVENOUS RECON SOLN 120 MG		Tier 3	
Appetite Stim. For Anorexia,Cachexia,Wasting Synd.			
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)		Tier 1	$
megestrol oral suspension 625 mg/5 ml (125 mg/ml)		Tier 1	$; ST: Must meet the following requirement: Megestrol Acetate 40mg/mL suspension in 120 days
Blood Collection Set With Local Anesthetics			
CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 %		Tier 3	

Drug	Status	Notes
LIDO BDK KIT 21 GAUGE X 1"- 2.5 %- 2.5 %	Tier 3	
Blood Testing Preparations,In-Vitro		
COAGUCHEK XS	Tier 3	
Bulk Chemicals		
alum, ammonium (bulk) powder	Tier 3	
ascorbic acid(vitamin c)(bulk) granules *100 %*	Tier 3	
benzoin (bulk) topical tincture	Tier 3	$
TRI-CHLOR TOPICAL SOLUTION 80 %	Tier 3	
trichloroacetic acid topical recon soln *100 %, 20 %, 25 %, 30 %, 35 %, 40 %,* *50 %, 75 %, 80 %, 90 %*	Tier 3	
Calcium Channel Blocker And Nsaid, Cox-2 Inhibitor		
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG	Tier 3	
Cardioplegic Solutions		
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA DEL NIDO-ISOLYT S PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Tier 3	
CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM), 36 MEQ/L (POTASSIUM)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA WARM INDUCT 4:1 PERFUSION SOLUTION 40 MEQ/500 ML (POTASSIUM)	Tier 3	

Drug	Status	Notes
cardioplegic no.17(induct 4:1) perfusion solution 50 meq/500 ml (potassium)	Tier 1	
cardioplegic no.19 (maint 4:1) perfusion solution 40 meq/l (potassium)	Tier 1	
cardioplegic soln perfusion solution 16 meq/l (= k+) (Plegisol)	Tier 1	
cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)	Tier 1	
microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)	Tier 1	
PLEGISOL PERFUSION SOLUTION 16 MEQ/L (= K+) (cardioplegic soln)	Tier 3	
Cholinesterase Reactivat.&Muscarinic Antg.Antidote		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML	Tier 3	
Cholinesterase Reactivating,Organophos. Antidotes		
pralidoxime intramuscular pen injector 600 mg/2 ml	Tier 3	
Coloring Agents And Dyes		
methylene blue (bulk-solid) powder	Tier 3	
Conception Assistance Supplies		
CONCEPTION KIT	Tier 3	
Condoms		
AIMSCO LATEX CONDOM DEVICE	Tier 5	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX AVANTI BARE REAL FEEL	Tier 5	$; $0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX EXTRA SENSITIVE CONDOM DEVICE	Tier 5	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX TROPICAL CONDOM DEVICE	Tier 5	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
FANTASY CONDOM DEVICE	Tier 5	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
FC2 FEMALE CONDOM	Tier 5	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO LUBRICATED CONDOMS DEVICE	Tier 5	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO MICROTHIN AQUA LUBE CON DEVICE	Tier 5	$; $0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO MICROTHIN CONDOMS DEVICE	Tier 5	$; $0 COPAY IF QUANTITY DOES NOT EXCEED 60

Drug	Status	Notes
KIMONO MICROTHIN LARGE CONDOMS DEVICE	Tier 5	$; $0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO TEXTURED CONDOMS DEVICE	Tier 5	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO THIN LUBRICATED CONDOMS DEVICE	Tier 5	$; $0 COPAY IF QUANTITY DOES NOT EXCEED 60
TROJAN ULTRA RIBBED CONDOM DEVICE	Tier 5	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUE COVER CONDOM DEVICE	Tier 5	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX LATEX CONDOM DEVICE	Tier 5	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX LUBRICATED CONDOMS DEVICE	Tier 5	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX NON-LUB CONDOMS DEVICE	Tier 5	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	Tier 5	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE	Tier 5	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	Tier 5	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
Cryopreservative Agents		
CRYOSERV SOLUTION 99 %	Tier 3	
Cystic Fibrosis - Inhaled Osmotic Agents		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	Tier 4	ST: Must meet the following requirements: Inhaled 7% Sodium Chloride solution in 120 days; QL (20 EA per 1 day); Age (Min 18 Years)
Diagnostic Test Devices And Supplies		
BD VERITOR SARS-COV-2, FLU A-B KIT	Tier 5	
CORDX TYFAST FLU-COVID-19 TEST KIT	Tier 5	
covid19 test adm.by pharmacist	Tier 5	
eua patient assessment	Tier 5	
FLOWFLEX PLUS COVID-19 AND FLU KIT	Tier 5	$
PIXEL COVID19 HOME COLLECT KIT (covid-19 test specimen collect)	Tier 5	

Drug		Status	Notes
RAPIDGO FLU AND COVID-19 TEST KIT		Tier 5	
SOFIA2 FLU-SARS ANTIGEN FIA KIT		Tier 5	
SPEEDYSWAB COVID-19 AND FLU KIT		Tier 5	$
Diluent Solutions			
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION		Tier 3	
Drugs To Treat Hereditary Tyrosinemia			
HARLIKU ORAL TABLET 2 MG		Tier 4	PA
nitisinone oral capsule 10 mg	(Orfadin)	Tier 4	PA; $$$$$
nitisinone oral capsule 2 mg	(Orfadin)	Tier 4	PA; $$
nitisinone oral capsule 20 mg, 5 mg	(Orfadin)	Tier 4	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG		Tier 4	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	(nitisinone)	Tier 4	PA
ORFADIN ORAL SUSPENSION 4 MG/ML		Tier 4	PA
Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing			
CERDELGA ORAL CAPSULE 84 MG		Tier 4	
miglustat oral capsule 100 mg	(Yargesa)	Tier 4	PA; $$$$$
OPFOLDA ORAL CAPSULE 65 MG		Tier 4	PA
YARGESA ORAL CAPSULE 100 MG	(miglustat)	Tier 4	PA; $$$$$
ZAVESCA ORAL CAPSULE 100 MG	(miglustat)	Tier 4	PA
Environment Allergens And Irritants, Other			
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH,MEDICATED		Tier 3	
Eye Antibiotic And Nsaid Combinations			
moxifloxacin-bromfenac ophthalmic (eye) drops 0.5-0.075 %		Tier 1	
Factor Xii Inhibitors			
ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML		Tier 4	PA
General Anesthetics - Benzodiazepine, Injectable			
midazolam (pf) injection solution 5 mg/ml		Tier 1	$
midazolam injection solution 5 mg/ml		Tier 1	$
General Anesthetics,Inhalant			
desflurane inhalation liquid 100 %	(Suprane)	Tier 1	
FORANE INHALATION LIQUID 99.9 %	(isoflurane)	Tier 3	

Drug		Status	Notes
isoflurane inhalation liquid 99.9 %	(Terrell)	Tier 1	
sevoflurane inhalation liquid 99.97 %	(Ultane)	Tier 1	
SUPRANE INHALATION LIQUID 100 %	(desflurane)	Tier 3	
TERRELL INHALATION LIQUID 99.9 %	(isoflurane)	Tier 1	
ULTANE INHALATION LIQUID 99.97 %	(sevoflurane)	Tier 3	
General Inhalation Agents			
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %		Tier 3	
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 7 %	(sodium chloride)	Tier 3	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	(sodium chloride)	Tier 1	$
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %		Tier 3	$
PULMOSAL INHALATION SOLUTION FOR NEBULIZATION 7 %	(sodium chloride)	Tier 3	$
sodium chloride inhalation solution for nebulization 0.9 %, 10 %		Tier 1	$
sodium chloride inhalation solution for nebulization 3 %	(NebuSal)	Tier 1	$
sodium chloride inhalation solution for nebulization 7 %	(Hyper-Sal)	Tier 1	$
Genetic Disorder Therapy - Hdac Inhibitor			
DUVYZAT ORAL SUSPENSION 8.86 MG/ML		Tier 4	PA; $$$$$
Homeopathic Drugs			
AURUMHEEL ORAL DROPS		Tier 3	
CANTHARIS COMPOSITUM ORAL DROPS		Tier 3	
CRALONIN ORAL DROPS		Tier 3	
EYE ORAL TABLET,SOLUBLE		Tier 3	
LAMIOFLUR ORAL DROPS		Tier 3	
PLANTAGO-HOMACCORD ORAL DROPS		Tier 3	
POPULUS COMPOSITUM ORAL DROPS		Tier 3	
PSORINOHEEL ORAL DROPS		Tier 3	
RENEEL ORAL TABLET,SOLUBLE		Tier 3	
SABAL-HOMACCORD ORAL DROPS		Tier 3	
SYZYGIUM COMPOSITUM ORAL DROPS		Tier 3	
VERTIGOHEEL ORAL DROPS		Tier 3	

Drug		Status	Notes
VERTIGOHEEL ORAL TABLET,SOLUBLE		Tier 3	
Metabolic Deficiency Agents			
betaine oral powder 1 gram/scoop	(Cystadane)	Tier 4	PA
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	(levocarnitine)	Tier 3	
CARNITOR ORAL SOLUTION 100 MG/ML	(levocarnitine (with sugar))	Tier 3	
CARNITOR ORAL TABLET 330 MG	(levocarnitine)	Tier 3	
CYSTADANE ORAL POWDER 1 GRAM/SCOOP	(betaine)	Tier 4	PA
levocarnitine (with sugar) oral solution 100 mg/ml	(Carnitor)	Tier 1	
levocarnitine oral solution 100 mg/ml	(Carnitor (sugar-free))	Tier 1	
levocarnitine oral tablet 330 mg	(Carnitor)	Tier 1	$
Metabolic Disease Enzyme Replace, Hypophosphatasia			
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML		Tier 4	PA; $$$$$
Metabolic Dx Enzyme Replacemt,Sev.Comb.Immune Def.			
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)		Tier 4	PA; $$$$$
Metallic Poison,Agents To Treat			
CHEMET ORAL CAPSULE 100 MG		Tier 3	
CUVRIOR ORAL TABLET 300 MG		Tier 4	PA
deferasirox oral granules in packet 180 mg	(Jadenu Sprinkle)	Tier 4	PA; $$$$
deferasirox oral granules in packet 360 mg	(Jadenu Sprinkle)	Tier 4	PA; $$$
deferasirox oral granules in packet 90 mg	(Jadenu Sprinkle)	Tier 4	PA; $$
deferasirox oral tablet 180 mg, 90 mg	(Jadenu)	Tier 4	PA; $
deferasirox oral tablet 360 mg	(Jadenu)	Tier 4	PA; $$
deferasirox oral tablet, dispersible 125 mg	(Exjade)	Tier 4	PA; $
deferasirox oral tablet, dispersible 250 mg, 500 mg	(Exjade)	Tier 4	PA; $$
deferiprone oral tablet 1,000 mg, 500 mg	(Ferriprox)	Tier 4	PA
deferoxamine injection recon soln 2 gram		Tier 1	PA; $$
deferoxamine injection recon soln 500 mg	(Desferal)	Tier 1	PA

Drug		Status	Notes
DESFERAL INJECTION RECON SOLN 500 MG	(deferoxamine)	Tier 3	PA
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	(deferasirox)	Tier 4	PA
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG		Tier 4	PA; $$$$$
FERRIPROX ORAL SOLUTION 100 MG/ML		Tier 4	PA; $$$$$
FERRIPROX ORAL TABLET 1,000 MG	(deferiprone)	Tier 4	PA; $$$$$
FERRIPROX ORAL TABLET 500 MG	(deferiprone)	Tier 4	PA
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)		Tier 3	
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	(deferasirox)	Tier 4	PA
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	(deferasirox)	Tier 4	PA
RADIOGARDASE ORAL CAPSULE 0.5 GRAM		Tier 3	
SYPRINE ORAL CAPSULE 250 MG	(trientine)	Tier 4	PA; $$$$$
trientine oral capsule 250 mg	(Syprine)	Tier 4	PA; $
trientine oral capsule 500 mg		Tier 4	PA
Muscarinic Receptor Antagonists			
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML		Tier 3	
Needles/Needleless Devices			
AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"		Tier 2	
NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	Tier 2	
NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	Tier 2	
ULTRA-FINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4"	(pen needle, diabetic)	Tier 2	
UNIFINE PENTIPS NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	Tier 2	
Ointment/Cream Bases			
RADIAGEL TOPICAL GEL		Tier 3	
Ophthalmic Trpm8 Agonists			
TRYPTYR OPHTHALMIC (EYE) DROPPERETTE 0.003 %		Tier 3	PA
Oral Lipid Supplements			
DOJOLVI ORAL LIQUID 8.3 KCAL/ML		Tier 4	PA

Drug	Status	Notes
Oral Mucositis/Stomatitis Agents		
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	Tier 3	
MUGARD MUCOUS MEMBRANE SOLUTION	Tier 3	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	Tier 3	
ORAPEUTIC MUCOUS MEMBRANE GEL	Tier 3	
Protein Replacement		
AQNEURSA ORAL GRANULES IN PACKET 1 GRAM	Tier 4	PA
Saliva Stimulant Agents		
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM	Tier 3	
Saliva Substitute Agents		
AQUORAL MUCOUS MEMBRANE AEROSOL,SPRAY	Tier 3	
CAPHOSOL MUCOUS MEMBRANE SOLUTION	Tier 3	
MUCOSITISRX MUCOUS MEMBRANE POWDER IN PACKET 351 MG	Tier 3	
NUMOISYN MUCOUS MEMBRANE LIQUID	Tier 3	
SALIVAMAX MUCOUS MEMBRANE POWDER IN PACKET 351 MG	Tier 3	
Sexual Dysfunction Devices		
RAPPORT VACUUM THERAPY KIT	Tier 3	
Skin Tissue Replacement		
APLIGRAF TOPICAL DISK	Tier 3	
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 7 X 7 CM	Tier 3	
GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	Tier 3	
GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	Tier 3	
GRAFIX XC TOPICAL SHEET 7.5 X 15 CM	Tier 3	
KERAMATRIX TOPICAL SHEET 2 X 2 ", 3/4 X 1 ", 4 X 4 "	Tier 3	
MIRO3D FIBERS TOPICAL POWDER 100 MG, 500 MG, 700 MG	Tier 3	

Drug		Status	Notes
MIRO3D TOPICAL SHEET 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 4 X 4 X 2 CM, 5 X 5 X 2 CM, 7 X 5 X 2 CM		Tier 3	
MIRODERM FENESTRATED PLUS TOPICAL SHEET 3 X 3 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM		Tier 3	
MIRODERM FENESTRATED TOPICAL SHEET 2 X 2 CM, 2 X 3 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM		Tier 3	
MIRODRY WOUND MATRIX TOPICAL SHEET 10 X 5 CM, 2 X 2 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 5 X 7 CM		Tier 3	
MIROTRACT TOPICAL SHEET 3 MM X 5 CM, 3 MM X 9 CM, 5 MM X 5 CM, 5 MM X 9 CM		Tier 3	
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM		Tier 3	
TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM		Tier 3	
XCELLISTEM TOPICAL POWDER 250 MG		Tier 3	
Solvents			
isopropyl alcohol solution 70 %	(Alcohol, Rubbing)	Tier 3	
isopropyl alcohol solution 91 %		Tier 3	
isopropyl alcohol solution 99 %		Tier 3	$
MURI-LUBE OIL		Tier 3	
Somatostatic Agents			
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG		Tier 4	PA
octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml		Tier 4	$
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml	(Sandostatin)	Tier 4	$
octreotide acetate injection solution 500 mcg/ml	(Sandostatin)	Tier 4	$$
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)		Tier 4	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	(octreotide acetate)	Tier 4	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)		Tier 4	PA

Drug		Status	Notes
Support Hosiery			
T.E.D. ANTI-EMBOLISM STOCKING	(compres.stocking,knee,reg,smal)	Tier 3	
T.E.D. KNEE LENGTH-M-LONG		Tier 3	
T.E.D. KNEE LENGTH-S-REGULAR	(compres.stocking,knee,reg,smal)	Tier 3	
Suspending Agents			
GELFILM IMPLANT FILM		Tier 3	
hydroxypropyl cellulose powder		Tier 3	
Tissue/Wound Adhesives			
ARTISS TOPICAL SYRINGE 2.5 TO 6.5 UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2 ML), 2.5 TO 6.5 UNIT/ML (4 ML)		Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML		Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML		Tier 3	
Topical Nitric Oxide Releasing Agents			
ZELSUVMI TOPICAL GEL 10.3 %		Tier 3	PA
Treatment Of Hyperphagia In Prader-Willi Syndrome			
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 25 MG, 75 MG		Tier 4	PA
Urine Acetone Test Aids			
KETONE CARE STRIP		Tier 3	$
KETONE URINE TEST STRIP		Tier 3	$
KETOSTIX STRIP		Tier 3	$
TRUEPLUS KETONE STRIP		Tier 3	$
Wound Healing Agents, Local			
balsam peru-castor oil topical ointment	(BPCO)	Tier 1	
balsam peru-castor oil topical ointment in packet	(Venelex)	Tier 1	
BPCO TOPICAL OINTMENT	(balsam peru-castor oil)	Tier 1	
DERMACINRX CLORHEXACIN TOPICAL KIT 2-4-5 %		Tier 3	
DERMACINRX SURGICAL PHARMAPAK TOPICAL KIT 2-4-5 %		Tier 3	
DERMAWERX SURGICAL PLUS PAK TOPICAL KIT 2-4-5 %		Tier 3	
DERMULCERA TOPICAL OINTMENT	(balsam peru-castor oil)	Tier 3	
FILSUVEZ TOPICAL GEL 10 %		Tier 4	PA; $$$$$
VENELEX TOPICAL OINTMENT	(balsam peru-castor oil)	Tier 3	

Drug		Status	Notes
VENELEX TOPICAL OINTMENT IN PACKET	(balsam peru-castor oil)	Tier 3	
WHYTEDERM SURGIPAK TOPICAL KIT 2-4-2 %		Tier 3	
Other Respiratory Disorders			
Antifibrotic Therapy - Pyridone Analogs			
ESBRIET ORAL CAPSULE 267 MG	(pirfenidone)	Tier 4	PA; $$$$$
ESBRIET ORAL TABLET 267 MG, 801 MG	(pirfenidone)	Tier 4	PA; $$$$$
pirfenidone oral capsule 267 mg	(Esbriet)	Tier 4	PA; $$
pirfenidone oral tablet 267 mg, 801 mg	(Esbriet)	Tier 4	PA; $
pirfenidone oral tablet 534 mg		Tier 4	PA; $$$$$
Cystic Fib.Transmemb Conduct.Reg.(Cftr)Potentiator			
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG		Tier 4	PA
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG		Tier 4	PA; $$$$$
KALYDECO ORAL TABLET 150 MG		Tier 4	PA; $$$$$
Cystic Fibrosis-Cftr Potentiator & Corrector Comb.			
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG		Tier 4	PA; $$$$$
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG		Tier 4	PA; $$$$$
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG		Tier 4	PA; $$$$$
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N)		Tier 4	PA; $$$$$
SYMDEKO ORAL TABLETS, SEQUENTIAL 50-75 MG (D)/ 75 MG (N)		Tier 4	PA
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)		Tier 4	PA; $$$$$
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)		Tier 4	PA; $$$$$
Dipeptidyl Peptidase 1 (Dpp1) Inhibitor			
BRINSUPRI ORAL TABLET 10 MG, 25 MG		Tier 4	PA; QL (1 EA per 1 day)

Drug		Status	Notes
Lung Surfactants			
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML		Tier 3	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML		Tier 3	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML		Tier 3	
Mucolytics			
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)		Tier 1	$
PULMOZYME INHALATION SOLUTION 1 MG/ML		Tier 4	PA; $$$$
Pulmonary Fibrosis - Systemic Enzyme Inhibitors			
OFEV ORAL CAPSULE 100 MG, 150 MG		Tier 4	PA
Pain Management - Analgesics			
Analgesic, Non-Salicylate & Barbiturate Comb.			
butalbital-acetaminophen oral capsule 50-300 mg		Tier 1	QL (6 EA per 1 day)
butalbital-acetaminophen oral tablet 50-300 mg		Tier 1	$; ST: Must meet the following requirement: Generic Butalbital/acetaminophen 50mg-325mg combination product in 120 days; QL (6 EA per 1 day)
butalbital-acetaminophen oral tablet 50-325 mg	(Tencon)	Tier 1	$
TENCON ORAL TABLET 50-325 MG	(butalbital-acetaminophen)	Tier 1	$
Analgesic, Salicylate, Barbiturate,& Xanthine Cmb			
butalbital-aspirin-caffeine oral capsule 50-325-40 mg		Tier 1	$
butalbital-aspirin-caffeine oral tablet 50-325-40 mg		Tier 1	$
Analgesic,Non-Salicylate,Barbiturate,&Xanthine Cmb			
butalbital-acetaminophen-caff oral capsule 50-300-40 mg	(Fioricet)	Tier 1	$
butalbital-acetaminophen-caff oral capsule 50-325-40 mg		Tier 1	$
butalbital-acetaminophen-caff oral solution 50-325-40 mg/15 ml		Tier 1	

Drug		Status	Notes
butalbital-acetaminophen-caff oral tablet 50-325-40 mg		Tier 1	$
ESGIC ORAL TABLET 50-325-40 MG	(butalbital-acetaminophen-caff)	Tier 3	
FIORICET ORAL CAPSULE 50-300-40 MG	(butalbital-acetaminophen-caff)	Tier 1	
Analgesic/Antipyretics, Salicylates			
aspirin oral tablet 325 mg	(Bayer Aspirin)	Tier 5	$
aspirin oral tablet,delayed release (dr/ec) 325 mg	(Bayer Aspirin)	Tier 5	$
BAYER ASPIRIN ORAL TABLET 325 MG	(aspirin)	Tier 5	$
BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG	(aspirin)	Tier 5	$
choline,magnesium salicylate oral liquid 500 mg/5 ml		Tier 1	
diflunisal oral tablet 500 mg		Tier 1	$
DISALCID ORAL TABLET 500 MG, 750 MG	(salsalate)	Tier 3	
DOLOBID ORAL TABLET 250 MG	(diflunisal)	Tier 3	
DOLOBID ORAL TABLET 375 MG		Tier 1	
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG	(aspirin)	Tier 5	$
salsalate oral tablet 500 mg, 750 mg	(Disalcid)	Tier 1	$
Analgesics, Narcotic Agonist And Nsaid Combination			
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg		Tier 1	
hydrocodone-ibuprofen oral tablet 7.5-200 mg		Tier 1	$
SEGLENTIS ORAL TABLET 44-56 MG		Tier 3	
Analgesics, Non-Narcotics			
clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)	(Duraclon (PF))	Tier 1	
clonidine (pf) epidural solution 5,000 mcg/10 ml		Tier 1	
DURACLON (PF) EPIDURAL SOLUTION 1,000 MCG/10 ML (100 MCG/ML)	(clonidine (pf))	Tier 3	
JOURNAVX ORAL TABLET 50 MG		Tier 3	PA; $$

Drug		Status	Notes
Analgesics,Narcotics			
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	(buprenorphine hcl)	Tier 2	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg		Tier 1	
buprenorphine hcl injection solution 0.3 mg/ml		Tier 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription
buprenorphine hcl injection syringe 0.3 mg/ml		Tier 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	(Butrans)	Tier 1	$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
butorphanol injection solution 1 mg/ml, 2 mg/ml		Tier 1	
butorphanol nasal spray,non-aerosol 10 mg/ml		Tier 1	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR	(buprenorphine)	Tier 3	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
codeine sulfate oral tablet 15 mg, 30 mg		Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
codeine sulfate oral tablet 60 mg		Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 50 MG/ML, 75 MG/ML		Tier 3	
DEMEROL (PF) INJECTION SYRINGE 25 MG/ML		Tier 3	$
DEMEROL INJECTION SOLUTION 50 MG/ML	(meperidine)	Tier 3	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML	(hydromorphone (pf))	Tier 3	

Drug		Status	Notes
DILAUDID ORAL LIQUID 1 MG/ML	(hydromorphone)	Tier 3	
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG	(hydromorphone)	Tier 3	$
DISKETS ORAL TABLET,SOLUBLE 40 MG	(methadone)	Tier 3	QL (1 EA per 1 day)
DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG		Tier 3	PA
fentanyl (pf)-bupivacaine-nacl epidural prefilled pump reservoir 2 mcg/ml- 0.1 %, 2 mcg/ml- 0.125 %		Tier 1	
fentanyl (pf)-bupivacaine-nacl epidural syringe 2 mcg/ml- 0.125 %		Tier 1	
fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)		Tier 1	
fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,000 mcg/50 ml (20 mcg/ml), 500 mcg/50 ml (10 mcg/ml)		Tier 1	
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg		Tier 1	PA
fentanyl citrate buccal tablet, effervescent 400 mcg, 600 mcg, 800 mcg		Tier 1	PA
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 75 mcg/hr, 87.5 mcg/hour		Tier 1	PA; $; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription
fentanyl transdermal patch 72 hour 62.5 mcg/hour		Tier 1	PA; $$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription
fentanyl-ropivacaine-nacl (pf) epidural prefilled pump reservoir 2-0.2 mcg/ml-%		Tier 1	
fentanyl-ropivacaine-nacl (pf) epidural solution 2-0.1 mcg/ml-%, 2-0.125 mcg/ml-%		Tier 1	
fentanyl-ropivacaine-nacl (pf) epidural syringe 100 mcg/50 ml (2 mcg/ml)-0.1%, 100 mcg/50 ml (2mcg/ml)-0.15%		Tier 1	

Drug		Status	Notes
hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg		Tier 1	$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
hydrocodone bitartrate oral capsule, oral only, er 12hr 30 mg, 40 mg, 50 mg		Tier 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 60 mg	(Hysingla ER)	Tier 1	$$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 120 mg		Tier 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 20 mg, 30 mg, 40 mg	(Hysingla ER)	Tier 1	$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 80 mg	(Hysingla ER)	Tier 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
hydromorphone (pf) injection syringe 0.5 mg/0.5 ml, 1 mg/ml	(Dilaudid (PF))	Tier 1	
hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)		Tier 1	
hydromorphone oral liquid 1 mg/ml	(Dilaudid)	Tier 1	$
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	(Dilaudid)	Tier 1	$
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg		Tier 1	PA; $; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription

Drug		Status	Notes
hydromorphone rectal suppository 3 mg		Tier 1	
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	(hydrocodone bitartrate)	Tier 3	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
levorphanol tartrate oral tablet 2 mg		Tier 1	$$$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription
levorphanol tartrate oral tablet 3 mg		Tier 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription
meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml		Tier 1	
meperidine oral solution 50 mg/5 ml		Tier 1	QL (30 ML per 1 day)
meperidine oral tablet 50 mg		Tier 1	$; QL (6 EA per 1 day)
methadone injection solution 10 mg/ml		Tier 1	QL (4 ML per 1 day)
METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML	(methadone)	Tier 1	QL (4 ML per 1 day)
methadone oral concentrate 10 mg/ml	(Methadone Intensol)	Tier 1	$; QL (4 ML per 1 day)
methadone oral solution 10 mg/5 ml		Tier 1	$; QL (20 ML per 1 day)
methadone oral solution 5 mg/5 ml		Tier 1	$; QL (40 ML per 1 day)
methadone oral tablet 10 mg		Tier 1	$; QL (4 EA per 1 day)
methadone oral tablet 5 mg		Tier 1	$; QL (8 EA per 1 day)
methadone oral tablet,soluble 40 mg	(Methadose)	Tier 1	QL (1 EA per 1 day)
METHADOSE ORAL CONCENTRATE 10 MG/ML	(methadone)	Tier 3	$; QL (4 ML per 1 day)
METHADOSE ORAL TABLET,SOLUBLE 40 MG	(methadone)	Tier 1	$; QL (1 EA per 1 day)
morphine (pf) intravenous syringe 1 mg/2 ml		Tier 1	
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)		Tier 1	PA; $
morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml, 5 mg/ml		Tier 1	
morphine intramuscular pen injector 10 mg/0.7 ml		Tier 1	

Drug	Status	Notes
morphine oral capsule, er multiphase 24 hr 120 mg	Tier 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 90 mg	Tier 1	$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
morphine oral capsule, er multiphase 24 hr 75 mg	Tier 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	Tier 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
morphine oral solution 10 mg/5 ml	Tier 1	$
morphine oral solution 20 mg/5 ml (4 mg/ml)	Tier 1	
morphine oral tablet 15 mg, 30 mg	Tier 1	$
morphine oral tablet extended release 100 mg, 200 mg	Tier 1	$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
morphine oral tablet extended release 15 mg, 30 mg, 60 mg (MS Contin)	Tier 1	$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	Tier 1	
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG (morphine)	Tier 3	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)

Drug		Status	Notes
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	(morphine)	Tier 3	$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
nalbuphine injection solution 10 mg/ml, 20 mg/ml		Tier 1	$
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 50 MG		Tier 2	$$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 150 MG, 200 MG		Tier 2	$$$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 250 MG		Tier 2	$$$$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 75 MG		Tier 3	$$$; QL (6 EA per 1 day)
NUCYNTA ORAL TABLET 50 MG		Tier 3	$$; QL (6 EA per 1 day)
oxycodone oral capsule 5 mg		Tier 1	$
oxycodone oral concentrate 20 mg/ml		Tier 1	PA; $
oxycodone oral solution 5 mg/5 ml		Tier 1	$
oxycodone oral tablet 10 mg, 20 mg, 5 mg		Tier 1	$
oxycodone oral tablet 15 mg, 30 mg	(Roxicodone)	Tier 1	$
oxycodone oral tablet, oral only 10 mg, 15 mg, 30 mg, 5 mg	(RoxyBond)	Tier 1	
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg	(OxyContin)	Tier 1	$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)

Drug		Status	Notes
oxycodone oral tablet,oral only,ext.rel.12 hr 20 mg, 40 mg	(OxyContin)	Tier 1	$$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg	(OxyContin)	Tier 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	(oxycodone)	Tier 3	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	(oxycodone)	Tier 3	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
oxymorphone oral tablet 10 mg, 5 mg		Tier 1	
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg		Tier 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg		Tier 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
pentazocine-naloxone oral tablet 50-0.5 mg		Tier 1	$
QDOLO ORAL SOLUTION 5 MG/ML	(tramadol)	Tier 3	PA
ROXICODONE ORAL TABLET 15 MG	(oxycodone)	Tier 3	$$
ROXICODONE ORAL TABLET 30 MG	(oxycodone)	Tier 3	$$$
ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG	(oxycodone)	Tier 3	

Drug	Status	Notes
tramadol oral capsule,er biphase 24 hr 17-83 300 mg (ConZip)	Tier 1	$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
tramadol oral capsule,er biphase 24 hr 25-75 100 mg, 200 mg (ConZip)	Tier 1	$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
tramadol oral solution 5 mg/ml (Qdolo)	Tier 1	PA
tramadol oral tablet 100 mg	Tier 1	QL (4 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet 25 mg, 75 mg	Tier 1	
tramadol oral tablet 50 mg	Tier 1	$; QL (8 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet extended release 24 hr 100 mg	Tier 1	$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet extended release 24 hr 200 mg, 300 mg	Tier 1	$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet, er multiphase 24 hr 100 mg	Tier 1	$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg	Tier 1	$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)

Drug	Status	Notes
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG	Tier 2	$$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG	Tier 2	$$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	Tier 2	$$$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 9 MG	Tier 2	$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
Antimigraine Preparations		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 2	PA; QL (1 ML per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	Tier 2	PA; QL (1.5 ML per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	Tier 2	PA; QL (1.5 ML per 30 days)
almotriptan malate oral tablet 12.5 mg, 6.25 mg	Tier 1	$; ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days)
diclofenac potassium oral powder in packet 50 mg	Tier 1	$
dihydroergotamine injection solution 1 mg/ml	Tier 1	$; QL (15 ML per 14 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml) (Migranal)	Tier 1	$; ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (8 ML per 28 days)

Drug		Status	Notes
eletriptan oral tablet 20 mg, 40 mg	(Relpax)	Tier 1	$; ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days)
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)		Tier 3	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML		Tier 2	PA; $$; QL (1 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML		Tier 2	PA; $$; QL (1 ML per 30 days)
ERGOMAR SUBLINGUAL TABLET 2 MG		Tier 3	QL (10 EA per 7 days)
ergotamine-caffeine oral tablet 1-100 mg		Tier 1	$; QL (10 EA per 7 days)
FROVA ORAL TABLET 2.5 MG	(frovatriptan)	Tier 3	ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days)
frovatriptan oral tablet 2.5 mg	(Frova)	Tier 1	$; ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days)
IMITREX ORAL TABLET 100 MG	(sumatriptan succinate)	Tier 3	$$; QL (18 EA per 30 days)
IMITREX ORAL TABLET 25 MG	(sumatriptan succinate)	Tier 3	QL (18 EA per 30 days)
IMITREX ORAL TABLET 50 MG	(sumatriptan succinate)	Tier 3	$$$; QL (18 EA per 30 days)
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML	(sumatriptan succinate)	Tier 3	$$$; QL (18 ML per 30 days)
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 6 MG/0.5 ML	(sumatriptan succinate)	Tier 3	$$; QL (18 ML per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML	(sumatriptan succinate)	Tier 3	QL (18 ML per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 6 MG/0.5 ML	(sumatriptan succinate)	Tier 3	$$$; QL (18 ML per 30 days)
MAXALT ORAL TABLET 10 MG	(rizatriptan)	Tier 3	QL (27 EA per 30 days)
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	(rizatriptan)	Tier 3	QL (27 EA per 30 days)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG		Tier 3	PA

Drug		Status	Notes
MIGRANAL NASAL SPRAY,NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML)	(dihydroergotamine)	Tier 3	ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (8 ML per 28 days)
MIGRANOW KIT,GEL AND TABLET 50 MG- 10 %-4 %		Tier 3	
naratriptan oral tablet 1 mg, 2.5 mg		Tier 1	$; QL (18 EA per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG		Tier 2	PA; QL (18 EA per 30 days)
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG		Tier 3	$$; ST: Must meet the following requirement: generic Sumatriptan nasal spray in 180 days; QL (32 EA per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG		Tier 2	PA; QL (1 EA per 1 day)
RELPAX ORAL TABLET 20 MG	(eletriptan)	Tier 3	$$; ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days)
RELPAX ORAL TABLET 40 MG	(eletriptan)	Tier 3	ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days)
REYVOW ORAL TABLET 100 MG, 50 MG		Tier 2	PA; $$; QL (8 EA per 30 days)
rizatriptan oral tablet 10 mg	(Maxalt)	Tier 1	$; QL (27 EA per 30 days)
rizatriptan oral tablet 5 mg		Tier 1	$; QL (27 EA per 30 days)
rizatriptan oral tablet,disintegrating 10 mg	(Maxalt-MLT)	Tier 1	$; QL (27 EA per 30 days)
rizatriptan oral tablet,disintegrating 5 mg		Tier 1	$; QL (27 EA per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation		Tier 1	$; QL (18 EA per 30 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation		Tier 1	$; QL (36 EA per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	(Imitrex)	Tier 1	$; QL (18 EA per 30 days)
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml	(Imitrex STATdose Refill)	Tier 1	QL (18 ML per 30 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml	(Imitrex STATdose Pen)	Tier 1	QL (18 ML per 30 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	(Imitrex STATdose Pen)	Tier 1	$; QL (18 ML per 30 days)

Drug	Status	Notes
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	Tier 1	$; QL (18 ML per 30 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml	Tier 1	QL (18 ML per 30 days)
sumatriptan-naproxen oral tablet 85-500 mg (Treximet)	Tier 1	$; ST: Must meet any of the following requirements: Almotriptan Malate, Eletriptan Hydrobromide, Frovatriptan Succinate, Naratriptan HCL, Onzetra Xsail, Rizatriptan Benzoate, Sumatriptan Succ/naproxen Sodium, Sumatriptan Succinate, Sumatriptan, Tosymra, Zembrace Symtouch, or Zolmitriptan in 180 days; QL (18 EA per 30 days)
SYMBRAVO ORAL TABLET 10-20 MG	Tier 3	
TOSYMRA NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION	Tier 3	$$; ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (24 EA per 30 days)
TRUDHESA NASAL SPRAY,NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	Tier 3	ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (12 ML per 28 days); Age (Min 18 Years)
UBRELVY ORAL TABLET 100 MG, 50 MG	Tier 2	PA; $$; QL (16 EA per 30 days)
ZAVZPRET NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION	Tier 3	PA; QL (8 EA per 30 days)
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	Tier 3	$$$; ST: Must meet the following requirement: generic Sumatriptan injection in 120 days; QL (18 ML per 30 days)
zolmitriptan nasal spray,non-aerosol 2.5 mg (Zomig)	Tier 1	ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days)
zolmitriptan nasal spray,non-aerosol 5 mg (Zomig)	Tier 1	$; ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days)

Drug		Status	Notes
zolmitriptan oral tablet 2.5 mg, 5 mg	(Zomig)	Tier 1	$; ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg		Tier 1	$; ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG, 5 MG	(zolmitriptan)	Tier 3	ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG	(zolmitriptan)	Tier 1	ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days)
Calcitonin Gene-Related Peptide (Cgrp) Inhibitors			
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)		Tier 2	PA; $$$; QL (3 ML per 30 days)
Narc.& Non-Sal.Analgesic,Barbiturate &Xanthine Cmb			
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg	(Fioricet with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg		Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG	(butalbital-acetaminop-caf-cod)	Tier 3	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic & Salicylate Analgesics, Barb.& Xanthine			
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	(codeine-butalbital-asa-caff)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	(Ascomp with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic Analgesic & Non-Salicylate Analgesic Comb			
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml		Tier 1	$; QL (150 ML per 1 day); Age (Min 12 Years)
acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml		Tier 1	$; Age (Min 12 Years)

Drug		Status	Notes
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg		Tier 1	$; QL (12 EA per 1 day); Age (Min 12 Years)
acetaminophen-codeine oral tablet 300-60 mg		Tier 1	$; QL (6 EA per 1 day); Age (Min 12 Years)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	(benzhydrocodone-acetaminophen)	Tier 3	ST: Must meet the following requirement: generic Norco (Hydrocodone/APAP) tablets in 120 days; QL (12 EA per 1 day)
benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg	(Apadaz)	Tier 1	ST: Must meet the following requirement: generic Norco (Hydrocodone/APAP) tablets in 120 days; QL (12 EA per 1 day)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	(oxycodone-acetaminophen)	Tier 1	QL (12 EA per 1 day)
hydrocodone-acetaminophen oral solution 10-300 mg/15 ml		Tier 1	QL (200 ML per 1 day)
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml		Tier 1	QL (184 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg		Tier 1	$; QL (13 EA per 1 day)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg		Tier 1	$; QL (12 EA per 1 day)
hydrocodone-acetaminophen oral tablet 2.5-325 mg		Tier 1	QL (12 EA per 1 day)
NALOCET ORAL TABLET 2.5-300 MG	(oxycodone-acetaminophen)	Tier 1	ST: Must meet the following requirements: generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets in 365 days; QL (12 EA per 1 day)
oxycodone-acetaminophen oral solution 10-300 mg/5 ml	(Prolate)	Tier 1	QL (66 ML per 1 day)
oxycodone-acetaminophen oral solution 5-325 mg/5 ml		Tier 1	QL (61 ML per 1 day)
oxycodone-acetaminophen oral tablet 10-300 mg	(Primlev)	Tier 1	ST: Must meet the following requirements: generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets in 365 days; QL (13 EA per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	(Endocet)	Tier 1	$; QL (12 EA per 1 day)

Drug		Status	Notes
oxycodone-acetaminophen oral tablet 2.5-300 mg	(Nalocet)	Tier 1	ST: Must meet the following requirements: generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets in 365 days; QL (12 EA per 1 day)
oxycodone-acetaminophen oral tablet 5-300 mg, 7.5-300 mg	(Prolate)	Tier 1	ST: Must meet the following requirements: generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets in 365 days; QL (13 EA per 1 day)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	(oxycodone-acetaminophen)	Tier 1	QL (12 EA per 1 day)
PRIMLEV ORAL TABLET 10-300 MG	(oxycodone-acetaminophen)	Tier 1	ST: Must meet the following requirements: generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets in 365 days; QL (13 EA per 1 day)
PRIMLEV ORAL TABLET 5-300 MG, 7.5-300 MG	(oxycodone-acetaminophen)	Tier 3	ST: Must meet the following requirements: generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets in 365 days; QL (13 EA per 1 day)
PROLATE ORAL SOLUTION 10-300 MG/5 ML	(oxycodone-acetaminophen)	Tier 3	QL (66 ML per 1 day)
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	(oxycodone-acetaminophen)	Tier 1	ST: Must meet the following requirements: generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets in 365 days; QL (13 EA per 1 day)
tramadol-acetaminophen oral tablet 37.5-325 mg		Tier 1	$; QL (10 EA per 1 day); Age (Min 12 Years)
Narcotic Analgesic,Non-Salicylate,Xanthine Comb			
acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg	(Trezix)	Tier 1	ST: Must meet the following requirement: Acetaminophen/Codeine tablets in 120 days; QL (10 EA per 1 day); Age (Min 12 Years)
Narcotic Withdrawal Therapy Agents			
buprenorphine hcl sublingual tablet 2 mg, 8 mg		Tier 1	$

Drug		Status	Notes
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	(Suboxone)	Tier 1	$
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg		Tier 1	$
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG	(buprenorphine-naloxone)	Tier 3	$
SUBOXONE SUBLINGUAL FILM 8-2 MG	(buprenorphine-naloxone)	Tier 2	$
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG		Tier 2	
Nsaid Analgesic & Non-Salicylate Analgesic Combos			
COMBOGESIC ORAL TABLET 97.5-325 MG		Tier 3	
Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist			
lofexidine oral tablet 0.18 mg	(Lucemyra)	Tier 1	PA
LUCEMYRA ORAL TABLET 0.18 MG	(lofexidine)	Tier 3	PA
Skeletal Muscle Relaxant,Salicylate,Narc Analgesic			
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg		Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
Parkinsons Disease			
Antiparkinsonism Drugs,Anticholinergic			
benztropine oral tablet 0.5 mg, 1 mg, 2 mg		Tier 1	$
trihexyphenidyl oral elixir 0.4 mg/ml		Tier 1	$
trihexyphenidyl oral tablet 2 mg, 5 mg		Tier 1	
Antiparkinsonism Drugs,Other			
amantadine hcl oral capsule 100 mg		Tier 1	$
amantadine hcl oral solution 50 mg/5 ml		Tier 1	$
amantadine hcl oral tablet 100 mg		Tier 1	$
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	(apomorphine)	Tier 4	PA; $$$$$
apomorphine subcutaneous cartridge 10 mg/ml	(APOKYN)	Tier 4	PA
AZILECT ORAL TABLET 0.5 MG, 1 MG	(rasagiline)	Tier 3	QL (1 EA per 1 day)
bromocriptine oral capsule 5 mg		Tier 1	$
bromocriptine oral tablet 2.5 mg		Tier 1	
carbidopa-levodopa oral tablet 10-100 mg	(Sinemet)	Tier 1	$
carbidopa-levodopa oral tablet 25-100 mg	(Dhivy)	Tier 1	$

Drug	Status	Notes
carbidopa-levodopa oral tablet 25-250 mg	Tier 1	$
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	Tier 1	$
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	Tier 1	$
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	Tier 1	$
CREXONT ORAL CAPSULE,IR - EXTEND REL,BIPHASE 35-140 MG	Tier 3	ST: Must meet the following requirement: generic Carbidopa/Levodopa ER in 120 days; QL (4 EA per 1 day)
CREXONT ORAL CAPSULE,IR - EXTEND REL,BIPHASE 52.5-210 MG	Tier 3	ST: Must meet the following requirement: generic Carbidopa/Levodopa ER in 120 days; QL (10 EA per 1 day)
CREXONT ORAL CAPSULE,IR - EXTEND REL,BIPHASE 70-280 MG	Tier 3	ST: Must meet the following requirement: generic Carbidopa/Levodopa ER in 120 days; QL (7 EA per 1 day)
CREXONT ORAL CAPSULE,IR - EXTEND REL,BIPHASE 87.5-350 MG	Tier 3	ST: Must meet the following requirement: generic Carbidopa/Levodopa ER in 120 days; QL (6 EA per 1 day)
DHIVY ORAL TABLET 25-100 MG (carbidopa-levodopa)	Tier 3	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	Tier 4	PA
entacapone oral tablet 200 mg	Tier 1	$
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG, 68.5 MG	Tier 4	PA
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	Tier 4	PA; $$$$

Drug		Status	Notes
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 1.5 MG, 2.25 MG, 3 MG, 3.75 MG	(pramipexole)	Tier 3	ST: Must meet any of the following requirements: Immediate-release Pramipexole or immediate-release Ropinirole in 120 days; QL (1 EA per 1 day)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 4 MG/24 HOUR		Tier 2	$$; ST: Must meet any of the following requirements: Pramipexole IR or Ropinirole IR in 120 days; QL (1 EA per 1 day)
NEUPRO TRANSDERMAL PATCH 24 HOUR 3 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR		Tier 2	$$$; ST: Must meet any of the following requirements: Pramipexole IR or Ropinirole IR in 120 days; QL (1 EA per 1 day)
NOURIANZ ORAL TABLET 20 MG		Tier 4	PA; $$$$
NOURIANZ ORAL TABLET 40 MG		Tier 4	PA; $$$
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML		Tier 4	PA; $$$$$
ONGENTYS ORAL CAPSULE 25 MG, 50 MG		Tier 3	PA
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG, 322 MG/DAY(129 MG X1-193MG X1)		Tier 3	PA
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg		Tier 1	$
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 4.5 mg		Tier 1	$; ST: Must meet any of the following requirements: Immediate-release Pramipexole or immediate-release Ropinirole in 120 days; QL (1 EA per 1 day)
pramipexole oral tablet extended release 24 hr 1.5 mg, 2.25 mg, 3 mg, 3.75 mg	(Mirapex ER)	Tier 1	$; ST: Must meet any of the following requirements: Immediate-release Pramipexole or immediate-release Ropinirole in 120 days; QL (1 EA per 1 day)
rasagiline oral tablet 0.5 mg, 1 mg	(Azilect)	Tier 1	$; QL (1 EA per 1 day)
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg		Tier 1	$

Drug		Status	Notes
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg		Tier 1	$; ST: Must meet any of the following requirements: Immediate-release Pramipexole or immediate-release Ropinirole in 120 days; QL (1 EA per 1 day)
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG		Tier 3	ST: Must meet the following requirement: generic Carbidopa/Levodopa ER in 120 days; QL (10 EA per 1 day)
selegiline hcl oral capsule 5 mg		Tier 1	$
selegiline hcl oral tablet 5 mg		Tier 1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	(carbidopa-levodopa)	Tier 3	
TASMAR ORAL TABLET 100 MG	(tolcapone)	Tier 3	ST: Must meet the following requirement: Entacapone in 120 days; QL (3 EA per 1 day)
tolcapone oral tablet 100 mg	(Tasmar)	Tier 1	$$$$$; ST: Must meet the following requirement: Entacapone in 120 days; QL (3 EA per 1 day)
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML		Tier 4	PA
XADAGO ORAL TABLET 100 MG, 50 MG		Tier 3	$$$; ST: Must meet the following requirements: Carbidopa/Levodopa (Sinemet IR, Sinemet CR, Duopa, Parcopa, or Rytary) in 120 days; QL (1 EA per 1 day)
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG		Tier 3	$$$$; ST: Must meet the following requirement: generic Selegiline capsules or tablets in 120 days; QL (2 EA per 1 day)
Decarboxylase Inhibitors			
carbidopa oral tablet 25 mg	(Lodosyn)	Tier 1	$
LODOSYN ORAL TABLET 25 MG	(carbidopa)	Tier 3	
Seizure Disorder			
Anticonvulsant - Benzodiazepine Type			
clobazam oral suspension 2.5 mg/ml	(Onfi)	Tier 1	$; QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	(Onfi)	Tier 1	$; QL (2 EA per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	(Klonopin)	Tier 1	$

Drug		Status	Notes
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg		Tier 1	$
diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg		Tier 1	$
diazepam rectal kit 2.5 mg		Tier 1	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG	(clonazepam)	Tier 3	$
KLONOPIN ORAL TABLET 2 MG	(clonazepam)	Tier 3	
LIBERVANT BUCCAL FILM 10 MG, 15 MG, 7.5 MG		Tier 3	QL (10 EA per 30 days)
LIBERVANT BUCCAL FILM 12.5 MG		Tier 3	$$; QL (10 EA per 30 days)
LIBERVANT BUCCAL FILM 5 MG		Tier 3	$$$; QL (10 EA per 30 days)
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)		Tier 3	$$; QL (10 EA per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML	(clobazam)	Tier 3	QL (480 ML per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	(clobazam)	Tier 3	QL (2 EA per 1 day)
SYMPAZAN ORAL FILM 10 MG		Tier 3	PA; $$$
SYMPAZAN ORAL FILM 20 MG		Tier 3	PA; $$$$
SYMPAZAN ORAL FILM 5 MG		Tier 3	PA; $$
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)		Tier 3	QL (10 EA per 30 days)
Anticonvulsant - Cannabinoid Type			
EPIDIOLEX ORAL SOLUTION 100 MG/ML		Tier 4	ST: Must meet the following generic anticonsulvants requirement: Clobazam, Lamotrigine, Levetiracetam, Topiramate, Valproic Acid, Vigabatrin, Carbamazepine, or Oxcarbazepine in 365 days
Anticonvulsants			
APTIOM ORAL TABLET 200 MG, 400 MG	(eslicarbazepine)	Tier 3	QL (1 EA per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG	(eslicarbazepine)	Tier 3	QL (2 EA per 1 day)
BANZEL ORAL SUSPENSION 40 MG/ML	(rufinamide)	Tier 3	ST: Must meet any of the following requirements: Valproic Acid, Divalproex, or Clobazam in 120 days; QL (80 ML per 1 day)

Drug		Status	Notes
BANZEL ORAL TABLET 200 MG	(rufinamide)	Tier 3	ST: Must meet any of the following requirements: Valproic Acid, Divalproex, or Clobazam in 120 days; QL (16 EA per 1 day)
BANZEL ORAL TABLET 400 MG	(rufinamide)	Tier 3	ST: Must meet any of the following requirements: Valproic Acid, Divalproex, or Clobazam in 120 days; QL (8 EA per 1 day)
BRIVIACT ORAL SOLUTION 10 MG/ML		Tier 2	$$$; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG		Tier 2	$$$; QL (2 EA per 1 day)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	(Carbatrol)	Tier 1	$
carbamazepine oral suspension 100 mg/5 ml	(Tegretol)	Tier 1	
carbamazepine oral tablet 200 mg	(Tegretol)	Tier 1	$
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	(Tegretol XR)	Tier 1	$
carbamazepine oral tablet,chewable 100 mg		Tier 1	$
carbamazepine oral tablet,chewable 200 mg		Tier 1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	(carbamazepine)	Tier 3	
CELONTIN ORAL CAPSULE 300 MG	(methsuximide)	Tier 3	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	(divalproex)	Tier 3	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	(divalproex)	Tier 3	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	(divalproex)	Tier 3	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG		Tier 4	PA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG		Tier 4	PA
DILANTIN EXTENDED ORAL CAPSULE 100 MG	(phenytoin sodium extended)	Tier 3	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	(phenytoin)	Tier 3	

Drug		Status	Notes
DILANTIN ORAL CAPSULE 30 MG		Tier 3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	(phenytoin)	Tier 3	
divalproex oral capsule, delayed rel sprinkle 125 mg	(Depakote Sprinkles)	Tier 1	$
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	(Depakote ER)	Tier 1	$
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	(Depakote)	Tier 1	$
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG		Tier 3	ST: Must meet the following requirement: generic Levetiracetam ER in 120 days; QL (3 EA per 1 day); Age (Min 12 Years)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,500 MG		Tier 3	ST: Must meet the following requirement: generic Levetiracetam ER in 120 days; QL (2 EA per 1 day); Age (Min 12 Years)
EPITOL ORAL TABLET 200 MG	(carbamazepine)	Tier 1	
EPRONTIA ORAL SOLUTION 25 MG/ML	(topiramate)	Tier 3	PA
eslicarbazepine oral tablet 200 mg, 400 mg	(Aptiom)	Tier 1	$; QL (1 EA per 1 day)
eslicarbazepine oral tablet 600 mg, 800 mg	(Aptiom)	Tier 1	$$; QL (2 EA per 1 day)
ethosuximide oral capsule 250 mg	(Zarontin)	Tier 1	$
ethosuximide oral solution 250 mg/5 ml	(Zarontin)	Tier 1	$
felbamate oral suspension 600 mg/5 ml		Tier 1	$
felbamate oral tablet 400 mg, 600 mg	(Felbatol)	Tier 1	$
FELBATOL ORAL TABLET 400 MG	(felbamate)	Tier 3	$$$
FELBATOL ORAL TABLET 600 MG	(felbamate)	Tier 3	$$$$$
FINTEPLA ORAL SOLUTION 2.2 MG/ML		Tier 4	PA; $$$$$
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		Tier 2	QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	(perampanel)	Tier 3	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	(perampanel)	Tier 3	QL (120 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	(perampanel)	Tier 3	QL (60 EA per 30 days)
gabapentin oral capsule 100 mg, 300 mg, 400 mg	(Neurontin)	Tier 1	$
gabapentin oral solution 250 mg/5 ml	(Neurontin)	Tier 1	$
gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)		Tier 1	$

Drug		Status	Notes
gabapentin oral tablet 600 mg, 800 mg	(Neurontin)	Tier 1	$
GABARONE ORAL TABLET 100 MG, 400 MG	(gabapentin)	Tier 1	
KEPPRA ORAL SOLUTION 100 MG/ML	(levetiracetam)	Tier 3	$$$
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 750 MG	(levetiracetam)	Tier 3	$$$
KEPPRA ORAL TABLET 500 MG	(levetiracetam)	Tier 3	$$$$
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	(levetiracetam)	Tier 3	$$$
lacosamide oral solution 10 mg/ml	(Vimpat)	Tier 1	$
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Vimpat)	Tier 1	$
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG, 200 MG, 25 MG	(lamotrigine)	Tier 3	$$$
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 50 MG	(lamotrigine)	Tier 3	$$
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)	(lamotrigine)	Tier 3	
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)	(lamotrigine)	Tier 3	
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	(lamotrigine)	Tier 3	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	(lamotrigine)	Tier 3	$$$
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG	(lamotrigine)	Tier 3	$$$$$
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 5 MG	(lamotrigine)	Tier 3	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	(lamotrigine)	Tier 3	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	(lamotrigine)	Tier 3	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	(lamotrigine)	Tier 3	$$
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG	(lamotrigine)	Tier 3	$$$$$

Drug		Status	Notes
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	(lamotrigine)	Tier 3	$$$$
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)		Tier 3	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)		Tier 3	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)		Tier 3	$$
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Lamictal)	Tier 1	$
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)	(Lamictal ODT Starter (Blue))	Tier 1	$
lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)	(Lamictal ODT Starter (Orange))	Tier 1	$
lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)	(Lamictal ODT Starter (Green))	Tier 1	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	(Lamictal XR)	Tier 1	$
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	(Lamictal)	Tier 1	$
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	(Lamictal ODT)	Tier 1	$
lamotrigine oral tablets,dose pack 25 mg (35)	(Lamictal Starter (Blue) Kit)	Tier 1	
lamotrigine oral tablets,dose pack 25 mg (42) -100 mg (7)	(Lamictal Starter (Orange) Kit)	Tier 1	
lamotrigine oral tablets,dose pack 25 mg (84) -100 mg (14)	(Lamictal Starter (Green) Kit)	Tier 1	
levetiracetam oral solution 100 mg/ml	(Keppra)	Tier 1	$
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	(Keppra)	Tier 1	$
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	(Keppra XR)	Tier 1	$
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	(pregabalin)	Tier 3	
LYRICA ORAL SOLUTION 20 MG/ML	(pregabalin)	Tier 3	
methsuximide oral capsule 300 mg	(Celontin)	Tier 1	

Drug		Status	Notes
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG		Tier 3	PA
MYSOLINE ORAL TABLET 250 MG, 50 MG	(primidone)	Tier 3	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG	(gabapentin)	Tier 3	
NEURONTIN ORAL SOLUTION 250 MG/5 ML	(gabapentin)	Tier 3	
NEURONTIN ORAL TABLET 600 MG, 800 MG	(gabapentin)	Tier 3	
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	(Trileptal)	Tier 1	$
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	Tier 1	$
oxcarbazepine oral tablet extended release 24 hr 150 mg	(Oxtellar XR)	Tier 1	$; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide in 365 days; QL (3 EA per 1 day)
oxcarbazepine oral tablet extended release 24 hr 300 mg	(Oxtellar XR)	Tier 1	$$; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide in 365 days; QL (3 EA per 1 day)
oxcarbazepine oral tablet extended release 24 hr 600 mg	(Oxtellar XR)	Tier 1	$$$; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide in 365 days; QL (4 EA per 1 day)

Drug		Status	Notes
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	(oxcarbazepine)	Tier 3	$; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide in 365 days; QL (3 EA per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	(oxcarbazepine)	Tier 3	$$; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide in 365 days; QL (3 EA per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	(oxcarbazepine)	Tier 3	$$$; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide in 365 days; QL (4 EA per 1 day)
perampanel oral tablet 10 mg, 8 mg	(Fycompa)	Tier 1	$$$; QL (30 EA per 30 days)
perampanel oral tablet 12 mg	(Fycompa)	Tier 1	$$; QL (30 EA per 30 days)
perampanel oral tablet 2 mg	(Fycompa)	Tier 1	$$; QL (120 EA per 30 days)
perampanel oral tablet 4 mg, 6 mg	(Fycompa)	Tier 1	$$; QL (60 EA per 30 days)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	(phenytoin sodium extended)	Tier 3	$
phenytoin oral suspension 125 mg/5 ml	(Dilantin-125)	Tier 1	
phenytoin oral tablet,chewable 50 mg	(Dilantin Infatabs)	Tier 1	$
phenytoin sodium extended oral capsule 100 mg	(Dilantin Extended)	Tier 1	$
phenytoin sodium extended oral capsule 200 mg, 300 mg	(Phenytek)	Tier 1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	(Lyrica)	Tier 1	$
pregabalin oral solution 20 mg/ml	(Lyrica)	Tier 1	$
primidone oral tablet 125 mg		Tier 1	
primidone oral tablet 250 mg, 50 mg	(Mysoline)	Tier 1	$

Drug		Status	Notes
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG	(topiramate)	Tier 3	$$; ST: Must meet the following requirement: Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (3 EA per 1 day)
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 150 MG, 200 MG	(topiramate)	Tier 3	$$$; ST: Must meet the following requirement: Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (2 EA per 1 day)
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 25 MG	(topiramate)	Tier 3	$; ST: Must meet the following requirement: Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (1 EA per 1 day)
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 50 MG	(topiramate)	Tier 3	$; ST: Must meet the following requirement: Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (7 EA per 1 day)
ROWEEPRA ORAL TABLET 500 MG	(levetiracetam)	Tier 3	
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	(levetiracetam)	Tier 3	
rufinamide oral suspension 40 mg/ml	(Banzel)	Tier 1	$$; ST: Must meet any of the following requirements: Valproic Acid, Divalproex, or Clobazam in 120 days; QL (80 ML per 1 day)
rufinamide oral tablet 200 mg	(Banzel)	Tier 1	$; ST: Must meet any of the following requirements: Valproic Acid, Divalproex, or Clobazam in 120 days; QL (16 EA per 1 day)
rufinamide oral tablet 400 mg	(Banzel)	Tier 1	$$; ST: Must meet any of the following requirements: Valproic Acid, Divalproex, or Clobazam in 120 days; QL (8 EA per 1 day)
SABRIL ORAL POWDER IN PACKET 500 MG	(vigabatrin)	Tier 4	PA
SABRIL ORAL TABLET 500 MG	(vigabatrin)	Tier 4	PA

Drug		Status	Notes
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 500 MG, 750 MG		Tier 3	PA; $$
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG	(levetiracetam)	Tier 3	PA; $$
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	(lamotrigine)	Tier 3	
SUBVENITE STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	(lamotrigine)	Tier 3	
SUBVENITE STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	(lamotrigine)	Tier 3	
SUBVENITE STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	(lamotrigine)	Tier 3	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	(carbamazepine)	Tier 3	
TEGRETOL ORAL TABLET 200 MG	(carbamazepine)	Tier 3	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	(carbamazepine)	Tier 3	
tiagabine oral tablet 12 mg, 2 mg, 4 mg		Tier 1	ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide in 365 days; QL (4 EA per 1 day)
tiagabine oral tablet 16 mg		Tier 1	ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide in 365 days; QL (3 EA per 1 day)
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG	(topiramate)	Tier 3	
TOPAMAX ORAL CAPSULE, SPRINKLE 25 MG	(topiramate)	Tier 3	$$$
TOPAMAX ORAL TABLET 100 MG, 200 MG	(topiramate)	Tier 3	$$$
TOPAMAX ORAL TABLET 25 MG, 50 MG	(topiramate)	Tier 3	$$

Drug		Status	Notes
topiramate oral capsule, sprinkle 15 mg, 25 mg	(Topamax)	Tier 1	$
topiramate oral capsule, sprinkle 50 mg		Tier 1	
topiramate oral capsule,extended release 24hr 100 mg	(Trokendi XR)	Tier 1	$$; QL (3 EA per 1 day)
topiramate oral capsule,extended release 24hr 200 mg	(Trokendi XR)	Tier 1	$$; QL (2 EA per 1 day)
topiramate oral capsule,extended release 24hr 25 mg	(Trokendi XR)	Tier 1	$; QL (8 EA per 1 day)
topiramate oral capsule,extended release 24hr 50 mg	(Trokendi XR)	Tier 1	$; QL (7 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 100 mg		Tier 1	ST: Must meet the following requirement: Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (3 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg		Tier 1	ST: Must meet the following requirement: Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (2 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 25 mg		Tier 1	ST: Must meet the following requirement: Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (1 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 50 mg		Tier 1	ST: Must meet the following requirement: Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (7 EA per 1 day)
topiramate oral solution 25 mg/ml	(Eprontia)	Tier 1	PA
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	Tier 1	$
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)	(oxcarbazepine)	Tier 3	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	(oxcarbazepine)	Tier 3	
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	(topiramate)	Tier 3	$$; QL (3 EA per 1 day)

Drug		Status	Notes
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	(topiramate)	Tier 3	$$$; QL (2 EA per 1 day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 25 MG	(topiramate)	Tier 3	$; QL (8 EA per 1 day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 50 MG	(topiramate)	Tier 3	$$; QL (7 EA per 1 day)
valproic acid (as sodium salt) oral solution 250 mg/5 ml		Tier 1	$
valproic acid oral capsule 250 mg		Tier 1	
vigabatrin oral powder in packet 500 mg	(Sabril)	Tier 4	PA; $$
vigabatrin oral tablet 500 mg	(Sabril)	Tier 4	PA; $$$$$
VIGADRONE ORAL POWDER IN PACKET 500 MG	(vigabatrin)	Tier 4	PA; $$$$$
VIGADRONE ORAL TABLET 500 MG	(vigabatrin)	Tier 4	PA
VIGAFYDE ORAL SOLUTION 100 MG/ML		Tier 4	PA
VIGPODER ORAL POWDER IN PACKET 500 MG	(vigabatrin)	Tier 4	PA
VIMPAT ORAL SOLUTION 10 MG/ML	(lacosamide)	Tier 3	$$$
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	(lacosamide)	Tier 3	$$$
VIMPAT ORAL TABLET 50 MG	(lacosamide)	Tier 3	$$
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1)		Tier 2	QL (1 EA per 1 day)
XCOPRI MAINTENANCE PACK ORAL TABLET 350 MG/DAY (200 MG X1-150MG X1)		Tier 2	QL (2 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG		Tier 2	QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG		Tier 2	QL (2 EA per 1 day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)-25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)		Tier 2	QL (1 EA per 1 day)
ZARONTIN ORAL CAPSULE 250 MG	(ethosuximide)	Tier 3	
ZARONTIN ORAL SOLUTION 250 MG/5 ML	(ethosuximide)	Tier 3	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	(zonisamide)	Tier 3	
ZONISADE ORAL SUSPENSION 100 MG/5 ML		Tier 3	PA

Drug		Status	Notes
zonisamide oral capsule 100 mg, 25 mg	(Zonegran)	Tier 1	$
zonisamide oral capsule 50 mg		Tier 1	$
Neuroactive Steroid Gaba-A Receptor Modulator			
ZTALMY ORAL SUSPENSION 50 MG/ML		Tier 4	PA
Skeletal Muscle Disorder			
Agents To Tx Periodic Paralysis - Carbon Anhyd Inh			
dichlorphenamide oral tablet 50 mg	(Keveyis)	Tier 4	PA; $$$$$
KEVEYIS ORAL TABLET 50 MG	(dichlorphenamide)	Tier 4	PA
ORMALVI ORAL TABLET 50 MG	(dichlorphenamide)	Tier 4	PA
Retinoic Acid Receptor (Rar) Agonists			
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG		Tier 4	PA
Skeletal Muscle Relax.& Top.Irritant Counter-Irritant			
CYCLOPAK KIT 5 MG-2.5 %- 2.5 %		Tier 3	
Skeletal Muscle Relaxants			
baclofen oral solution 10 mg/5 ml (2 mg/ml)	(Ozobax DS)	Tier 1	PA
baclofen oral solution 5 mg/5 ml	(Ozobax)	Tier 1	PA
baclofen oral suspension 25 mg/5 ml (5 mg/ml)	(Fleqsuvy)	Tier 1	PA
baclofen oral tablet 10 mg, 20 mg, 5 mg		Tier 1	$
baclofen oral tablet 15 mg		Tier 1	
carisoprodol oral tablet 250 mg, 350 mg	(Soma)	Tier 1	$
carisoprodol-aspirin oral tablet 200-325 mg		Tier 1	
chlorzoxazone oral tablet 250 mg		Tier 1	$$$; ST: Must meet the following requirement: Chlorzoxazone 500mg in 120 days; QL (4 EA per 1 day)
chlorzoxazone oral tablet 375 mg, 750 mg	(Lorzone)	Tier 1	$; ST: Must meet the following requirement: Chlorzoxazone 500mg in 120 days; QL (4 EA per 1 day)
chlorzoxazone oral tablet 500 mg		Tier 1	$
cyclobenzaprine oral capsule,extended release 24hr 15 mg, 30 mg	(Amrix)	Tier 1	$; QL (1 EA per 1 day)
cyclobenzaprine oral tablet 10 mg, 5 mg		Tier 1	$
cyclobenzaprine oral tablet 7.5 mg	(Fexmid)	Tier 1	$

Drug		Status	Notes
CYCLOTENS REFILL COMBO PACK 10 MG		Tier 3	
CYCLOTENS STARTER COMBO PACK 10 MG		Tier 3	
DANTRIUM ORAL CAPSULE 25 MG	(dantrolene)	Tier 3	
dantrolene oral capsule 100 mg, 50 mg		Tier 1	$
dantrolene oral capsule 25 mg	(Dantrium)	Tier 1	$
FEXMID ORAL TABLET 7.5 MG	(cyclobenzaprine)	Tier 3	
FLEQSUVY ORAL SUSPENSION 25 MG/5 ML (5 MG/ML)	(baclofen)	Tier 3	PA
LYVISPAH ORAL GRANULES IN PACKET 10 MG, 20 MG, 5 MG		Tier 3	PA
metaxalone oral tablet 400 mg, 800 mg		Tier 1	$
metaxalone oral tablet 640 mg		Tier 1	
methocarbamol oral tablet 1,000 mg	(Tanlor)	Tier 1	$$$
methocarbamol oral tablet 500 mg, 750 mg		Tier 1	$
NORGESIC FORTE ORAL TABLET 50-770-60 MG	(orphenadrine-asa-caffeine)	Tier 3	$$$$; QL (4 EA per 1 day)
orphenadrine citrate oral tablet extended release 100 mg		Tier 1	$
orphenadrine-asa-caffeine oral tablet 25-385-30 mg	(Norgesic)	Tier 1	QL (8 EA per 1 day)
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	(orphenadrine-asa-caffeine)	Tier 1	QL (4 EA per 1 day)
OZOBAX ORAL SOLUTION 5 MG/5 ML	(baclofen)	Tier 3	PA
SOMA ORAL TABLET 250 MG	(carisoprodol)	Tier 3	
SOMA ORAL TABLET 350 MG	(carisoprodol)	Tier 3	$
TANLOR ORAL TABLET 1,000 MG	(methocarbamol)	Tier 1	
tizanidine oral capsule 2 mg, 4 mg, 6 mg	(Zanaflex)	Tier 1	$
tizanidine oral tablet 2 mg		Tier 1	$
tizanidine oral tablet 4 mg	(Zanaflex)	Tier 1	$
VANADOM ORAL TABLET 350 MG	(carisoprodol)	Tier 3	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	(tizanidine)	Tier 3	
ZANAFLEX ORAL TABLET 4 MG	(tizanidine)	Tier 3	
Smoking Cessation			
Smoking Deterrent Agents (Ganglionic Stim,Others)			
nicotine (polacrilex) buccal gum 2 mg	(Quit 2)	Tier 5	$; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER

Drug		Status	Notes
nicotine (polacrilex) buccal gum 4 mg	(Quit 4)	Tier 5	$; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal lozenge 2 mg	(Quit 2)	Tier 5	$; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal lozenge 4 mg	(Quit 4)	Tier 5	$; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	(Nicorette)	Tier 5	$; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	(Nicoderm CQ)	Tier 5	$; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr		Tier 5	$; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML		Tier 5	$0 COPAY IF QUANTITY 10 IN 2 DAYS, LIMITED TO 180 DAYS IN 365, TRIAL OF NICOTINE TRANSDERMAL PATCH, AND 18 YEARS OF AGE OR OLDER; QL (10 ML per 2 days)
QUIT 2 BUCCAL GUM 2 MG	(nicotine (polacrilex))	Tier 5	$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 2 BUCCAL LOZENGE 2 MG	(nicotine (polacrilex))	Tier 5	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER

Drug		Status	Notes
QUIT 4 BUCCAL GUM 4 MG	(nicotine (polacrilex))	Tier 5	$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL LOZENGE 4 MG	(nicotine (polacrilex))	Tier 5	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG	(nicotine (polacrilex))	Tier 5	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
Smoking Deterrent-Nicotinic Recept.Partial Agonist			
varenicline tartrate oral tablet 0.5 mg, 1 mg	(Chantix)	Tier 5	$; $0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	(Chantix Starting Month Box)	Tier 5	$; $0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
Smoking Deterrents, Other			
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg		Tier 5	$; $0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
Upper Gastrointestinal Disorders - Digestive			
Gastric Enzymes			
SUCRAID ORAL SOLUTION 8,500 UNIT/ML		Tier 4	PA
Pancreatic Enzymes			
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 6,000-19,000 -30,000 UNIT		Tier 2	$$
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 24,000-76,000 - 120,000 UNIT		Tier 2	$$$

Drug		Status	Notes
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 3,000-9,500- 15,000 UNIT		Tier 2	$
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 36,000-114,000-180,000 UNIT		Tier 2	$$$$
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200-24,600 UNIT		Tier 3	
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500-60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT		Tier 3	ST: Must meet any of the following requirements: Zenpep or Creon in 120 days
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300-78,300 UNIT		Tier 3	ST: Must meet any of the following requirements: Zenpep or Creon in 120 days
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT		Tier 2	
Upper Gastrointestinal Disorders - Spastic Disease			
Anticholinergics/Antispasmodics			
dicyclomine oral capsule 10 mg		Tier 1	$
dicyclomine oral solution 10 mg/5 ml		Tier 1	
dicyclomine oral tablet 20 mg		Tier 1	$
dicyclomine oral tablet 40 mg		Tier 1	QL (4 EA per 1 day)
Belladonna Alkaloids			
ANASPAZ ORAL TABLET,DISINTEGRATING 0.125 MG	(hyoscyamine sulfate)	Tier 3	
DONNATAL ORAL ELIXIR 16.2 MG-0.1037 MG/5 ML (5 ML)	(phenobarb-hyoscy-atropine-scop)	Tier 3	ST: Must meet the following requirements: Dicyclomine and Hyoscyamine in 365 days; QL (1200 ML per 30 days)

Drug		Status	Notes
DONNATAL ORAL TABLET 16.2-0.1037 -0.0194 MG	(phenobarb-hyoscy-atropine-scop)	Tier 3	ST: Must meet the following requirements: Dicyclomine and Hyoscyamine in 365 days; QL (8 EA per 1 day)
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG	(hyoscyamine sulfate)	Tier 1	
hyoscyamine sulfate oral drops 0.125 mg/ml	(Hyosyne)	Tier 1	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	(Hyosyne)	Tier 1	
hyoscyamine sulfate oral tablet 0.125 mg	(Oscimin)	Tier 1	$
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	(Levbid)	Tier 1	$
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	(Ed-Spaz)	Tier 1	$
hyoscyamine sulfate sublingual tablet 0.125 mg	(Oscimin SL)	Tier 1	$
HYOSYNE ORAL DROPS 0.125 MG/ML	(hyoscyamine sulfate)	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML	(hyoscyamine sulfate)	Tier 1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	(hyoscyamine sulfate)	Tier 3	
LEVSIN ORAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 3	
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 3	
methscopolamine oral tablet 2.5 mg, 5 mg		Tier 1	
NULEV ORAL TABLET,DISINTEGRATING 0.125 MG	(hyoscyamine sulfate)	Tier 3	
OSCIMIN ORAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 1	
phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml	(Phenohytro)	Tier 1	$; ST: Must meet the following requirements: Dicyclomine and Hyoscyamine in 365 days; QL (1200 ML per 30 days)
phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg	(Donnatal)	Tier 1	$; ST: Must meet the following requirements: Dicyclomine and Hyoscyamine in 365 days; QL (8 EA per 1 day)

Drug		Status	Notes
PHENOHYTRO ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	(phenobarb-hyoscy-atropine-scop)	Tier 3	ST: Must meet the following requirements: Dicyclomine and Hyoscyamine in 365 days; QL (1200 ML per 30 days)
PHENOHYTRO ORAL TABLET 16.2-0.1037 -0.0194 MG	(phenobarb-hyoscy-atropine-scop)	Tier 3	ST: Must meet the following requirements: Dicyclomine and Hyoscyamine in 365 days; QL (8 EA per 1 day)
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	(hyoscyamine sulfate)	Tier 3	
SYMAX FASTABS ORAL TABLET,DISINTEGRATING 0.125 MG	(hyoscyamine sulfate)	Tier 3	
SYMAX-SL SUBLINGUAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 3	
SYMAX-SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	(hyoscyamine sulfate)	Tier 3	
Upper Gastrointestinal Disorders - Ulcer Disease			
Anticholinergics,Quaternary Ammonium			
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	(Librax (with clidinium))	Tier 1	$
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	(glycopyrrolate)	Tier 3	$
DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG		Tier 3	ST: Must meet the following requirement: Glycopyrrolate 2mg in 120 days; QL (4 EA per 1 day); Age (Min 18 Years)
glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)	(Glyrx-PF)	Tier 1	
glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)	(Cuvposa)	Tier 1	$
glycopyrrolate oral tablet 1 mg	(Robinul)	Tier 1	$
glycopyrrolate oral tablet 1.5 mg	(Glycate)	Tier 1	ST: Must meet the following requirement: Glycopyrrolate 2mg in 120 days; QL (3 EA per 1 day)
glycopyrrolate oral tablet 2 mg	(Robinul Forte)	Tier 1	$
GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML)	(glycopyrrolate (pf))	Tier 3	
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG	(chlordiazepoxide-clidinium)	Tier 3	$$$$$
ROBINUL FORTE ORAL TABLET 2 MG	(glycopyrrolate)	Tier 3	

Drug		Status	Notes
ROBINUL ORAL TABLET 1 MG	(glycopyrrolate)	Tier 3	
Anti-Ulcer Preparations			
CARAFATE ORAL SUSPENSION 100 MG/ML	(sucralfate)	Tier 3	
CARAFATE ORAL TABLET 1 GRAM	(sucralfate)	Tier 3	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	(misoprostol)	Tier 3	
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	Tier 1	$
sucralfate oral suspension 100 mg/ml	(Carafate)	Tier 1	$
sucralfate oral tablet 1 gram	(Carafate)	Tier 1	$
Anti-Ulcer-H.Pylori Agents			
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg		Tier 1	QL (112 EA per 10 days)
bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg	(Pylera)	Tier 1	$
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)		Tier 3	
PYLERA ORAL CAPSULE 140-125-125 MG	(bismuth subcit k-metronidz-tcn)	Tier 3	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG		Tier 3	QL (168 EA per 14 days); Age (Min 18 Years)
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)		Tier 3	PA; QL (112 EA per 14 days)
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG		Tier 3	PA; QL (112 EA per 14 days)
Histamine H2-Receptor Inhibitors			
cimetidine hcl oral solution 300 mg/5 ml		Tier 1	$
cimetidine oral tablet 200 mg	(Acid Reducer (cimetidine))	Tier 1	$
cimetidine oral tablet 300 mg, 400 mg, 800 mg		Tier 1	$
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)		Tier 1	$
famotidine oral tablet 20 mg, 40 mg	(Pepcid)	Tier 1	$
nizatidine oral capsule 150 mg		Tier 1	$
nizatidine oral capsule 300 mg		Tier 1	
PEPCID ORAL TABLET 20 MG	(famotidine)	Tier 3	$$
PEPCID ORAL TABLET 40 MG	(famotidine)	Tier 3	$
Intestinal Motility Stimulants			
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY		Tier 4	PA
metoclopramide hcl oral solution 5 mg/5 ml		Tier 1	

Drug		Status	Notes
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	Tier 1	$
MOTEGRITY ORAL TABLET 1 MG, 2 MG	(prucalopride)	Tier 3	QL (1 EA per 1 day)
prucalopride oral tablet 1 mg, 2 mg	(Motegrity)	Tier 1	$$; QL (1 EA per 1 day)
REGLAN ORAL TABLET 10 MG, 5 MG	(metoclopramide hcl)	Tier 3	
Potassium-Competitive Acid Blockers (Pcabs)			
VOQUEZNA ORAL TABLET 10 MG, 20 MG		Tier 3	PA; QL (1 EA per 1 day)
Proton-Pump Inhibitors			
ACIPHEX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	(rabeprazole)	Tier 3	QL (1 EA per 1 day)
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG	(rabeprazole)	Tier 3	ST: Must meet 2 of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole in 365 days; QL (1 EA per 1 day)
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 5 MG		Tier 3	ST: Must meet 2 of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole in 365 days; QL (1 EA per 1 day)
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG	(dexlansoprazole)	Tier 3	ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole in 120 days; QL (1 EA per 1 day)
dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg	(Dexilant)	Tier 1	$; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole in 120 days; QL (1 EA per 1 day)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	(Nexium)	Tier 1	$; QL (1 EA per 1 day)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	(Nexium)	Tier 1	$; QL (2 EA per 1 day)
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg	(Nexium Packet)	Tier 1	$; QL (1 EA per 1 day)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	(Nexium Packet)	Tier 1	$; QL (2 EA per 1 day)
KONVOMEP ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML		Tier 3	PA
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	(Acid Reducer (lansoprazole))	Tier 1	$

Drug		Status	Notes
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	(Prevacid)	Tier 1	$
lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg	(Prevacid SoluTab)	Tier 1	$; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole in 120 days
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	(esomeprazole magnesium)	Tier 3	$; QL (1 EA per 1 day)
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG	(esomeprazole magnesium)	Tier 3	$; QL (2 EA per 1 day)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	(esomeprazole magnesium)	Tier 3	$; QL (1 EA per 1 day)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	(esomeprazole magnesium)	Tier 3	$; QL (2 EA per 1 day)
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg		Tier 1	$
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram	(Zegerid OTC)	Tier 1	$; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole in 120 days; QL (1 EA per 1 day)
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram		Tier 1	$; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole in 120 days; QL (1 EA per 1 day)
omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg		Tier 1	PA; $$
pantoprazole oral granules dr for susp in packet 40 mg	(Protonix)	Tier 1	$; ST: Must meet any of the following requirements: Omeprazole, Pantoprazole capsules/tablets, or Prilosec suspesion in 120 days
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	(Protonix)	Tier 1	$
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	(lansoprazole)	Tier 3	
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG, 30 MG	(lansoprazole)	Tier 3	ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole in 120 days

Drug		Status	Notes
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG, 2.5 MG		Tier 3	ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole in 120 days
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	(pantoprazole)	Tier 3	ST: Must meet any of the following requirements: Omeprazole, Pantoprazole capsules/tablets, or Prilosec suspesion in 120 days
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG, 40 MG	(pantoprazole)	Tier 3	
rabeprazole oral capsule, delayed rel sprinkle 10 mg	(AcipHex Sprinkle)	Tier 1	ST: Must meet 2 of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole in 365 days; QL (1 EA per 1 day)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	(AcipHex)	Tier 1	$; QL (1 EA per 1 day)
Urinary Tract - Functional Disorders			
Benign Prostatic Hypertrophy/Micturition Agents			
alfuzosin oral tablet extended release 24 hr 10 mg	(Uroxatral)	Tier 1	$
AVODART ORAL CAPSULE 0.5 MG	(dutasteride)	Tier 3	
dutasteride oral capsule 0.5 mg	(Avodart)	Tier 1	$
finasteride oral tablet 5 mg	(Proscar)	Tier 1	$
FLOMAX ORAL CAPSULE 0.4 MG	(tamsulosin)	Tier 3	$
PROSCAR ORAL TABLET 5 MG	(finasteride)	Tier 3	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	(silodosin)	Tier 3	$
silodosin oral capsule 4 mg, 8 mg	(Rapaflo)	Tier 1	$
tamsulosin oral capsule 0.4 mg	(Flomax)	Tier 1	$
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG	(alfuzosin)	Tier 3	
Bph Agent-5-Alpha-Reductase Inh And Pde5 Inh Comb			
ENTADFI ORAL CAPSULE 5-5 MG	(finasteride-tadalafil)	Tier 3	PA
Bph Agents,5-Alpha-Red Inh & Alpha-1-Adr Antg Cmb			
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	(Jalyn)	Tier 1	$; ST: Must meet any of the following requirements: Alfuzosin, Doxazosin, Finasteride 5mg, Prazosin, Silodosin, Tamsulosin, or Terazosin in 120 days

Drug		Status	Notes
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG	(dutasteride-tamsulosin)	Tier 3	ST: Must meet any of the following requirements: Alfuzosin, Doxazosin, Finasteride 5mg, Prazosin, Silodosin, Tamsulosin, or Terazosin in 120 days
Cystine-Depleting Agents, Nephropathic Cystinosis			
CYSTAGON ORAL CAPSULE 150 MG, 50 MG		Tier 4	$
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG		Tier 4	PA
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG		Tier 4	PA
Endothelin-Angiotensin Receptor Antagonist			
FILSPARI ORAL TABLET 200 MG, 400 MG		Tier 4	PA
Kidney Stone Agents			
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG	(tiopronin)	Tier 4	$$$$
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 300 MG	(tiopronin)	Tier 4	$$$$$
THIOLA ORAL TABLET 100 MG	(tiopronin)	Tier 4	$$$$$
tiopronin oral tablet 100 mg	(Thiola)	Tier 4	
tiopronin oral tablet,delayed release (dr/ec) 100 mg	(Thiola EC)	Tier 4	
tiopronin oral tablet,delayed release (dr/ec) 300 mg	(Thiola EC)	Tier 4	$$$$$
VENXXIVA ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG	(tiopronin)	Tier 4	
Overactive Bladder Agents, Beta-3 Adrenergic Recep			
GEMTESA ORAL TABLET 75 MG		Tier 3	ST: Must meet the following requirements: Myrbetriq and Oxybutynin IR/XR in 365 days; QL (1 EA per 1 day)
mirabegron oral tablet extended release 24 hr 25 mg, 50 mg	(Myrbetriq)	Tier 1	QL (1 EA per 1 day)
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML		Tier 2	$
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	(mirabegron)	Tier 3	$$; QL (1 EA per 1 day)

Drug		Status	Notes
Oxalosis Agent - Oxalate Inhibitor, Sirna Based			
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)		Tier 4	
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML		Tier 4	
Polycystic Kidney Disease Agent, Avp Recep. Antag			
JYNARQUE ORAL TABLET 15 MG, 30 MG	(tolvaptan (polycys kidney dis))	Tier 4	PA
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	(tolvaptan (polycys kidney dis))	Tier 4	PA
tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)	(Jynarque)	Tier 4	PA
Tissue Bulking Implants - Ureteral			
DEFLUX IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (1)		Tier 4	
Urinary Ph Modifiers			
K-PHOS NO 2 ORAL TABLET 305-700 MG		Tier 3	$
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG		Tier 3	$
ORACIT ORAL SOLUTION 490-640 MG/5 ML	(sodium citrate-citric acid)	Tier 3	$
potassium citrate oral tablet extended release 10 meq (1,080 mg)	(Urocit-K 10)	Tier 1	$
potassium citrate oral tablet extended release 15 meq	(Urocit-K 15)	Tier 1	$
potassium citrate oral tablet extended release 5 meq (540 mg)		Tier 1	$
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML		Tier 3	$
sodium citrate-citric acid oral solution 490-640 mg/5 ml	(Oracit)	Tier 1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG)	(potassium citrate)	Tier 3	$
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ	(potassium citrate)	Tier 3	

Drug		Status	Notes
UROQID-ACID NO.2 ORAL TABLET 500-500 MG		Tier 3	
Urinary Tract Analgesic Agents			
ELMIRON ORAL CAPSULE 100 MG		Tier 2	PA; $$$
Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)			
phenazopyridine oral tablet 100 mg, 200 mg	(Pyridium)	Tier 1	$
PYRIDIUM ORAL TABLET 100 MG, 200 MG	(phenazopyridine)	Tier 3	
Urinary Tract Antispasmodic, M(3) Selective Antag.			
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg		Tier 1	$
solifenacin oral tablet 10 mg, 5 mg	(Vesicare)	Tier 1	$
VESICARE LS ORAL SUSPENSION 1 MG/ML		Tier 3	PA; $
VESICARE ORAL TABLET 10 MG	(solifenacin)	Tier 3	$$
VESICARE ORAL TABLET 5 MG	(solifenacin)	Tier 3	$
Urinary Tract Antispasmodic/Antiincontinence Agent			
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	(Toviaz)	Tier 1	$; QL (1 EA per 1 day)
flavoxate oral tablet 100 mg		Tier 1	$
oxybutynin chloride oral syrup 5 mg/5 ml		Tier 1	
oxybutynin chloride oral tablet 2.5 mg		Tier 1	
oxybutynin chloride oral tablet 5 mg		Tier 1	$
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg		Tier 1	$
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR		Tier 3	$$; ST: Must meet the following requirements: Myrbetriq and Oxybutynin IR/XR in 365 days
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg		Tier 1	$
tolterodine oral tablet 1 mg, 2 mg		Tier 1	$
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	(fesoterodine)	Tier 3	QL (1 EA per 1 day)
trospium oral capsule,extended release 24hr 60 mg		Tier 1	
trospium oral tablet 20 mg		Tier 1	$
Vaginal Disorders			
Vaginal Antibiotics			
CLEOCIN VAGINAL CREAM 2 %	(clindamycin phosphate)	Tier 3	

Drug		Status	Notes
CLEOCIN VAGINAL SUPPOSITORY 100 MG		Tier 3	ST: Must meet 2 of the following requirements: oral Metronidazole, Clindamycin, vaginal Clindamycin cream, vaginal Metronidazole gel, or Tinidazole in 365 days; QL (3 EA per 30 days)
clindamycin phosphate vaginal cream 2 %	(Cleocin)	Tier 1	$
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %		Tier 3	$; ST: Must meet the following requirement: Generic Clindamycin vaginal cream in 120 days
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	(Vandazole)	Tier 1	$
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	(metronidazole)	Tier 3	
VANDAZOLE VAGINAL GEL 0.75 % (37.5MG/5 GRAM)	(metronidazole)	Tier 3	$
XACIATO VAGINAL GEL 2 %		Tier 3	
Vaginal Antifungals			
GYNAZOLE-1 VAGINAL CREAM 2 %		Tier 2	$
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG		Tier 1	$
terconazole vaginal cream 0.4 %, 0.8 %		Tier 1	$
terconazole vaginal suppository 80 mg		Tier 1	$
Vaginal Antiseptics			
FEM PH VAGINAL GEL 0.9-0.025 %		Tier 3	
RELAGARD VAGINAL GEL 0.9-0.025 %		Tier 3	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %		Tier 3	
Vaginal Estrogen Preparations			
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	(estradiol)	Tier 3	$
estradiol vaginal cream 0.01 % (0.1 mg/gram)	(Estrace)	Tier 1	$
estradiol vaginal tablet 10 mcg	(Yuvafem)	Tier 1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)		Tier 3	$$; ST: Must meet the following requirements: Premarin cream and one of the following: Estradiol cream or vaginal tablet in 365 days; QL (1 EA per 90 days)

Drug		Status	Notes
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR		Tier 3	ST: Must meet the following requirements: Premarin cream and one of the following: Estradiol cream or vaginal tablet in 365 days; QL (1 EA per 84 days)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM		Tier 2	$
VAGIFEM VAGINAL TABLET 10 MCG	(estradiol)	Tier 3	$
YUVAFEM VAGINAL TABLET 10 MCG	(estradiol)	Tier 1	$
Vitamin And/Or Mineral Deficiency			
Fluoride Preparations			
CLINPRO 5000 DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 3	$
DENTA 5000 PLUS DENTAL CREAM 1.1 %	(fluoride (sodium))	Tier 1	$
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 %	(sodium fluoride-pot nitrate)	Tier 1	$
DENTAGEL DENTAL GEL 1.1 %	(fluoride (sodium))	Tier 1	$
fluoride (sodium) dental cream 1.1 %	(Denta 5000 Plus)	Tier 1	$
fluoride (sodium) dental gel 1.1 %	(DentaGel)	Tier 1	$
fluoride (sodium) dental paste 1.1 %	(Sodium Fluoride 5000 Dry Mouth)	Tier 1	$
fluoride (sodium) dental solution 0.2 %	(PreviDent)	Tier 1	$
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	(SoluVita)	Tier 5	$; $0 COPAY IF 6 MONTHS TO 6 YEARS OF AGE
fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	(Ludent Fluoride)	Tier 5	$0 COPAY IF 6 MONTHS TO 6 YEARS OF AGE
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	(sodium fluoride-pot nitrate)	Tier 3	
FLUORIMAX 5000 DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 %	(sodium fluoride-pot nitrate)	Tier 3	
FRAICHE 5000 DENTAL GEL 1.1 %	(fluoride (sodium))	Tier 3	
FRAICHE 5000 PREVI DENTAL GEL 1.1-3 %		Tier 3	
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %		Tier 3	

Drug		Status	Notes
JUST RIGHT 5000 DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 3	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 3	$
PREVIDENT 5000 DRY MOUTH DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 3	$
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	(sodium fluoride-pot nitrate)	Tier 3	$
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 3	$
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	(fluoride (sodium))	Tier 3	$
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %	(sodium fluoride-pot nitrate)	Tier 3	$
PREVIDENT DENTAL GEL 1.1 %	(fluoride (sodium))	Tier 3	$
PREVIDENT DENTAL SOLUTION 0.2 %	(fluoride (sodium))	Tier 3	$
PREVIDENT KIDS DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 3	$
SF 5000 PLUS DENTAL CREAM 1.1 %	(fluoride (sodium))	Tier 1	
SF DENTAL GEL 1.1 %	(fluoride (sodium))	Tier 1	
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 1	$
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 %	(fluoride (sodium))	Tier 1	
sodium fluoride-pot nitrate dental paste 1.1-5 %	(Denta 5000 Plus Sensitive)	Tier 1	$
Folic Acid Preparations			
folic acid injection solution 5 mg/ml		Tier 1	$
folic acid oral tablet 1 mg		Tier 1	$
folic acid oral tablet 400 mcg	(PureVita Folic Acid)	Tier 5	$
folic acid oral tablet 800 mcg		Tier 5	$
PUREVITA FOLIC ACID ORAL TABLET 400 MCG	(folic acid)	Tier 5	
Iron Replacement			
ACCRUFER ORAL CAPSULE 30 MG		Tier 3	
CITRANATAL BLOOM ORAL TABLET 90-1-12-50 MG-MG-MCG-MG		Tier 3	
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON		Tier 3	
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML		Tier 3	
Multivitamin Preparations			
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG		Tier 3	

Drug		Status	Notes
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG		Tier 3	
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG		Tier 1	
Prenatal Vitamin Preparations			
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK,TABLET AND CAP,DR 27 MG IRON-1 MG -374 MG		Tier 5	
BAL-CARE DHA ORAL COMBO PACK,TABLET AND CAP,DR 27-1-430 MG		Tier 5	
CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG		Tier 5	
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG		Tier 3	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG		Tier 3	$
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG		Tier 3	$
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG		Tier 3	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG		Tier 3	$
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG		Tier 5	$
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG		Tier 5	$
KPN ORAL TABLET 9 MG IRON- 267 MCG		Tier 5	
MINI PRENATAL ORAL TABLET 6.75 MG IRON- 200 MCG		Tier 5	
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG	(pnv,calcium 72-iron-folic acid)	Tier 5	
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG		Tier 5	
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG		Tier 5	
MYNATAL ORAL TABLET 90-1-50 MG		Tier 5	

Drug	Status	Notes
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG	Tier 5	
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG	Tier 5	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG	Tier 5	
NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON- 1 MG	Tier 5	
NEO-VITAL RX ORAL TABLET 27 MG IRON- 1 MG	Tier 5	
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG	Tier 3	
OBSTETRIX DHA ORAL COMBO PACK,TABLET AND CAP,DR 29 MG IRON-1 MG -50 MG	Tier 5	$
OBSTETRIX DHA PRENATAL DUO ORAL COMB PACK,TABLET DR,CAPSULE DR 29 MG IRON- 1,700 MCG DFE	Tier 5	
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC) 29 MG IRON- 1,700 MCG DFE, 29 MG IRON-1 MG -50 MG	Tier 5	
OBTREX DHA ORAL COMBO PACK,TABLET AND CAP,DR 29 MG IRON-1 MG -50 MG	Tier 3	
ONE DAILY PRENATAL ORAL COMBO PACK 28-800-440 MG-MCG-MG	Tier 5	
ONE-A-DAY PRENATAL-1 ORAL CAPSULE 27 MG IRON- 800 MCG-235 MG	Tier 5	$
pnv no.95-ferrous fumarate-fa oral tablet 28 mg iron- 800 mcg (Prenatal)	Tier 5	$
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG	Tier 5	$
PNV-SELECT ORAL TABLET 27-1 MG	Tier 5	$
PR NATAL 400 EC ORAL COMBO PACK,TABLET AND CAP,DR 29-1-400 MG	Tier 5	
PR NATAL 400 ORAL COMBO PACK 29-1-400 MG	Tier 5	
PR NATAL 430 EC ORAL COMBO PACK,TABLET AND CAP,DR 29-1-430 MG	Tier 5	
PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG -430 MG	Tier 5	

Drug		Status	Notes
PRENAISSANCE ORAL CAPSULE 29-1.25-55-325 MG		Tier 1	
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG		Tier 1	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG		Tier 5	
PRENATABS FA ORAL TABLET 29-1 MG		Tier 5	
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG		Tier 5	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON- 975 MCG-200 MG		Tier 5	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG		Tier 5	$
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG		Tier 5	
PRENATAL 19 ORAL TABLET 29 MG IRON- 1 MG		Tier 5	
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG		Tier 5	$
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG		Tier 5	$
PRENATAL ESSENTIALS ORAL CAPSULE 6 MG IRON- 272 MCG DFE		Tier 5	
PRENATAL FORMULA ORAL TABLET 9 MG IRON- 267 MCG		Tier 5	
PRENATAL FORMULA-DHA ORAL CAPSULE 28 MG-800 MCG- 200 MG		Tier 5	
PRENATAL MULTI ORAL TABLET 27-800 MG-MCG		Tier 5	$
PRENATAL MULTI-DHA (ALGAL OIL) ORAL CAPSULE 27MG IRON- 800 MCG-250 MG		Tier 5	$
PRENATAL MULTI-DHA(WITH VIT K) ORAL CAPSULE 27 MG IRON-800 MCG-260 MG		Tier 5	$
PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG	(pnv no.95-ferrous fumarate-fa)	Tier 5	$
PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG		Tier 5	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	(pnv no.95-ferrous fumarate-fa)	Tier 5	$
PRENATAL ORAL TABLET 28-800 MG-MCG		Tier 5	$

Drug		Status	Notes
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	(pnv,calcium 72-iron-folic acid)	Tier 5	$
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG		Tier 5	$
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG	(pnv,calcium 72-iron,carb-folic)	Tier 5	$
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG		Tier 5	$
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG	(prenatal vit-iron fum-folic ac)	Tier 5	$
prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg		Tier 5	$
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG, 27 MG IRON- 800 MCG		Tier 5	$
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	(pnv,calcium 72-iron-folic acid)	Tier 5	$
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG	(prenatal vit-iron fum-folic ac)	Tier 5	$
prenatal vit-iron fum-folic ac oral tablet 28 mg iron- 800 mcg	(Prenatal Tablet)	Tier 5	$
PRENATAL WITH DHA-FOLIC ACID ORAL TABLET,CHEWABLE 400-32.5 MCG-MG		Tier 5	$
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG		Tier 5	
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG		Tier 5	$
SE-NATAL 19 ORAL TABLET 29 MG IRON- 1 MG		Tier 5	$
SIMILAC PRENATAL ORAL COMBO PACK 27 MG IRON-800 MCG-200 MG		Tier 5	
STUART ONE ORAL CAPSULE 27 MG IRON- 800 MCG-200 MG		Tier 5	
THERANATAL COMPLETE ORAL COMBO PACK 27 MG IRON- 1 MG-150 MG		Tier 5	
THERANATAL ONE ORAL CAPSULE 27 MG IRON-1000 MCG-300 MG		Tier 5	
THERANATAL ORAL TABLET 27 MG IRON- 1 MG		Tier 5	
THERANATAL PLUS ORAL COMBO PACK 27 MG IRON- 1 MG-300 MG		Tier 5	

Drug		Status	Notes
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG		Tier 5	
TRICARE ORAL TABLET 27 MG IRON-1 MG		Tier 5	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG		Tier 5	$
TRINATE ORAL TABLET 28 MG IRON-1 MG		Tier 5	
ULTRA PRENATAL PLUS DHA ORAL CAPSULE 27 MG-800 MCG- 250 MG-200 MG		Tier 5	$
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG -50 MG-200 MG		Tier 3	
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG		Tier 1	
WESNATAL DHA COMPLETE ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG		Tier 5	
WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG	(pnv,calcium 72-iron-folic acid)	Tier 5	
WOMEN'S PRENATAL PLUS DHA ORAL COMBO PACK 28 MG-975 MCG-200 MG		Tier 5	$
Prenatal Vitamins Without Iron			
ALTRIXA OB ORAL TABLET 15 MG IRON- 1,750 MCG DFE		Tier 5	
MATERVIA ORAL CAPSULE 6.5 MG IRON- 500 MCG		Tier 5	
ONE-A-DAY PRENATAL ORAL TABLET,CHEWABLE 400 MCG- 25 MG		Tier 5	$
PRENATAL GUMMIES ORAL TABLET,CHEWABLE 400 MCG-35 MG-25 MG-5 MG		Tier 5	$
PRENATAL GUMMIES(ZINC CHELATE) ORAL TABLET,CHEWABLE 180 MCG-35 MG- 25 MG-5 MG		Tier 5	
PRENATAL ORAL TABLET,CHEWABLE 400 MCG		Tier 5	
THERANATAL OVAVITE ORAL COMBO PACK 18-1-125 MG-MG-UNIT		Tier 5	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON-0.33 MG		Tier 5	

Drug		Status	Notes
Vitamin B Preparations			
B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML		Tier 1	
B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML		Tier 1	
Vitamin B1 Preparations			
thiamine hcl (vitamin b1) injection solution 100 mg/ml		Tier 1	$
Vitamin B12 Preparations			
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml	(Dodex)	Tier 1	$
cyanocobalamin (vitamin b-12) nasal spray,non-aerosol 500 mcg/spray	(Nascobal)	Tier 1	$
DODEX INJECTION SOLUTION 1,000 MCG/ML	(cyanocobalamin (vitamin b-12))	Tier 1	
hydroxocobalamin intramuscular solution 1,000 mcg/ml		Tier 1	
mecobalamin (vitamin b12) injection recon soln 10,000 mcg		Tier 1	
Vitamin B6 Preparations			
pyridoxine (vitamin b6) injection solution 100 mg/ml		Tier 1	
Vitamin C Preparations			
ASCOR INTRAVENOUS SOLUTION 500 MG/ML		Tier 3	
ascorbic acid (vitamin c) injection solution 500 mg/ml		Tier 1	
Vitamin D Preparations			
calcitriol oral capsule 0.25 mcg, 0.5 mcg		Tier 1	$
calcitriol oral solution 1 mcg/ml	(Rocaltrol)	Tier 1	
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	(Vitamin D2)	Tier 1	$
ROCALTROL ORAL SOLUTION 1 MCG/ML	(calcitriol)	Tier 3	
VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT)	(ergocalciferol (vitamin d2))	Tier 1	$
Weight Reduction			
Anti-Obesity - Incretin Mimetics Combination			
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML		Tier 2	PA; $$; QL (2 ML per 28 days)
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 15 MG/0.5 ML		Tier 2	PA; $$$; QL (2 ML per 28 days)

Drug	Status	Notes
Anti-Obesity Glucagon-Like Peptide-1 Recep Agonist		
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	Tier 2	PA; $$$; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	Tier 2	PA; $$$; QL (3 ML per 28 days)

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