22 Health's Preferred Drug List (PDL)

What is a Preferred Drug List (PDL)?

A Preferred Drug List (PDL) is the list of medications that are Food and Drug Administration (FDA) approved and covered by your health plan. It is also known as a drug formulary. It's an important part of a health plan's duty to make sure you get quality medications that support your health needs.

22 Health's PDL is designed to help your provider choose medications that are clinically effective and cost-efficient. The amount you pay depends on the medication chosen by your doctor and its tier level. The goal is to provide you with access to safe, effective, and affordable drugs.

Your co-pay may be as low as $0.00, depending on your prescription, its drug tier, and your health plan benefits. Preferred generic drugs usually cost less than preferred brand drugs. Medications that are not on the list are considered non-preferred.

How Medications are Organized

Medications on the PDL are typically grouped into tiers based on their cost:

- Tier 1: Zero Cost Preventative Drugs
- Tier 2: Generics
- Tier 3: Preferred brand-name drugs
- Tier 4: Non-preferred brand-name drugs
- Tier 5: Specialty drugs

Creating medication tiers lets you and your provider determine your out-of-pocket costs in advance and potentially provides a less expensive option for you to consider before getting your medicines from the pharmacy. Generally, drugs in lower tiers have lower copays or coinsurance.

22 Health
A Division of Community Care Plan

How to Use the PDL

Search for medications: Use the online formulary or online formulary look-up tool to find specific medications and determine if they are covered by your health plan.

Review tiers: Check the tier of your prescribed medication to learn about your potential out-of-pocket costs.

Ask your healthcare provider: Ask your provider or pharmacist about other medications that may be more affordable.

Prior authorizations/limitations: Some medications on the PDL require authorization from your health plan. Other medications may have quantity or age-related limits. These processes ensure safe and effective use of the medications you may be prescribed.

Your Health Plan's PDL Updates

22 Health's PDL will be updated during the first week of January, April, July, and October. As part of those updates, medications that are no longer effective or cost-efficient will be added and removed. If you are using a medication that is being removed from the PDL, we will notify you and the provider who prescribed the medicine in advance and provide guidance on alternative options.

Need Help?

If you have questions about the PDL or need help finding medications, please contact Member Services at 1-866-357-4082. This number is also listed on your 22 Health member identification card.

2026 Pharmacy Preferred Drug List (PDL) 22-Health Marketplace Plan- Florida

List of Abbreviations

Tier 1: Zero Cost Preventative Drugs

Tier 2: Generics

Tier 3: Preferred Brands

Tier 4: Non-preferred Brands

Tier 5: Specialty drugs

Age: Age Restriction - Limits use of medication dependent on age.

PA: Prior Authorization - You (or your physician) are required to get prior authorization from 22 Health before you fill your prescription for this drug. Without prior approval, 22 Health may not cover this drug.

QL: Quantity Limits - A form of utilization management (UM) that specifies quantity limitations or restrictions on prescriptions over time. Quantity limitations can take on various forms, the most typical being daily and monthly restrictions on the quantity issuance or reissuance of a prescription.

SP: Mandatory Specialty Pharmacy - Medication is only available through a specialty pharmacy

ST: Step Therapy - Before 22 Health will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you

Drug		Status	Notes
Allergy			
2Nd Gen Antihistamine & Decongestant Combinations			
24HR ALLERGY-CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 24 HR 180-240 MG	(fexofenadine-pseudoephedrine)	Tier 2	
ALLEGRA-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HR 60-120 MG	(fexofenadine-pseudoephedrine)	Tier 3	
ALLEGRA-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR 180-240 MG	(fexofenadine-pseudoephedrine)	Tier 3	
ALLERGY RELIEF-D(FEXOFENADINE) ORAL TABLET EXTENDED RELEASE 24 HR 180-240 MG	(fexofenadine-pseudoephedrine)	Tier 2	
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG		Tier 4	ST (ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days)
fexofenadine-pseudoephedrine oral tablet extended release 24 hr 180-240 mg	(24HR Allergy-Congestion Relief)	Tier 2	
WAL-FEX D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR 180-240 MG	(fexofenadine-pseudoephedrine)	Tier 2	
Allergenic Extracts, Therapeutics			
GRASTEK SUBLINGUAL TABLET 2,800 BAU		Tier 3	PA
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM		Tier 3	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY		Tier 3	PA
PALFORZIA (LEVEL 0) ORAL CAPSULE, SPRINKLE 1 MG		Tier 5	PA; SP
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)		Tier 5	PA; SP
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)		Tier 5	PA; SP
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)		Tier 5	PA; SP
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG		Tier 5	PA; SP
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)		Tier 5	PA; SP

Drug		Status	Notes
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)		Tier 5	PA; SP
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)		Tier 5	PA; SP
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)		Tier 5	PA; SP
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)		Tier 5	PA; SP
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)		Tier 5	PA; SP
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG		Tier 5	PA; SP
PALFORZIA INITIAL (1-3 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3 MG		Tier 5	PA; SP
PALFORZIA INITIAL (4-17 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG		Tier 5	PA; SP
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG		Tier 5	PA; SP
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT		Tier 3	PA
Antihistamines - 1St Generation			
BANOPHEN ORAL CAPSULE 50 MG	(diphenhydramine hcl)	Tier 2	
carbinoxamine maleate oral liquid 4 mg/5 ml	(Carbzah)	Tier 2	Age (Min 2 Years)
carbinoxamine maleate oral suspension,extended rel 12 hr 4 mg/5 ml	(Karbinal ER)	Tier 2	ST (ST: Requires prior prescription for immediate release Carbinoxamine Maleate oral solution within the past 120 days); QL (960 ML per 30 days); Age (Min 2 Years)
carbinoxamine maleate oral tablet 4 mg		Tier 2	Age (Min 2 Years)
CARBZAH ORAL LIQUID 4 MG/5 ML	(carbinoxamine maleate)	Tier 2	Age (Min 2 Years)
clemastine oral tablet 2.68 mg	(Clemsza)	Tier 2	
CLEMASZ ORAL TABLET 2.68 MG	(clemastine)	Tier 2	
CLEMSZA ORAL TABLET 2.68 MG	(clemastine)	Tier 2	
cyproheptadine oral syrup 2 mg/5 ml		Tier 2	
cyproheptadine oral tablet 4 mg		Tier 2	
DIPHEN ORAL ELIXIR 12.5 MG/5 ML	(diphenhydramine hcl)	Tier 2	
diphenhydramine hcl oral capsule 50 mg	(Banophen)	Tier 2	

Drug		Status	Notes
diphenhydramine hcl oral elixir 12.5 mg/5 ml	(Diphen)	Tier 2	
hydroxyzine hcl oral solution 10 mg/5 ml		Tier 2	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		Tier 2	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg		Tier 2	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML	(carbinoxamine maleate)	Tier 4	ST (ST: Requires prior prescription for immediate release Carbinoxamine Maleate oral solution within the past 120 days); QL (960 ML per 30 days); Age (Min 2 Years)
PHARBEDRYL ORAL CAPSULE 50 MG	(diphenhydramine hcl)	Tier 2	
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML	(promethazine)	Tier 4	
promethazine injection solution 25 mg/ml, 50 mg/ml	(Phenergan)	Tier 2	
promethazine oral syrup 6.25 mg/5 ml		Tier 2	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg		Tier 2	
Antihistamines - 2Nd Generation			
24HR ALLERGY RELIEF ORAL TABLET 5 MG	(levocetirizine)	Tier 2	
ALLEGRA ALLERGY ORAL TABLET 180 MG, 60 MG	(fexofenadine)	Tier 4	
ALLEGRA HIVES ORAL TABLET 180 MG	(fexofenadine)	Tier 4	
ALLER-EASE ORAL TABLET 180 MG	(fexofenadine)	Tier 2	
ALLER-FEX ORAL TABLET 180 MG	(fexofenadine)	Tier 2	
ALLERGY RELIEF (CETIRIZINE) ORAL SOLUTION 1 MG/ML	(cetirizine)	Tier 2	
ALLERGY RELIEF (FEXOFENADINE) ORAL TABLET 180 MG, 60 MG	(fexofenadine)	Tier 2	
ALLERGY RELIEF (LEVOCETIRIZIN) ORAL TABLET 5 MG	(levocetirizine)	Tier 2	
ALLERGY-HIVES RELIEF ORAL TABLET 180 MG	(fexofenadine)	Tier 2	
cetirizine oral solution 1 mg/ml	(Allergy Relief (cetirizine))	Tier 2	
cetirizine oral solution 5 mg/5 ml		Tier 2	
CHILD ALLERGY RELF(CETIRIZINE) ORAL SOLUTION 1 MG/ML	(cetirizine)	Tier 2	
CHILDREN'S ALLERGY(CETIRIZINE) ORAL SOLUTION 1 MG/ML	(cetirizine)	Tier 2	

Drug		Status	Notes
CHILDREN'S ALLER-TEC ORAL SOLUTION 1 MG/ML	(cetirizine)	Tier 2	
CHILDREN'S CETIRIZINE ORAL SOLUTION 1 MG/ML	(cetirizine)	Tier 2	
CHILDREN'S WAL-ZYR ORAL SOLUTION 1 MG/ML	(cetirizine)	Tier 2	
CHILD'S ALL DAY ALLERGY(CETIR) ORAL SOLUTION 1 MG/ML	(cetirizine)	Tier 2	
CLARINEX ORAL TABLET 5 MG	(desloratadine)	Tier 4	
desloratadine oral tablet 5 mg	(Clarinex)	Tier 2	
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg		Tier 2	ST (ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days)
fexofenadine oral tablet 180 mg	(Aller-Ease)	Tier 2	
fexofenadine oral tablet 60 mg	(Allergy Relief (fexofenadine))	Tier 2	
levocetirizine oral solution 2.5 mg/5 ml	(Xyzal)	Tier 2	ST (ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days)
levocetirizine oral tablet 5 mg	(24HR Allergy Relief)	Tier 2	
WAL-FEX ALLERGY ORAL TABLET 180 MG, 60 MG	(fexofenadine)	Tier 2	
WAL-ZYR (CETIRIZINE) ORAL SOLUTION 1 MG/ML	(cetirizine)	Tier 2	
XYZAL ORAL SOLUTION 2.5 MG/5 ML	(levocetirizine)	Tier 4	ST (ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days)
XYZAL ORAL TABLET 5 MG	(levocetirizine)	Tier 4	
ZYRTEC ORAL TABLET 10 MG	(cetirizine)	Tier 4	
Nasal Antihistamine			
ASTEPRO ALLERGY NASAL SPRAY,NON-AEROSOL 205.5 MCG (0.15 %)	(azelastine)	Tier 4	
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)		Tier 2	
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	(Astepro Allergy)	Tier 2	
CHILDREN'S ASTEPRO ALLERGY NASAL SPRAY,NON-AEROSOL 205.5 MCG (0.15 %)	(azelastine)	Tier 4	

Drug		Status	Notes
olopatadine nasal spray,non-aerosol 0.6 %		Tier 2	
Nasal Antihistamine & Anti-Inflam. Steroid Comb.			
azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray	(Dymista)	Tier 2	ST (ST: Requires prior prescription for Flunisolide (nasal formulation) or Fluticasone within the past 120 days); QL (23 GM per 30 days)
DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY	(azelastine-fluticasone)	Tier 4	ST (ST: Requires prior prescription for Flunisolide (nasal formulation) or Fluticasone within the past 120 days); QL (23 GM per 30 days)
Nasal Anti-Inflammatory Steroids			
ALLERGY NASAL (MOMETASONE) NASAL SPRAY,NON-AEROSOL 50 MCG/ACTUATION	(mometasone)	Tier 2	
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)		Tier 2	QL (25 ML per 30 days)
fluticasone propionate nasal spray,suspension 50 mcg/actuation	(24 Hour Allergy Relief)	Tier 2	
mometasone nasal spray,non-aerosol 50 mcg/actuation	(Allergy Nasal (mometasone))	Tier 2	
NASONEX 24HR ALLERGY NASAL SPRAY,NON-AEROSOL 50 MCG/ACTUATION	(mometasone)	Tier 4	
OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG		Tier 4	ST (ST: Requires prior prescription for Flunisolide or Fluticasone within the past 120 days); QL (5 GM per 12 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION		Tier 3	ST (ST: Requires prior prescription for nasal Flunisolide or Fluticasone within the past 120 days); QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION		Tier 3	ST (ST: Requires prior prescription for nasal Flunisolide or Fluticasone within the past 120 days); QL (10.6 GM per 30 days)

Drug	Status	Notes
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	Tier 3	ST (ST: Requires prior prescription for one of the following intranasal corticosteroids: Flunisolide, Fluticasone Propionate, or Mometasone within the past 120 days); QL (32 ML per 30 days)
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION	Tier 4	ST (ST: Requires prior prescription for Flunisolide or Fluticasone within the past 120 days); QL (6.1 GM per 30 days)
Antiemesis/Antivertigo		
Antiemetic, Cannibinoid-Type		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg (Marinol)	Tier 2	ST (ST: Requires prior prescription for a 5HT3 antagoist, corticosteroid, Emend, or Megestrol suspension within the past 120 days); QL (2 EA per 1 day)
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (dronabinol)	Tier 4	ST (ST: Requires prior prescription for a 5HT3 antagoist, corticosteroid, Emend, or Megestrol suspension within the past 120 days); QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML	Tier 4	ST (ST: Requires prior prescription for generic Dronabinol capsules or Megestrol suspension within the past 120 days); QL (60 ML per 30 days)
Antiemetic/Antivertigo Agents		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	Tier 3	QL (1 EA per 28 days)
aprepitant oral capsule 125 mg	Tier 2	QL (1 EA per 21 days)
aprepitant oral capsule 40 mg	Tier 2	QL (1 EA per 28 days)
aprepitant oral capsule 80 mg (Emend)	Tier 2	QL (2 EA per 21 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2) (Emend)	Tier 2	QL (3 EA per 21 days)
COMPAZINE ORAL TABLET 10 MG, 5 MG (prochlorperazine maleate)	Tier 4	
COMPAZINE RECTAL SUPPOSITORY 25 MG (prochlorperazine)	Tier 4	

Drug		Status	Notes
COMPRO RECTAL SUPPOSITORY 25 MG	(prochlorperazine)	Tier 2	
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG	(doxylamine-pyridoxine (vit b6))	Tier 4	QL (120 EA per 30 days)
doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg	(Diclegis)	Tier 2	QL (120 EA per 30 days)
DRAMAMINE (MECLIZINE) ORAL TABLET 25 MG	(meclizine)	Tier 2	
DRAMAMINE (MECLIZINE) ORAL TABLET,CHEWABLE 25 MG	(meclizine)	Tier 2	
DRAMAMINE LESS DROWSY ORAL TABLET 25 MG	(meclizine)	Tier 2	
EMEND ORAL CAPSULE 80 MG	(aprepitant)	Tier 4	QL (2 EA per 21 days)
EMEND ORAL CAPSULE,DOSE PACK 125 MG (1)- 80 MG (2)	(aprepitant)	Tier 4	QL (3 EA per 21 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)		Tier 3	QL (3 EA per 21 days)
granisetron hcl oral tablet 1 mg		Tier 2	ST (ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days); QL (8 EA per 30 days)
meclizine oral tablet 12.5 mg		Tier 2	
meclizine oral tablet 25 mg	(Dramamine (meclizine))	Tier 2	
meclizine oral tablet,chewable 25 mg	(Dramamine (meclizine))	Tier 2	
MEDI-MECLIZINE ORAL TABLET 25 MG	(meclizine)	Tier 2	
MOTION SICKNESS (MECLIZINE) ORAL TABLET 25 MG	(meclizine)	Tier 2	
MOTION SICKNESS RELIEF(MECLIZ) ORAL TABLET 25 MG	(meclizine)	Tier 2	
MOTION SICKNESS RELIEF(MECLIZ) ORAL TABLET,CHEWABLE 25 MG	(meclizine)	Tier 2	
MOTION-TIME ORAL TABLET,CHEWABLE 25 MG	(meclizine)	Tier 2	
ondansetron hcl oral solution 4 mg/5 ml		Tier 2	QL (50 ML per 15 days)
ondansetron hcl oral tablet 4 mg, 8 mg		Tier 2	
ondansetron oral tablet,disintegrating 4 mg, 8 mg		Tier 2	
prochlorperazine maleate oral tablet 10 mg, 5 mg	(Compazine)	Tier 2	
prochlorperazine rectal suppository 25 mg	(Compro)	Tier 2	

Drug		Status	Notes
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg	(Promethegan)	Tier 2	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	(promethazine)	Tier 2	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR		Tier 4	ST (ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days); QL (1 EA per 7 days)
scopolamine base transdermal patch 3 day 1 mg over 3 days	(Transderm-Scop)	Tier 2	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	(scopolamine base)	Tier 4	
TRAVEL-EASE (MECLIZINE) ORAL TABLET 25 MG	(meclizine)	Tier 2	
trimethobenzamide oral capsule 300 mg		Tier 2	
VARUBI ORAL TABLET 90 MG		Tier 4	QL (2 EA per 14 days)
WAL-DRAM 2 ORAL TABLET 25 MG	(meclizine)	Tier 2	
Asthma And Copd			
Anticholinergic, Orally Inhaled Short Acting			
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION		Tier 3	QL (25.8 GM per 30 days)
ipratropium bromide inhalation solution 0.02 %		Tier 2	
Anticholinergics, Orally Inhaled Long Acting			
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION		Tier 3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION		Tier 3	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	(tiotropium bromide)	Tier 4	QL (30 EA per 30 days)
tiotropium bromide inhalation capsule, w/inhalation device 18 mcg	(Spiriva with HandiHaler)	Tier 2	QL (30 EA per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION		Tier 4	ST (ST: Requires prior prescription for Spiriva Respimat or Incruse Ellipta within the past 120 days); QL (1 EA per 30 days)

Drug		Status	Notes
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML		Tier 4	QL (90 ML per 30 days)
Beta-Adrenergic Agents			
albuterol sulfate oral syrup 2 mg/5 ml		Tier 2	
albuterol sulfate oral tablet 2 mg, 4 mg		Tier 2	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg		Tier 2	
terbutaline oral tablet 2.5 mg, 5 mg		Tier 2	
Beta-Adrenergic Agents, Inhaled, Short Acting			
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	(Ventolin HFA)	Tier 2	
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml		Tier 2	
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 2	
levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation	(Xopenex HFA)	Tier 2	
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	(albuterol sulfate)	Tier 4	ST (ST: Requires prior prescription for generic Albuterol Sulfate 90mcg HFA inhaler within the past 120 days)
XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	(levalbuterol tartrate)	Tier 4	
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting			
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION		Tier 3	QL (4 GM per 30 days)
Beta-Adrenergic Agents, Orally Inhaled,Long Acting			
arformoterol inhalation solution for nebulization 15 mcg/2 ml	(Brovana)	Tier 2	ST (ST: Requires prior prescription for Perforomist, Serevent, or Striverdi within the past 120 days); QL (120 ML per 30 days)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	(arformoterol)	Tier 4	ST (ST: Requires prior prescription for Perforomist, Serevent, or Striverdi within the past 120 days); QL (120 ML per 30 days)
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	(Perforomist)	Tier 2	QL (120 ML per 30 days)

Drug		Status	Notes
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	(formoterol fumarate)	Tier 4	QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE		Tier 3	QL (60 EA per 30 days)
Beta-Adrenergic And Anticholinergic Combinations			
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	(umeclidinium-vilanterol)	Tier 3	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG		Tier 4	ST (ST: Requires prior prescriptions for Anoro Ellipta and Stiolto Respimat within the past 365 days); QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION		Tier 3	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION		Tier 4	ST (ST: Requires prior prescriptions for Anoro Ellipta and Stiolto Respimat within the past 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 2	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION		Tier 3	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 4	QL (60 EA per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	(fluticasone propion-salmeterol)	Tier 3	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 4	QL (1 EA per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION		Tier 3	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 3	QL (60 EA per 30 days)

Drug		Status	Notes
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE		Tier 3	QL (60 EA per 30 days)
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	(budesonide-formoterol)	Tier 2	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 2	QL (30.9 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50-5 MCG/ACTUATION		Tier 3	QL (39 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION		Tier 3	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 2	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 2	QL (60 EA per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	(budesonide-formoterol)	Tier 4	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 2	QL (60 EA per 30 days)
Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled			
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION		Tier 3	QL (10.7 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG		Tier 3	QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG		Tier 3	QL (2 EA per 1 day)
Glucocorticoids, Orally Inhaled			
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION		Tier 4	ST (ST: At least 2 prior prescriptions for Arnuity Ellipta, Asmanex, or Qvar within the past 365 days); QL (12.2 GM per 30 days)

Drug		Status	Notes
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	(fluticasone furoate)	Tier 4	QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION		Tier 3	QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)		Tier 3	QL (1 EA per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	(Pulmicort)	Tier 2	QL (120 ML per 30 days)
fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation		Tier 2	QL (60 EA per 30 days)
fluticasone propionate inhalation blister with device 250 mcg/actuation		Tier 2	QL (120 EA per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation		Tier 2	QL (12 GM per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation		Tier 2	QL (24 GM per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation		Tier 2	QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION		Tier 4	ST (ST: At least 2 prior prescriptions for Arnuity Ellipta, Asmanex, or Qvar within the past 365 days); QL (1 EA per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML	(budesonide)	Tier 4	QL (120 ML per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION		Tier 3	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 5	PA; SP

Drug		Status	Notes
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML		Tier 5	PA; SP
Interleukin-5(Il-5) Receptor Alpha Antagonist, Mab			
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML		Tier 5	PA; SP
Leukotriene Receptor Antagonists			
ACCOLATE ORAL TABLET 10 MG, 20 MG	(zafirlukast)	Tier 4	
montelukast oral granules in packet 4 mg	(Singulair)	Tier 2	
montelukast oral tablet 10 mg	(Singulair)	Tier 2	
montelukast oral tablet,chewable 4 mg, 5 mg	(Singulair)	Tier 2	
SINGULAIR ORAL GRANULES IN PACKET 4 MG	(montelukast)	Tier 4	
SINGULAIR ORAL TABLET 10 MG	(montelukast)	Tier 4	
SINGULAIR ORAL TABLET,CHEWABLE 4 MG, 5 MG	(montelukast)	Tier 4	
zafirlukast oral tablet 10 mg, 20 mg	(Accolate)	Tier 2	
Mast Cell Stabilizers			
cromolyn oral concentrate 100 mg/5 ml	(Gastrocrom)	Tier 2	
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML	(cromolyn)	Tier 4	
Mast Cell Stabilizers, Orally Inhaled			
cromolyn inhalation solution for nebulization 20 mg/2 ml		Tier 2	
Monoclonal Antibodies To Immunoglobulin E(Ige)			
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		Tier 5	PA; SP
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		Tier 5	PA; SP
Monoclonal Antibody - Interleukin-5 Antagonists			
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML		Tier 5	PA; SP
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML		Tier 5	PA; SP
Phosphodiesterase-4 (Pde4) Inhibitors			
DALIRESP ORAL TABLET 250 MCG, 500 MCG	(roflumilast)	Tier 4	QL (1 EA per 1 day)

Drug		Status	Notes
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML		Tier 5	PA
roflumilast oral tablet 250 mcg, 500 mcg	(Daliresp)	Tier 2	QL (1 EA per 1 day)
Respiratory Aids,Devices,Equipment			
ACE AEROSOL CLOUD ENHANCER SPACER	(inhalational spacing device)	Tier 4	
AEROCHAMBER MECHANICAL VENT SPACER	(inhalational spacing device)	Tier 4	
AEROCHAMBER MINI SPACER	(inhalational spacing device)	Tier 4	
AEROCHAMBER MV SPACER	(inhalational spacing device)	Tier 4	
AEROCHAMBER PLUS FLOW-VU SPACER	(inhalational spacing device)	Tier 4	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER		Tier 4	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER		Tier 4	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER		Tier 4	
AEROCHAMBER PLUS Z STAT LG MSK SPACER		Tier 4	
AEROCHAMBER PLUS Z STAT MD MSK SPACER		Tier 4	
AEROCHAMBER PLUS Z STAT SM MSK SPACER		Tier 4	
AEROCHAMBER PLUS Z STAT SPACER	(inhalational spacing device)	Tier 4	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER	(inhalational spacing device)	Tier 4	
AEROCHAMBER2GO SPACER	(inhalational spacing device)	Tier 4	
AEROTRACH PLUS SPACER	(inhalational spacing device)	Tier 4	
AEROVENT PLUS SPACER	(inhalational spacing device)	Tier 4	
BREATHERITE MDI SPACER SPACER	(inhalational spacing device)	Tier 4	
BREATHERITE SPACER-MASK, NEO. SPACER		Tier 4	
BREATHERITE SPACER-MASK,ADULT SPACER		Tier 4	
BREATHERITE SPACER-MASK,CHILD SPACER		Tier 4	

Drug		Status	Notes
BREATHERITE SPACER-MASK,INFANT SPACER		Tier 4	
BREATHERITE SPACER-MASK,S.CHLD SPACER		Tier 4	
BREATHERITE VALVED MDI CHAMBER SPACER	(inhalational spacing device)	Tier 4	
BREATHERITE VALVED MDI SPACER SPACER	(inhalational spacing device)	Tier 4	
CLEVER CHOICE CHAMBER-LRG MASK SPACER		Tier 4	
CLEVER CHOICE CHAMBER-MED MASK SPACER		Tier 4	
CLEVER CHOICE CHAMBER-SM MASK SPACER		Tier 4	
COMFORTSEAL LARGE MASK DEVICE		Tier 4	
COMFORTSEAL MEDIUM MASK DEVICE		Tier 4	
COMFORTSEAL SMALL MASK DEVICE		Tier 4	
COMPACT SPACE CHAMBER SPACER	(inhalational spacing device)	Tier 4	
COMPACT SPACE CHAMBER-LRG MASK SPACER		Tier 4	
COMPACT SPACE CHAMBER-MED MASK SPACER		Tier 4	
COMPACT SPACE CHAMBER-SM MASK SPACER		Tier 4	
EASIVENT HOLDING CHAMBER SPACER	(inhalational spacing device)	Tier 4	
EASIVENT MASK LARGE DEVICE		Tier 4	
EASIVENT MASK MEDIUM DEVICE		Tier 4	
EASIVENT MASK SMALL DEVICE		Tier 4	
FLEXICHAMBER SPACER	(inhalational spacing device)	Tier 4	
FLEXICHAMBER-LG CHILD MASK DEVICE		Tier 4	
FLEXICHAMBER-SM ADULT MASK DEVICE		Tier 4	
FLEXICHAMBER-SM CHILD MASK DEVICE		Tier 4	
IN-CHECK DIAL TRAINING DEVICE DEVICE		Tier 4	
INSPIRACHAMBER SPACER	(inhalational spacing device)	Tier 4	

Drug		Status	Notes
INSPIRACHAMBER WITH MASK-LARGE SPACER		Tier 4	
INSPIRACHAMBER WITH MASK-MED SPACER		Tier 4	
INSPIRACHAMBER WITH MASK-SMALL SPACER		Tier 4	
LITE TOUCH-MEDIUM MASK DEVICE		Tier 4	
LITEAIRE MDI CHAMBER SPACER	(inhalational spacing device)	Tier 4	
LITETOUCH-LARGE MASK DEVICE		Tier 4	
LITETOUCH-SMALL MASK DEVICE		Tier 4	
MICROCHAMBER SPACER	(inhalational spacing device)	Tier 4	
MICROSPACER SPACER	(inhalational spacing device)	Tier 4	
MOUTHPIECE DEVICE		Tier 4	
ONE WAY VALVED MOUTHPIECE DEVICE		Tier 4	
OPTICHAMBER ADULT MASK-LARGE DEVICE		Tier 4	
OPTICHAMBER DIAMOND LG MASK SPACER		Tier 4	
OPTICHAMBER DIAMOND VHC SPACER	(inhalational spacing device)	Tier 4	
OPTICHAMBER DIAMOND-MED MSK SPACER		Tier 4	
OPTICHAMBER DIAMOND-SML MASK SPACER		Tier 4	
PANDA MASK DEVICE		Tier 4	
PEDIATRIC MEDIUM MASK DEVICE		Tier 4	
PEDIATRIC PANDA MASK DEVICE		Tier 4	
PEDIATRIC SMALL MASK DEVICE		Tier 4	
PFLEX INSPIRATORY TRAINER DEVICE		Tier 4	
POCKET CHAMBER SPACER	(inhalational spacing device)	Tier 4	
PRIMEAIRE SPACER	(inhalational spacing device)	Tier 4	
PRO COMFORT SPACER-ADULT MASK SPACER		Tier 4	
PRO COMFORT SPACER-CHILD MASK SPACER		Tier 4	
PRO COMFORT SPACER-INFANT MASK SPACER		Tier 4	

Drug		Status	Notes
PROCARE SPACER WITH ADULT MASK SPACER		Tier 4	
PROCARE SPACER WITH CHILD MASK SPACER		Tier 4	
PROCHAMBER SPACER	(inhalational spacing device)	Tier 4	
PURE COMFORT SPACER-ADULT MASK SPACER		Tier 4	
PURECOMFORT PEAK FLOW MOUTHPCE DEVICE		Tier 4	
RITEFLO AEROCHAMBER SPACER	(inhalational spacing device)	Tier 4	
SIDESTREAM PEDIATRIC FACE MASK DEVICE		Tier 4	
SILICONE MASK - INFANT DEVICE		Tier 4	
SILICONE MASK - PEDIATRIC DEVICE		Tier 4	
SPACE CHAMBER SPACER	(inhalational spacing device)	Tier 4	
SPACE CHAMBER WITH LARGE MASK SPACER		Tier 4	
SPACE CHAMBER WITH MEDIUM MASK SPACER		Tier 4	
SPACE CHAMBER WITH SMALL MASK SPACER		Tier 4	
THRESHOLD IMT TRAINER DEVICE		Tier 4	
THRESHOLD PEP DEVICE DEVICE		Tier 4	
VORTEX ADULT MASK DEVICE		Tier 4	
VORTEX HOLDING CHAMBER SPACER	(inhalational spacing device)	Tier 4	
VORTEX VHC PEDIATRIC MASK SPACER		Tier 4	
WINDMILL TRAINER DEVICE		Tier 4	
Thymic Stromal Lymphopoietin (Tslp) Inhibitors			
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)		Tier 5	PA; SP
Xanthines			
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)		Tier 2	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	(theophylline)	Tier 2	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG		Tier 3	
theophylline oral elixir 80 mg/15 ml		Tier 2	

Drug		Status	Notes
theophylline oral solution 80 mg/15 ml		Tier 2	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg		Tier 2	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg		Tier 2	
Autonomic Nervous System Disorders			
Alzheimer's Therapy, Nmda Receptor Antagonists			
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg		Tier 2	ST (ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days); QL (30 EA per 30 days)
memantine oral capsule,sprinkle,er 24hr 7 mg	(Namenda XR)	Tier 2	ST (ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days); QL (30 EA per 30 days)
memantine oral solution 2 mg/ml		Tier 2	QL (300 ML per 30 days)
memantine oral tablet 10 mg, 5 mg		Tier 2	QL (60 EA per 30 days)
memantine oral tablets,dose pack 5-10 mg	(Namenda Titration Pak)	Tier 2	QL (49 EA per 28 days)
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK 5-10 MG	(memantine)	Tier 4	QL (49 EA per 28 days)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG		Tier 3	ST (ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days); QL (28 EA per 28 days)
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 7 MG	(memantine)	Tier 4	ST (ST: Requires prior prescription for Memantine immediate release tablets within the past 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 2	ST (ST: Requires prior prescriptions for Donepezil and Memantine within the past 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 4	ST (ST: Requires prior prescriptions for Donepezil and Memantine within the past 365 days); QL (1 EA per 1 day)

Drug		Status	Notes
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 7-10 MG		Tier 3	ST (ST: Requires prior prescriptions for Donepezil and Memantine within the past 365 days); QL (1 EA per 1 day)
Cholinesterase Inhibitors			
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR		Tier 4	PA
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG	(donepezil)	Tier 4	
donepezil oral tablet 10 mg, 23 mg, 5 mg	(Aricept)	Tier 2	
donepezil oral tablet,disintegrating 10 mg, 5 mg		Tier 2	
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	(rivastigmine)	Tier 4	QL (30 EA per 30 days)
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg		Tier 2	QL (30 EA per 30 days)
galantamine oral solution 4 mg/ml		Tier 2	QL (200 ML per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg		Tier 2	QL (60 EA per 30 days)
MESTINON ORAL SYRUP 60 MG/5 ML	(pyridostigmine bromide)	Tier 4	
MESTINON ORAL TABLET 60 MG	(pyridostigmine bromide)	Tier 4	
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG	(pyridostigmine bromide)	Tier 4	
pyridostigmine bromide oral syrup 60 mg/5 ml	(Mestinon)	Tier 2	
pyridostigmine bromide oral tablet 30 mg		Tier 2	
pyridostigmine bromide oral tablet 60 mg	(Mestinon)	Tier 2	
pyridostigmine bromide oral tablet extended release 105 mg		Tier 4	
pyridostigmine bromide oral tablet extended release 180 mg	(Mestinon Timespan)	Tier 2	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg		Tier 2	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	(Exelon Patch)	Tier 2	QL (30 EA per 30 days)
ZUNVEYL ORAL TABLET,DELAYED RELEASE (DR/EC) 10 MG, 15 MG, 5 MG		Tier 4	ST (ST: Requires prior prescription for generic Galantamine tablets or Galantamine ER capsules within the past 120 days); QL (2 EA per 1 day)

Drug		Status	Notes
Neonatal Fc Receptor (Fcrn) Inhibitors			
VYVGART HYTRULO SUBCUTANEOUS SYRINGE 1,000 MG-10,000 UNIT/5 ML		Tier 5	PA; SP
Behavioral Health - Antidepressants			
Alpha-2 Receptor Antagonist Antidepressants			
mirtazapine oral tablet 15 mg, 30 mg	(Remeron)	Tier 2	
mirtazapine oral tablet 45 mg, 7.5 mg		Tier 2	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	(Remeron SolTab)	Tier 2	
REMERON ORAL TABLET 15 MG, 30 MG	(mirtazapine)	Tier 4	
REMERON SOLTAB ORAL TABLET,DISINTEGRATING 15 MG, 30 MG, 45 MG	(mirtazapine)	Tier 4	
Antidepressant - Nmda Receptor Antagonist			
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)		Tier 5	PA; SP
Antidepressant - Postpartum Depression (Ppd)			
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG		Tier 5	PA; SP
Maois - Non-Selective & Irreversible			
MARPLAN ORAL TABLET 10 MG		Tier 4	
NARDIL ORAL TABLET 15 MG	(phenelzine)	Tier 4	
PARNATE ORAL TABLET 10 MG	(tranylcypromine)	Tier 4	
phenelzine oral tablet 15 mg	(Nardil)	Tier 2	
tranylcypromine oral tablet 10 mg	(Parnate)	Tier 2	
Monoamine Oxidase(Mao) Inhibitors			
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR		Tier 4	ST (ST: Requires prior prescription for Marplan, Phenelzine, or Tranylcypromine within the past 120 days); QL (1 EA per 1 day)

Drug		Status	Notes
Ndma Receptor Antagonist And Ndri Comb			
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG		Tier 4	ST (ST: Requires prior prescription for Bupropion, Citalopram, Desvenlafaxine, Duloxetine, Escitalopram, Fluoxetine, Fluvoxamine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine within the past 120 days)
Norepinephrine And Dopamine Reuptake Inhib (Ndris)			
bupropion hcl oral tablet 100 mg, 75 mg		Tier 2	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	(Wellbutrin XL)	Tier 2	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	(Wellbutrin SR)	Tier 2	
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG	(bupropion hcl)	Tier 4	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	(bupropion hcl)	Tier 4	
Selective Serotonin Reuptake Inhibitor (Ssris)			
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG	(citalopram)	Tier 4	
citalopram oral solution 10 mg/5 ml		Tier 2	
citalopram oral tablet 10 mg, 20 mg, 40 mg	(Celexa)	Tier 2	
escitalopram oxalate oral solution 5 mg/5 ml		Tier 2	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	(Lexapro)	Tier 2	
fluoxetine oral capsule 10 mg, 20 mg	(Prozac)	Tier 2	
fluoxetine oral capsule 40 mg		Tier 2	
fluoxetine oral capsule,delayed release(dr/ec) 90 mg		Tier 2	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)		Tier 2	
fluoxetine oral tablet 10 mg, 20 mg, 60 mg		Tier 2	

Drug		Status	Notes
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg		Tier 2	ST (ST: Requires prior prescription for Citalopram, Escitalopram, Fluoxetine, Fluvoxamine IR, Paroxetine, or Sertraline within the past 120 days); QL (2 EA per 1 day)
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg		Tier 2	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG	(escitalopram oxalate)	Tier 4	
paroxetine hcl oral suspension 10 mg/5 ml	(Paxil)	Tier 2	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	(Paxil)	Tier 2	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	(Paxil CR)	Tier 2	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG	(paroxetine hcl)	Tier 4	
PAXIL ORAL SUSPENSION 10 MG/5 ML	(paroxetine hcl)	Tier 4	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	(paroxetine hcl)	Tier 4	
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG	(fluoxetine)	Tier 4	
sertraline oral capsule 150 mg, 200 mg		Tier 4	QL (1 EA per 1 day)
sertraline oral concentrate 20 mg/ml	(Zoloft)	Tier 2	
sertraline oral tablet 100 mg, 25 mg, 50 mg	(Zoloft)	Tier 2	
ZOLOFT ORAL CONCENTRATE 20 MG/ML	(sertraline)	Tier 4	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG	(sertraline)	Tier 4	
Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)			
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg		Tier 2	
RALDESY ORAL SOLUTION 10 MG/ML		Tier 4	PA
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg		Tier 2	
Serotonin-Norepinephrine Reuptake-Inhib (Snris)			
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 30 MG, 60 MG	(duloxetine)	Tier 4	

Drug		Status	Notes
desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg		Tier 2	ST (ST: At least 2 prior prescriptions for generic Paroxetine HCL, Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Sertraline, or Venlafaxine ER/IR within the past 365 days); QL (1 EA per 1 day)
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	(Pristiq)	Tier 2	
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg		Tier 2	
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG	(venlafaxine)	Tier 4	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)		Tier 3	QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG		Tier 3	QL (1 EA per 1 day)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG	(desvenlafaxine succinate)	Tier 4	
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	(Effexor XR)	Tier 2	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		Tier 2	
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg		Tier 2	
Ssri & 5Ht1a Partial Agonist Antidepressant			
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	(vilazodone)	Tier 4	ST (ST: Requires prior prescription for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine IR/ER within the past 120 days)
vilazodone oral tablet 10 mg, 20 mg, 40 mg	(Viibryd)	Tier 2	ST (ST: Requires prior prescription for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine IR/ER within the past 120 days)

Drug		Status	Notes
Ssri & Serotonin Receptor Modulator Antidepressant			
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		Tier 3	QL (1 EA per 1 day)
Tricyclic Antidepressant/Benzodiazepine Combinatns			
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg		Tier 2	
Tricyclic Antidepressant/Phenothiazine Combinatns			
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg		Tier 2	
Tricyclic Antidepressants & Rel. Non-Sel. Ru-Inhib			
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		Tier 2	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg		Tier 2	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	(clomipramine)	Tier 4	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	(Anafranil)	Tier 2	
desipramine oral tablet 10 mg, 25 mg	(Norpramin)	Tier 2	
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg		Tier 2	
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		Tier 2	
doxepin oral concentrate 10 mg/ml		Tier 2	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg		Tier 2	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg		Tier 2	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	(desipramine)	Tier 4	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	(Pamelor)	Tier 2	
nortriptyline oral solution 10 mg/5 ml		Tier 2	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	(nortriptyline)	Tier 4	
protriptyline oral tablet 10 mg, 5 mg		Tier 2	
trimipramine oral capsule 100 mg, 25 mg, 50 mg		Tier 2	

Drug		Status	Notes
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 4	QL (2 EA per 1 day)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG	(dextroamphetamine-amphetamine)	Tier 4	QL (1 EA per 1 day)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 20 MG, 25 MG, 30 MG	(dextroamphetamine-amphetamine)	Tier 4	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 4	ST (ST: Requires prior prescription for Azstarys or Jornay PM within the past 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 4	ST (ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days); QL (1 EA per 1 day)
amphetamine sulfate oral tablet 10 mg, 5 mg	(Evekeo)	Tier 2	QL (4 EA per 1 day)
DESOXYN ORAL TABLET 5 MG	(methamphetamine)	Tier 4	QL (150 EA per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	(dextroamphetamine sulfate)	Tier 4	QL (4 EA per 1 day)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 15 MG	(dextroamphetamine sulfate)	Tier 4	QL (120 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 10 mg	(Dexedrine Spansule)	Tier 2	QL (4 EA per 1 day)
dextroamphetamine sulfate oral capsule, extended release 15 mg	(Dexedrine Spansule)	Tier 2	QL (120 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 5 mg		Tier 2	QL (60 EA per 30 days)
dextroamphetamine sulfate oral solution 5 mg/5 ml	(ProCentra)	Tier 2	QL (1800 ML per 30 days)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	(Zenzedi)	Tier 2	QL (4 EA per 1 day)
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 7.5 mg	(Zenzedi)	Tier 2	ST (ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days); QL (4 EA per 1 day)

Drug		Status	Notes
dextroamphetamine sulfate oral tablet 20 mg	(Zenzedi)	Tier 2	ST (ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days); QL (3 EA per 1 day)
dextroamphetamine sulfate oral tablet 30 mg	(Zenzedi)	Tier 2	ST (ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 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 2	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	(Adderall XR)	Tier 2	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	(Adderall XR)	Tier 2	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 2	QL (2 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML		Tier 4	ST (ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days); QL (240 ML per 30 days)
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG		Tier 4	ST (ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days); QL (1 EA per 1 day)
EVEKEO ORAL TABLET 10 MG, 5 MG	(amphetamine sulfate)	Tier 4	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 2	QL (1 EA per 1 day)
lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	(Vyvanse)	Tier 2	QL (1 EA per 1 day)
methamphetamine oral tablet 5 mg	(Desoxyn)	Tier 2	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 4	QL (1 EA per 1 day)
PROCENTRA ORAL SOLUTION 5 MG/5 ML	(dextroamphetamine sulfate)	Tier 4	QL (1800 ML per 30 days)

Drug		Status	Notes
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	(lisdexamfetamine)	Tier 4	QL (1 EA per 1 day)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	(lisdexamfetamine)	Tier 4	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 4	ST (ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days); QL (1 EA per 1 day)
ZENZEDI ORAL TABLET 10 MG, 5 MG	(dextroamphetamine sulfate)	Tier 4	QL (4 EA per 1 day)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 7.5 MG	(dextroamphetamine sulfate)	Tier 4	ST (ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days); QL (4 EA per 1 day)
ZENZEDI ORAL TABLET 20 MG	(dextroamphetamine sulfate)	Tier 4	ST (ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days); QL (3 EA per 1 day)
ZENZEDI ORAL TABLET 30 MG	(dextroamphetamine sulfate)	Tier 4	ST (ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days); QL (2 EA per 1 day)
Anti-Alcoholic Preparations			
acamprosate oral tablet,delayed release (dr/ec) 333 mg		Tier 2	
disulfiram oral tablet 250 mg, 500 mg		Tier 2	
Anti-Anxiety - Benzodiazepines			
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML		Tier 3	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	(Xanax)	Tier 2	
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	(Xanax XR)	Tier 2	
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg		Tier 2	

Drug		Status	Notes
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	(lorazepam)	Tier 4	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg		Tier 2	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg		Tier 2	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	(diazepam)	Tier 2	
diazepam oral concentrate 5 mg/ml	(Diazepam Intensol)	Tier 2	
diazepam oral solution 5 mg/5 ml (1 mg/ml)		Tier 2	
diazepam oral tablet 10 mg, 2 mg, 5 mg	(Valium)	Tier 2	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	(lorazepam)	Tier 2	
lorazepam oral concentrate 2 mg/ml	(Lorazepam Intensol)	Tier 2	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	(Ativan)	Tier 2	
oxazepam oral capsule 10 mg, 15 mg, 30 mg		Tier 2	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG	(diazepam)	Tier 4	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	(alprazolam)	Tier 4	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 2 MG, 3 MG	(alprazolam)	Tier 4	
Anti-Anxiety Drugs			
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg		Tier 2	
meprobamate oral tablet 200 mg, 400 mg		Tier 2	
Anti-Mania Drugs			
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG		Tier 4	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg		Tier 2	
lithium carbonate oral tablet 300 mg		Tier 2	
lithium carbonate oral tablet extended release 300 mg	(Lithobid)	Tier 2	
lithium carbonate oral tablet extended release 450 mg		Tier 2	
lithium citrate oral solution 8 meq/5 ml		Tier 2	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	(lithium carbonate)	Tier 4	

Drug	Status	Notes
Anti-Narcolepsy & Anti-Cataplexy,Sedative-Type Agt		
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	Tier 5	PA; SP
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM	Tier 5	PA; SP
sodium oxybate oral solution 500 mg/ml (Xyrem)	Tier 5	PA; SP
XYREM ORAL SOLUTION 500 MG/ML (sodium oxybate)	Tier 5	PA; SP
XYWAV ORAL SOLUTION 0.5 GRAM/ML	Tier 5	PA; SP
Antipsych,Dopamine Antag.,Diphenylbutylpiperidines		
pimozide oral tablet 1 mg, 2 mg	Tier 2	
Antipsychotic-Atypical,D3/D2 Partial Ag-5Ht Mixed		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 3	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 4	
aripiprazole oral solution 1 mg/ml	Tier 2	ST (ST: At least 2 prior prescriptions for generic SSRIs, SNRIs, or atypical antipsychotics within the past 365 days)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg (Abilify)	Tier 2	
aripiprazole oral tablet,disintegrating 10 mg	Tier 2	ST (ST: At least 2 prior prescriptions for generic SSRIs, SNRIs, or atypical antipsychotics within the past 365 days); QL (3 EA per 1 day)
aripiprazole oral tablet,disintegrating 15 mg	Tier 2	ST (ST: At least 2 prior prescriptions for generic SSRIs, SNRIs, or atypical antipsychotics within the past 365 days); QL (2 EA per 1 day)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	Tier 4	ST (ST: Requires prior prescription for generic Aripiprazole tablets within the past 120 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 3	QL (1 EA per 1 day)

Drug		Status	Notes
Antipsychotics, Dopamine & Serotonin Antagonists			
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG		Tier 5	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg		Tier 2	
Antipsychotics,Atypical,Dopamine,& Serotonin Antag			
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	(Saphris)	Tier 2	QL (2 EA per 1 day)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG		Tier 3	QL (1 EA per 1 day)
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Clozaril)	Tier 2	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg		Tier 2	QL (3 EA per 1 day)
CLOZARIL ORAL TABLET 100 MG, 25 MG	(clozapine)	Tier 4	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG		Tier 4	ST (ST: Requires prior prescriptions for two generic atypical antipsychotics within the past 365 days); QL (2 EA per 1 day)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)		Tier 4	ST (ST: Requires prior prescriptions for two generic atypical antipsychotics within the past 365 days); QL (8 EA per 28 days)
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)		Tier 4	ST (ST: Requires prior prescriptions for two generic atypical antipsychotics within the past 365 days); QL (12 EA per 28 days)
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)		Tier 4	ST (ST: Requires prior prescriptions for two generic atypical antipsychotics within the past 365 days); QL (8 EA per 28 days)
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	(ziprasidone hcl)	Tier 4	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG	(paliperidone)	Tier 4	QL (1 EA per 1 day)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	(paliperidone)	Tier 4	QL (2 EA per 1 day)

Drug		Status	Notes
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	(lurasidone)	Tier 4	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	(lurasidone)	Tier 4	QL (60 EA per 30 days)
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	(Latuda)	Tier 2	QL (30 EA per 30 days)
lurasidone oral tablet 80 mg	(Latuda)	Tier 2	QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG		Tier 4	ST (ST: Requires prior prescription for a generic atypical antipsychotic within the past 365 days); QL (1 EA per 1 day)
olanzapine oral tablet 10 mg, 15 mg, 7.5 mg		Tier 2	
olanzapine oral tablet 2.5 mg, 20 mg, 5 mg	(Zyprexa)	Tier 2	
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg		Tier 2	
paliperidone oral tablet extended release 24hr 1.5 mg		Tier 2	QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 3 mg, 9 mg	(Invega)	Tier 2	QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 6 mg	(Invega)	Tier 2	QL (2 EA per 1 day)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	(Seroquel)	Tier 2	
quetiapine oral tablet 150 mg		Tier 2	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 2	
RISPERDAL ORAL SOLUTION 1 MG/ML	(risperidone)	Tier 4	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	(risperidone)	Tier 4	
risperidone oral solution 1 mg/ml	(Risperdal)	Tier 2	
risperidone oral tablet 0.25 mg		Tier 2	
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	(Risperdal)	Tier 2	
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg		Tier 2	
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	(asenapine maleate)	Tier 4	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 4	ST (ST: Requires prior prescriptions for two generic atypical antipsychotics within the past 365 days); QL (1 EA per 1 day)

Drug		Status	Notes
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	(quetiapine)	Tier 4	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	(quetiapine)	Tier 4	
VERSACLOZ ORAL SUSPENSION 50 MG/ML		Tier 4	ST (ST: Requires prior prescriptions for two generic atypical antipsychotics within the past 365 days); QL (18 ML per 1 day)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	(Geodon)	Tier 2	
ZYPREXA ORAL TABLET 2.5 MG, 20 MG, 5 MG	(olanzapine)	Tier 4	
Antipsychotics,Dopamine Antagonists, Thioxanthenes			
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg		Tier 2	
Antipsychotics,Dopamine Antagonists,Butyrophenones			
haloperidol lactate oral concentrate 2 mg/ml		Tier 2	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg		Tier 2	
Antipsychotics,Dopamine Antagonst,Dihydroindolones			
molindone oral tablet 10 mg		Tier 2	QL (8 EA per 1 day)
molindone oral tablet 25 mg		Tier 2	QL (9 EA per 1 day)
molindone oral tablet 5 mg		Tier 2	
Anti-Psychotics,Phenothiazines			
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml		Tier 2	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg		Tier 2	
fluphenazine hcl oral concentrate 5 mg/ml		Tier 2	
fluphenazine hcl oral elixir 2.5 mg/5 ml		Tier 2	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg		Tier 2	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg		Tier 2	
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		Tier 2	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg		Tier 2	

Drug		Status	Notes
Barbiturates			
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)		Tier 2	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg		Tier 2	
Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists			
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML		Tier 5	PA; SP
HETLIOZ ORAL CAPSULE 20 MG	(tasimelteon)	Tier 5	PA; SP
ramelteon oral tablet 8 mg	(Rozerem)	Tier 2	ST (ST: Requires prior prescription for Eszopiclone (Lunesta), Zaleplon (Sonata), or Zolpidem IR (Ambien) within the past 120 days)
ROZEREM ORAL TABLET 8 MG	(ramelteon)	Tier 4	ST (ST: Requires prior prescription for Eszopiclone (Lunesta), Zaleplon (Sonata), or Zolpidem IR (Ambien) within the past 120 days)
tasimelteon oral capsule 20 mg	(Hetlioz)	Tier 5	PA; SP
Narcolepsy And Sleep Disorder Therapy Agents			
armodafinil oral tablet 150 mg, 200 mg, 250 mg	(Nuvigil)	Tier 2	QL (1 EA per 1 day)
armodafinil oral tablet 50 mg	(Nuvigil)	Tier 2	QL (3 EA per 1 day)
modafinil oral tablet 100 mg, 200 mg	(Provigil)	Tier 2	QL (2 EA per 1 day)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG	(armodafinil)	Tier 4	QL (1 EA per 1 day)
NUVIGIL ORAL TABLET 50 MG	(armodafinil)	Tier 4	QL (3 EA per 1 day)
PROVIGIL ORAL TABLET 100 MG, 200 MG	(modafinil)	Tier 4	QL (2 EA per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG		Tier 3	PA
Narcolepsy Tx-H3-Recept.Antagonist/Inverse Agonist			
WAKIX ORAL TABLET 17.8 MG, 4.45 MG		Tier 5	PA; SP
Narcotic Antagonists			
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION		Tier 3	QL (4 EA per 30 days)
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG		Tier 4	

Drug		Status	Notes
naloxone injection syringe 0.4 mg/ml, 1 mg/ml		Tier 2	
naloxone nasal spray,non-aerosol 4 mg/actuation	(Narcan)	Tier 2	QL (4 EA per 30 days)
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG		Tier 4	
naltrexone oral tablet 50 mg		Tier 2	
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	(naloxone)	Tier 4	QL (4 EA per 30 days)
OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION		Tier 4	QL (4 EA per 30 days)
REXTOVY NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	(naloxone)	Tier 4	QL (4 EA per 30 days)
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML		Tier 4	QL (2 ML per 30 days)
Sedative-Hypnotics - Benzodiazepines			
DORAL ORAL TABLET 15 MG	(quazepam)	Tier 4	ST (ST: Requires prior prescription for one of the following oral generics: Eszopiclone, Flurazepam, Temazepam, Zaleplon, or Zolpidem tablets within the past 120 days)
estazolam oral tablet 1 mg, 2 mg		Tier 2	
flurazepam oral capsule 15 mg, 30 mg		Tier 2	
HALCION ORAL TABLET 0.25 MG	(triazolam)	Tier 4	
midazolam oral syrup 2 mg/ml		Tier 2	
quazepam oral tablet 15 mg	(Doral)	Tier 2	ST (ST: Requires prior prescription for one of the following oral generics: Eszopiclone, Flurazepam, Temazepam, Zaleplon, or Zolpidem tablets within the past 120 days)
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG	(temazepam)	Tier 4	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	(Restoril)	Tier 2	
triazolam oral tablet 0.125 mg		Tier 2	
triazolam oral tablet 0.25 mg	(Halcion)	Tier 2	
Sedative-Hypnotics,Non-Barbiturate			
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG	(zolpidem)	Tier 4	QL (1 EA per 1 day)
AMBIEN ORAL TABLET 10 MG, 5 MG	(zolpidem)	Tier 4	QL (1 EA per 1 day)

Drug		Status	Notes
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		Tier 3	ST (ST: Requires prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 130 days); QL (1 EA per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG		Tier 3	ST (ST: Requires prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 130 days); QL (1 EA per 1 day)
doxepin oral tablet 3 mg, 6 mg	(Silenor)	Tier 2	ST (ST: Requires prior prescription for Doxepin solution or 10mg capsules, Eszopiclone, Zaleplon, or Zolpidem within the past 120 days); QL (1 EA per 1 day)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	(Lunesta)	Tier 2	QL (1 EA per 1 day)
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG		Tier 4	PA
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG	(eszopiclone)	Tier 4	QL (1 EA per 1 day)
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG		Tier 2	
QUVIVIQ ORAL TABLET 25 MG, 50 MG		Tier 4	ST (ST: Requires prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 130 days); QL (1 EA per 1 day)
SILENOR ORAL TABLET 3 MG, 6 MG	(doxepin)	Tier 4	ST (ST: Requires prior prescription for Doxepin solution or 10mg capsules, Eszopiclone, Zaleplon, or Zolpidem within the past 120 days); QL (1 EA per 1 day)
zaleplon oral capsule 10 mg, 5 mg		Tier 2	QL (1 EA per 1 day)
zolpidem oral tablet 10 mg, 5 mg	(Ambien)	Tier 2	QL (1 EA per 1 day)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	(Ambien CR)	Tier 2	QL (1 EA per 1 day)
zolpidem sublingual tablet 1.75 mg, 3.5 mg		Tier 2	QL (1 EA per 1 day)

Drug		Status	Notes
Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)			
NUPLAZID ORAL CAPSULE 34 MG		Tier 5	PA; SP
NUPLAZID ORAL TABLET 10 MG		Tier 5	PA; SP
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 2	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 2	
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	(Intuniv ER)	Tier 2	
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG	(guanfacine)	Tier 4	
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML		Tier 4	ST (ST: Requires prior prescription for Clonidine 0.1mg ER tablets within the past 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, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	(methylphenidate hcl)	Tier 4	ST (ST: Requires prior prescription for one of the following generics: Concerta, Metadate CD, Ritalin LA, Methylin ER, or Ritalin-SR within the past 120 days); QL (1 EA per 1 day)
AZSTARYS ORAL CAPSULE 26.1 MG-5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG-10.4 MG		Tier 3	ST (ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days); QL (1 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG	(methylphenidate hcl)	Tier 4	QL (1 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG	(methylphenidate hcl)	Tier 4	QL (2 EA per 1 day)

Drug		Status	Notes
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 8.6 MG		Tier 4	ST (ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days); QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 25.9 MG		Tier 4	ST (ST: Requires prior prescription for Azstarys or Jornay PM within the past 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 4	ST (ST: Requires prior prescription for oral Methylphenidate CD/ER/LA formulation or Methylphenidate suspension/solution within the past 120 days); QL (1 EA per 1 day)
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 2	QL (1 EA per 1 day)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	(Focalin)	Tier 2	QL (2 EA per 1 day)
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG	(dexmethylphenidate)	Tier 4	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 4	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 3	ST (ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days); QL (1 EA per 1 day)
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 10 MG, 20 MG, 40 MG, 50 MG, 60 MG	(methylphenidate hcl)	Tier 4	QL (1 EA per 1 day)
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 30 MG	(methylphenidate hcl)	Tier 4	QL (2 EA per 1 day)
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	(methylphenidate hcl)	Tier 2	QL (90 EA per 30 days)
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML	(methylphenidate hcl)	Tier 4	

Drug		Status	Notes
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 4	ST (ST: Requires prior prescription for one of the following generics: Concerta, Metadate CD, Ritalin LA, Methylin ER, or Ritalin-SR within the past 120 days); QL (1 EA per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg	(Metadate CD)	Tier 2	QL (1 EA per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70 30 mg	(Metadate CD)	Tier 2	QL (2 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg	(Ritalin LA)	Tier 2	QL (1 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 30 mg	(Ritalin LA)	Tier 2	QL (2 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 60 mg		Tier 2	QL (1 EA per 1 day)
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	(Methylin)	Tier 2	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	(Ritalin)	Tier 2	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 10 mg		Tier 2	QL (3 EA per 1 day)
methylphenidate hcl oral tablet extended release 20 mg	(Metadate ER)	Tier 2	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	(Concerta)	Tier 2	QL (1 EA per 1 day)
methylphenidate hcl oral tablet extended release 24hr 36 mg	(Concerta)	Tier 2	QL (2 EA per 1 day)
methylphenidate hcl oral tablet,chewable 10 mg		Tier 2	QL (6 EA per 1 day)
methylphenidate hcl oral tablet,chewable 2.5 mg, 5 mg		Tier 2	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 2	ST (ST: Requires prior prescription for oral Methylphenidate CD/ER/LA formulation or Methylphenidate suspension/solution within the past 120 days); QL (1 EA per 1 day)

Drug	Status	Notes
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	Tier 4	ST (ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days); QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	Tier 4	ST (ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days); QL (2 EA per 1 day)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 4	ST (ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days); QL (240 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 4	ST (ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days); QL (300 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 4	ST (ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days); QL (360 ML per 30 days)

Drug	Status	Notes
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 4	ST (ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days); QL (60 ML per 30 days)
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 20 MG, 40 MG (methylphenidate hcl)	Tier 4	QL (1 EA per 1 day)
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 30 MG (methylphenidate hcl)	Tier 4	QL (2 EA per 1 day)
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG (methylphenidate hcl)	Tier 4	QL (90 EA per 30 days)
Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type		
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	Tier 2	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	Tier 4	ST (ST: Requires prior prescription for Atomoxetine, Clonidine ER (Kapvay), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (INTUNIV), or generic IR Methylphenidate within the past 120 days); QL (1 EA per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	Tier 4	ST (ST: Requires prior prescription for Atomoxetine, Clonidine ER (Kapvay), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (INTUNIV), or generic IR Methylphenidate within the past 120 days); QL (2 EA per 1 day)

Drug		Status	Notes
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG		Tier 4	ST (ST: Requires prior prescription for Atomoxetine, Clonidine ER (Kapvay), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (INTUNIV), or generic IR Methylphenidate within the past 120 days); QL (3 EA per 1 day)
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	(atomoxetine)	Tier 4	
Cardiovascular Disease - Arrhythmia			
Antiarrhythmics			
amiodarone oral tablet 100 mg, 200 mg	(Pacerone)	Tier 2	
amiodarone oral tablet 400 mg		Tier 2	
disopyramide phosphate oral capsule 100 mg, 150 mg	(Norpace)	Tier 2	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	(Tikosyn)	Tier 2	
flecainide oral tablet 100 mg, 150 mg, 50 mg		Tier 2	
mexiletine oral capsule 150 mg, 200 mg, 250 mg		Tier 2	
MULTAQ ORAL TABLET 400 MG		Tier 3	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG		Tier 3	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 150 MG	(disopyramide phosphate)	Tier 3	
NORPACE ORAL CAPSULE 100 MG, 150 MG	(disopyramide phosphate)	Tier 4	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	(amiodarone)	Tier 2	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg		Tier 2	
propafenone oral tablet 150 mg, 225 mg, 300 mg		Tier 2	
quinidine gluconate oral tablet extended release 324 mg		Tier 2	
quinidine sulfate oral tablet 200 mg, 300 mg		Tier 2	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	(dofetilide)	Tier 4	

Drug		Status	Notes
Cardiovascular Disease - Cardiac Stimulant			
Adrenergic Agents,Catecholamines			
epinephrine injection syringe 0.1 mg/ml		Tier 2	
Digitalis Glycosides			
DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	(digoxin)	Tier 2	
digoxin oral solution 50 mcg/ml (0.05 mg/ml)		Tier 4	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(Digitek)	Tier 2	
digoxin oral tablet 62.5 mcg (0.0625 mg)	(Lanoxin)	Tier 2	PA
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	(digoxin)	Tier 4	
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	(digoxin)	Tier 4	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 2	
amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg		Tier 2	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	(amlodipine-benazepril)	Tier 4	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg		Tier 2	
Ace Inhibitor/Thiazide & Thiazide-Like Diuretic			
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	(quinapril-hydrochlorothiazide)	Tier 4	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	Tier 2	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		Tier 2	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg		Tier 2	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	(Vaseretic)	Tier 2	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		Tier 2	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg		Tier 2	

Drug		Status	Notes
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Zestoretic)	Tier 2	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	(benazepril-hydrochlorothiazide)	Tier 4	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Accuretic)	Tier 2	
VASERETIC ORAL TABLET 10-25 MG	(enalapril-hydrochlorothiazide)	Tier 4	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	(lisinopril-hydrochlorothiazide)	Tier 4	
Alpha/Beta-Adrenergic Blocking Agents			
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	(Coreg)	Tier 2	
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg	(Coreg CR)	Tier 2	QL (1 EA per 1 day)
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	(carvedilol phosphate)	Tier 4	QL (1 EA per 1 day)
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	(carvedilol)	Tier 4	
labetalol oral tablet 100 mg, 200 mg, 300 mg, 400 mg		Tier 2	
Alpha-Adrenergic Blocking Agents			
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	(doxazosin)	Tier 4	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG		Tier 4	
DIBENZYLINE ORAL CAPSULE 10 MG	(phenoxybenzamine)	Tier 5	PA; SP
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	(Cardura)	Tier 2	
phenoxybenzamine oral capsule 10 mg	(Dibenzyline)	Tier 5	PA; SP
prazosin oral capsule 1 mg, 2 mg, 5 mg		Tier 2	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg		Tier 2	
TEZRULY ORAL SOLUTION 1 MG/ML		Tier 4	PA
Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb			
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	(Exforge HCT)	Tier 2	
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 4	

Drug		Status	Notes
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 2	
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 4	
Angiotensin Receptor Antag./Thiazide Diuretic Comb			
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG	(candesartan-hydrochlorothiazid)	Tier 4	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	(irbesartan-hydrochlorothiazide)	Tier 4	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	(olmesartan-hydrochlorothiazide)	Tier 4	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	(Atacand HCT)	Tier 2	
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 4	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG		Tier 4	ST (ST: Requires prior prescription for an ACE inhibitor, ACE inhibitor combination, ARB, or ARB combination within the past 120 days)
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	(losartan-hydrochlorothiazide)	Tier 4	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	Tier 2	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	(Hyzaar)	Tier 2	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	(telmisartan-hydrochlorothiazid)	Tier 4	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	(Benicar HCT)	Tier 2	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	(Micardis HCT)	Tier 2	
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 2	
Angiotensin Receptor Antgnst & Calc.Channel Blockr			
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	(Azor)	Tier 2	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	(Exforge)	Tier 2	

Drug		Status	Notes
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	(amlodipine-olmesartan)	Tier 4	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	(amlodipine-valsartan)	Tier 4	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg		Tier 2	
Antihypertensives, Ace Inhibitors			
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	(quinapril)	Tier 4	
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG	(ramipril)	Tier 4	
benazepril oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	Tier 2	
benazepril oral tablet 5 mg		Tier 2	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		Tier 2	
enalapril maleate oral solution 1 mg/ml	(Epaned)	Tier 2	PA
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	Tier 2	
EPANED ORAL SOLUTION 1 MG/ML	(enalapril maleate)	Tier 4	PA
fosinopril oral tablet 10 mg, 20 mg, 40 mg		Tier 2	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	(Zestril)	Tier 2	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	(benazepril)	Tier 4	
moexipril oral tablet 15 mg, 7.5 mg		Tier 2	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		Tier 2	
QBRELIS ORAL SOLUTION 1 MG/ML		Tier 4	PA
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Accupril)	Tier 2	
ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg	(Altace)	Tier 2	
ramipril oral capsule 10 mg		Tier 2	
trandolapril oral tablet 1 mg, 2 mg, 4 mg		Tier 2	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	(enalapril maleate)	Tier 4	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	(lisinopril)	Tier 4	
Antihypertensives, Angiotensin Receptor Antagonist			
ARBLI ORAL SUSPENSION 10 MG/ML		Tier 4	PA
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	(candesartan)	Tier 4	

Drug		Status	Notes
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG	(irbesartan)	Tier 4	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	(olmesartan)	Tier 4	
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Atacand)	Tier 2	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG	(losartan)	Tier 4	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	(valsartan)	Tier 4	
EDARBI ORAL TABLET 40 MG, 80 MG		Tier 4	ST (ST: Requires prior prescription for an ACE inhibitor, ACE inhibitor combination, ARB, or ARB combination within the past 120 days)
eprosartan oral tablet 600 mg		Tier 2	
irbesartan oral tablet 150 mg, 300 mg	(Avapro)	Tier 2	
irbesartan oral tablet 75 mg		Tier 2	
losartan oral tablet 100 mg, 25 mg, 50 mg	(Cozaar)	Tier 2	
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG	(telmisartan)	Tier 4	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	(Benicar)	Tier 2	
telmisartan oral tablet 20 mg		Tier 2	
telmisartan oral tablet 40 mg, 80 mg	(Micardis)	Tier 2	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	Tier 2	
Antihypertensives, Ganglionic Blockers			
VECAMYL ORAL TABLET 2.5 MG		Tier 5	PA; SP
Antihypertensives, Miscellaneous			
DEMSER ORAL CAPSULE 250 MG	(metyrosine)	Tier 5	PA; SP
metyrosine oral capsule 250 mg	(Demser)	Tier 5	PA; SP
Antihypertensives, Sympatholytic			
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR	(clonidine)	Tier 4	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR	(clonidine)	Tier 4	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR	(clonidine)	Tier 4	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg		Tier 2	
clonidine transdermal patch weekly 0.1 mg/24 hr	(Catapres-TTS-1)	Tier 2	

Drug		Status	Notes
clonidine transdermal patch weekly 0.2 mg/24 hr	(Catapres-TTS-2)	Tier 2	
clonidine transdermal patch weekly 0.3 mg/24 hr	(Catapres-TTS-3)	Tier 2	
guanfacine oral tablet 1 mg, 2 mg		Tier 2	
methyldopa oral tablet 250 mg, 500 mg		Tier 2	
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg		Tier 2	
Antihypertensives, Vasodilators			
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		Tier 2	
minoxidil oral tablet 10 mg, 2.5 mg		Tier 2	
Antihypertensives,Endothelin Receptor Antagonists			
TRYVIO ORAL TABLET 12.5 MG		Tier 5	PA; SP
VANRAFIA ORAL TABLET 0.75 MG		Tier 5	PA; SP
Beta-Adrenergic Blocking Agents			
acebutolol oral capsule 200 mg, 400 mg		Tier 2	
atenolol oral tablet 100 mg, 25 mg, 50 mg	(Tenormin)	Tier 2	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	(sotalol)	Tier 4	
BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	(sotalol)	Tier 4	
betaxolol oral tablet 10 mg, 20 mg		Tier 2	
bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg		Tier 2	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	(nebivolol)	Tier 4	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML		Tier 4	ST (ST: Requires prior prescription for generic Propranolol oral solution within the past 120 days if 1 year of age and older); QL (360 ML per 30 days)
INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG	(propranolol)	Tier 4	
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 200 MG, 25 MG, 50 MG		Tier 4	
LOPRESSOR ORAL SOLUTION 10 MG/ML		Tier 4	PA
LOPRESSOR ORAL TABLET 100 MG, 50 MG	(metoprolol tartrate)	Tier 4	

Drug		Status	Notes
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	(Toprol XL)	Tier 2	
metoprolol tartrate oral tablet 100 mg, 50 mg	(Lopressor)	Tier 2	
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg		Tier 2	
nadolol oral tablet 20 mg, 40 mg, 80 mg		Tier 2	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Bystolic)	Tier 2	
pindolol oral tablet 10 mg, 5 mg		Tier 2	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	(Inderal LA)	Tier 2	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)		Tier 2	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		Tier 2	
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG	(sotalol)	Tier 2	
sotalol oral tablet 120 mg, 160 mg, 80 mg	(Sotalol AF)	Tier 2	
sotalol oral tablet 240 mg	(Betapace)	Tier 2	
SOTYLIZE ORAL SOLUTION 5 MG/ML		Tier 4	QL: 8 BOTTLES IN 30 DAYS; ST (ST: Requires prior prescription for Sotalol tablets within the past 120 days)
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	(atenolol)	Tier 4	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		Tier 2	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	(metoprolol succinate)	Tier 4	
Beta-Adrenergic Blocking Agents/Thiazide & Related			
atenolol-chlorthalidone oral tablet 100-25 mg	(Tenoretic 100)	Tier 2	
atenolol-chlorthalidone oral tablet 50-25 mg	(Tenoretic 50)	Tier 2	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg		Tier 2	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg		Tier 2	
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg		Tier 2	

Drug		Status	Notes
TENORETIC 100 ORAL TABLET 100-25 MG	(atenolol-chlorthalidone)	Tier 4	
TENORETIC 50 ORAL TABLET 50-25 MG	(atenolol-chlorthalidone)	Tier 4	
Calcium Channel Blocking Agents			
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	(Norvasc)	Tier 2	
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	(diltiazem hcl)	Tier 4	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	(diltiazem hcl)	Tier 4	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	(diltiazem hcl)	Tier 4	
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	(diltiazem hcl)	Tier 2	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	(levamlodipine)	Tier 4	PA
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	(DILT-XR)	Tier 2	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg		Tier 2	
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(Tiadylt ER)	Tier 2	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	Tier 2	
diltiazem hcl oral capsule,extended release 24hr 360 mg	(Cardizem CD)	Tier 2	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	(Cardizem)	Tier 2	
diltiazem hcl oral tablet 90 mg		Tier 2	
diltiazem hcl oral tablet extended release 24 hr 120 mg	(Cardizem LA)	Tier 2	
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(Matzim LA)	Tier 2	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	(diltiazem hcl)	Tier 2	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg		Tier 2	

Drug		Status	Notes
isradipine oral capsule 2.5 mg, 5 mg		Tier 2	
levamlodipine oral tablet 2.5 mg, 5 mg	(Conjupri)	Tier 2	PA
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	(diltiazem hcl)	Tier 2	
nicardipine oral capsule 20 mg, 30 mg		Tier 2	
nifedipine oral capsule 10 mg, 20 mg		Tier 2	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	(Procardia XL)	Tier 2	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg		Tier 2	
nimodipine oral capsule 30 mg		Tier 2	
nimodipine oral solution 60 mg/20 ml		Tier 5	PA; SP
nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg	(Sular)	Tier 2	
nisoldipine oral tablet extended release 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg		Tier 2	
NORLIQVA ORAL SOLUTION 1 MG/ML		Tier 4	PA
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	(amlodipine)	Tier 4	
NYMALIZE ORAL SOLUTION 60 MG/10 ML		Tier 4	PA; SP
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML		Tier 4	PA; SP
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG	(nifedipine)	Tier 4	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	(nisoldipine)	Tier 4	
TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	(diltiazem hcl)	Tier 2	
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	(diltiazem hcl)	Tier 4	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg		Tier 2	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg		Tier 2	
verapamil oral tablet 120 mg, 40 mg, 80 mg		Tier 2	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg		Tier 2	

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

Drug		Status	Notes
Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib			
ADCIRCA ORAL TABLET 20 MG	(tadalafil (pulm. hypertension))	Tier 5	PA; SP; QL (2 EA per 1 day)
ALYQ ORAL TABLET 20 MG	(tadalafil (pulm. hypertension))	Tier 5	PA; SP; QL (2 EA per 1 day)
LIQREV ORAL SUSPENSION 10 MG/ML		Tier 5	PA; SP
REVATIO ORAL TABLET 20 MG	(sildenafil (pulm.hypertension))	Tier 4	PA
sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml		Tier 2	PA
sildenafil (pulm.hypertension) oral tablet 20 mg	(Revatio)	Tier 2	PA
tadalafil (pulm. hypertension) oral tablet 20 mg	(Adcirca)	Tier 5	PA; SP; QL (2 EA per 1 day)
Pulmonary Anti-Htn, Endothelin Receptor Antagonist			
ambrisentan oral tablet 10 mg, 5 mg	(Letairis)	Tier 5	PA; SP
bosentan oral tablet 125 mg, 62.5 mg	(Tracleer)	Tier 5	PA; SP
bosentan oral tablet for suspension 32 mg	(Tracleer)	Tier 5	PA; SP
LETAIRIS ORAL TABLET 10 MG, 5 MG	(ambrisentan)	Tier 5	PA; SP
OPSUMIT ORAL TABLET 10 MG		Tier 5	PA; SP
TRACLEER ORAL TABLET 125 MG, 62.5 MG	(bosentan)	Tier 5	PA; SP
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	(bosentan)	Tier 5	PA; SP
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 5	PA; SP
Pulmonary Antihypertensives, Prostacyclin-Type			
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)		Tier 5	PA; SP
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)		Tier 5	PA; SP
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)- 1MG		Tier 5	PA; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG		Tier 5	PA; SP

Drug		Status	Notes
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	(treprostinil sodium)	Tier 5	PA; SP
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	(Remodulin)	Tier 5	PA; SP
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG		Tier 5	PA; SP
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)		Tier 5	PA; SP
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML		Tier 5	PA; SP
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)		Tier 5	PA; SP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML		Tier 5	PA; SP
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG		Tier 5	PA; SP
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)		Tier 5	PA; SP
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML		Tier 5	PA; SP
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG		Tier 5	PA; SP
Pulmonary Htn-Endothelin Recept Antg-Cgmp Pde5 Inh			
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG		Tier 5	PA; SP
Renin Inhibitor, Direct			
aliskiren oral tablet 150 mg, 300 mg	(Tekturna)	Tier 2	
TEKTURNA ORAL TABLET 150 MG, 300 MG	(aliskiren)	Tier 4	
Thiazide And Related Diuretics			
chlorthalidone oral tablet 25 mg, 50 mg		Tier 2	
DIURIL ORAL SUSPENSION 250 MG/5 ML		Tier 4	
HEMICLOR ORAL TABLET 12.5 MG		Tier 4	

Drug		Status	Notes
hydrochlorothiazide oral capsule 12.5 mg		Tier 2	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		Tier 2	
indapamide oral tablet 1.25 mg, 2.5 mg		Tier 2	
INZIRQO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML		Tier 4	PA
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		Tier 2	
THALITONE ORAL TABLET 15 MG		Tier 4	
Vasodilators, Combination			
BIDIL ORAL TABLET 20-37.5 MG	(isosorbide-hydralazine)	Tier 4	
isosorbide-hydralazine oral tablet 20-37.5 mg	(BiDil)	Tier 2	
Cardiovascular Disease - Lipid Irregularity			
Antihyperlip.Hmg Coa Reduct Inhib&Cholest.Ab.Inhib			
ezetimibe-simvastatin oral tablet 10-10 mg	(Vytorin 10-10)	Tier 2	QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-20 mg	(Vytorin 10-20)	Tier 2	QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-40 mg	(Vytorin 10-40)	Tier 2	QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-80 mg	(Vytorin 10-80)	Tier 2	PA; QL (1 EA per 1 day)
VYTORIN 10-10 ORAL TABLET 10-10 MG	(ezetimibe-simvastatin)	Tier 4	QL (1 EA per 1 day)
VYTORIN 10-20 ORAL TABLET 10-20 MG	(ezetimibe-simvastatin)	Tier 4	QL (1 EA per 1 day)
VYTORIN 10-40 ORAL TABLET 10-40 MG	(ezetimibe-simvastatin)	Tier 4	QL (1 EA per 1 day)
VYTORIN 10-80 ORAL TABLET 10-80 MG	(ezetimibe-simvastatin)	Tier 4	PA; QL (1 EA per 1 day)
Antihyperlipidemic - Apo B-100 Synthesis Inhibitor			
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML		Tier 5	PA; SP
Antihyperlipidemic - Atp Citrate Lyase Inhibitor			
NEXLETOL ORAL TABLET 180 MG		Tier 3	ST (ST: Requires prior prescription for generic statin within the past 120 days)

Drug		Status	Notes
Antihyperlipidemic - Hmg Coa Reductase Inhibitors			
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG		Tier 4	ST (ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days); QL (1 EA per 1 day)
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)		Tier 4	PA
atorvastatin oral tablet 10 mg, 20 mg	(Lipitor)	Tier 1	$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, 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 2	QL (1 EA per 1 day)
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	(rosuvastatin)	Tier 4	QL (1 EA per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG		Tier 4	ST (ST: Requires prior prescription for generic Rosuvastatin within the past 120 days); QL (1 EA per 1 day)
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	(simvastatin)	Tier 4	PA
FLOLIPID ORAL SUSPENSION 40 MG/5 ML (8 MG/ML)		Tier 4	PA
fluvastatin oral capsule 20 mg		Tier 1	ST (ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days); $0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)

Drug		Status	Notes
fluvastatin oral capsule 40 mg		Tier 1	ST (ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days); $0 COPAY IF QUANTITY 2 IN 1 DAY, 40-75 YEARS OF AGE, 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 1	ST (ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days); $0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, 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 4	QL (1 EA per 1 day)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	(pitavastatin calcium)	Tier 4	QL (1 EA per 1 day)
lovastatin oral tablet 10 mg, 20 mg, 40 mg		Tier 1	$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	(Livalo)	Tier 1	$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)

Drug		Status	Notes
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg		Tier 1	$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, 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 1	$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, 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 2	QL (1 EA per 1 day)
simvastatin oral tablet 10 mg, 20 mg, 40 mg	(Zocor)	Tier 1	$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin oral tablet 5 mg		Tier 1	$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin oral tablet 80 mg		Tier 2	PA; QL (1 EA per 1 day)
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	(simvastatin)	Tier 4	QL (1 EA per 1 day)
Antihyperlipidemic - Mtp Inhibitor			
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG		Tier 5	PA; SP
Antihyperlipidemic - Pcsk9 Inhibitors			
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML		Tier 4	ST (ST: Requires prior prescription for Repatha withn the past 120 days)
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML		Tier 3	ST (ST: Requires prior prescription for generic statin within the past 120 days)

Drug		Status	Notes
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML		Tier 3	ST (ST: Requires prior prescription for generic statin within the past 120 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML		Tier 3	ST (ST: Requires prior prescription for generic statin within the past 120 days)
Antihyperlipidemic-Acly And Choles Absorp Inhib			
NEXLIZET ORAL TABLET 180-10 MG		Tier 3	ST (ST: Requires prior prescription for generic statin within the past 120 days)
Bile Salt Sequestrants			
cholestyramine (with sugar) oral powder 4 gram	(Questran)	Tier 2	
cholestyramine (with sugar) oral powder in packet 4 gram	(Questran)	Tier 2	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM		Tier 2	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM		Tier 2	
colesevelam oral powder in packet 3.75 gram	(WelChol)	Tier 2	
colesevelam oral tablet 625 mg	(WelChol)	Tier 2	
COLESTID ORAL GRANULES 5 GRAM	(colestipol)	Tier 4	
COLESTID ORAL TABLET 1 GRAM	(colestipol)	Tier 4	
colestipol oral granules 5 gram	(Colestid)	Tier 2	
colestipol oral packet 5 gram		Tier 2	
colestipol oral tablet 1 gram	(Colestid)	Tier 2	
PREVALITE ORAL POWDER 4 GRAM		Tier 2	
PREVALITE ORAL POWDER IN PACKET 4 GRAM		Tier 2	
QUESTRAN LIGHT ORAL POWDER 4 GRAM		Tier 4	
QUESTRAN ORAL POWDER 4 GRAM	(cholestyramine (with sugar))	Tier 4	
QUESTRAN ORAL POWDER IN PACKET 4 GRAM	(cholestyramine (with sugar))	Tier 4	
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	(colesevelam)	Tier 4	
WELCHOL ORAL TABLET 625 MG	(colesevelam)	Tier 4	
Lipotropics			
ezetimibe oral tablet 10 mg	(Zetia)	Tier 2	QL (1 EA per 1 day)

Drug		Status	Notes
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg		Tier 2	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	(Tricor)	Tier 2	
fenofibrate oral capsule 150 mg, 50 mg	(Lipofen)	Tier 2	
fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg		Tier 2	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg		Tier 2	
fenofibric acid oral tablet 105 mg, 35 mg	(Fibricor)	Tier 2	
FENOGLIDE ORAL TABLET 120 MG, 40 MG	(fenofibrate)	Tier 4	ST (ST: Requires prior prescription for generic Fenofibrate or Gemfibrozil within the past 120 days)
FIBRICOR ORAL TABLET 105 MG, 35 MG	(fenofibric acid)	Tier 4	
gemfibrozil oral tablet 600 mg	(Lopid)	Tier 2	
icosapent ethyl oral capsule 0.5 gram	(Vascepa)	Tier 2	QL (8 EA per 1 day)
icosapent ethyl oral capsule 1 gram	(Vascepa)	Tier 2	QL (4 EA per 1 day)
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	(fenofibrate)	Tier 4	ST (ST: Requires prior prescription for generic Fenofibrate or Gemfibrozil within the past 120 days)
LOPID ORAL TABLET 600 MG	(gemfibrozil)	Tier 4	
LOVAZA ORAL CAPSULE 1 GRAM	(omega-3 acid ethyl esters)	Tier 4	ST (ST: Requires prior prescription for generic Fenofibrate within the past 120 days); QL (4 EA per 1 day)
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg		Tier 2	
NIACOR ORAL TABLET 500 MG	(niacin)	Tier 2	
omega-3 acid ethyl esters oral capsule 1 gram	(Lovaza)	Tier 2	ST (ST: Requires prior prescription for generic Fenofibrate within the past 120 days); QL (4 EA per 1 day)
TRICOR ORAL TABLET 145 MG, 48 MG	(fenofibrate nanocrystallized)	Tier 4	
VASCEPA ORAL CAPSULE 0.5 GRAM	(icosapent ethyl)	Tier 4	QL (8 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM	(icosapent ethyl)	Tier 4	QL (4 EA per 1 day)
ZETIA ORAL TABLET 10 MG	(ezetimibe)	Tier 4	QL (1 EA per 1 day)

Drug		Status	Notes
Cardiovascular Disease - Miscellaneous Agents			
Adrenergic Vasopressor Agents			
droxidopa oral capsule 100 mg, 200 mg, 300 mg	(Northera)	Tier 5	PA; SP
midodrine oral tablet 10 mg, 2.5 mg, 5 mg		Tier 2	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	(droxidopa)	Tier 5	PA; SP
Angiotensin Recept-Neprilysin Inhibitor Comb(Arni)			
ENTRESTO ORAL TABLET 24-26 MG	(sacubitril-valsartan)	Tier 3	QL (6 EA per 1 day)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	(sacubitril-valsartan)	Tier 3	QL (2 EA per 1 day)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG		Tier 4	QL (8 EA per 1 day)
sacubitril-valsartan oral tablet 24-26 mg	(Entresto)	Tier 2	QL (6 EA per 1 day)
sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg	(Entresto)	Tier 2	QL (2 EA per 1 day)
Antianginal & Anti-Ischemic Agents,Non-Hemodynamic			
ranolazine oral tablet extended release 12 hr 1,000 mg		Tier 2	QL (60 EA per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg		Tier 2	QL (120 EA per 30 days)
Antianginal, Heart Rate Reducing, I(F) Inhibitor			
CORLANOR ORAL SOLUTION 5 MG/5 ML		Tier 3	QL (20 ML per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	(ivabradine)	Tier 4	ST (ST: Requires prior prescription for Bisoprolol, Carvedilol, or Metoprolol Succinate within the past 120 days); QL (2 EA per 1 day)
ivabradine oral tablet 5 mg, 7.5 mg	(Corlanor)	Tier 2	ST (ST: Requires prior prescription for Bisoprolol, Carvedilol, or Metoprolol Succinate within the past 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 2	QL (1 EA per 1 day)

Drug		Status	Notes
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		Tier 2	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 4	QL (1 EA per 1 day)
Cardiac Myosin Inhibitor			
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG		Tier 5	PA; SP
Protein Stabilizers			
ATTRUBY ORAL TABLET 356 MG		Tier 5	PA; SP
VYNDAMAX ORAL CAPSULE 61 MG		Tier 5	PA; SP
VYNDAQEL ORAL CAPSULE 20 MG		Tier 5	PA; SP
Soluble Guanylate Cyclase (Sgc) Stimulator			
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG		Tier 4	PA
Cardiovascular Disease - Vasodilation			
Cardiovascular Diagnostics-Radiopaque			
OMNIPAQUE ORAL SOLUTION 12 MG IODINE/ML, 9 MG IODINE/ML		Tier 4	
Vasodilators,Coronary			
ISORDIL ORAL TABLET 40 MG	(isosorbide dinitrate)	Tier 4	
ISORDIL TITRADOSE ORAL TABLET 5 MG	(isosorbide dinitrate)	Tier 4	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		Tier 2	
isosorbide dinitrate oral tablet 40 mg	(Isordil)	Tier 2	
isosorbide dinitrate oral tablet 5 mg	(Isordil Titradose)	Tier 2	
isosorbide mononitrate oral tablet 10 mg, 20 mg		Tier 2	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg		Tier 2	
NITRO-BID TRANSDERMAL OINTMENT 2 %	(nitroglycerin)	Tier 3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	(nitroglycerin)	Tier 4	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR		Tier 3	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	(Nitrostat)	Tier 2	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(Nitro-Dur)	Tier 2	

Drug		Status	Notes
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	(Nitrolingual)	Tier 2	
NITROLINGUAL TRANSLINGUAL SPRAY,NON-AEROSOL 400 MCG/SPRAY	(nitroglycerin)	Tier 4	
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	(nitroglycerin)	Tier 4	
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG	(nitroglycerin)	Tier 2	
Vasodilators,Peripheral			
ergoloid oral tablet 1 mg		Tier 2	
papaverine injection solution 30 mg/ml		Tier 2	
Contraception/Oxytocics			
Contraceptives, Intravaginal, Systemic			
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR		Tier 1	
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	(etonogestrel-ethinyl estradiol)	Tier 1	
ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR	(etonogestrel-ethinyl estradiol)	Tier 1	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	(EluRyng)	Tier 1	
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR	(etonogestrel-ethinyl estradiol)	Tier 1	
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	(etonogestrel-ethinyl estradiol)	Tier 4	QL (1 EA per 28 days)
Contraceptives,Implantable			
NEXPLANON SUBDERMAL IMPLANT 68 MG		Tier 1	$0 COPAY IF LIMITED TO 1 IN 365 DAYS
Contraceptives,Injectable			
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	(medroxyprogesterone)	Tier 4	QL (1 ML per 84 days)
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML	(medroxyprogesterone)	Tier 4	QL (1 ML per 84 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML		Tier 1	$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (0.65 ML per 84 days)
medroxyprogesterone intramuscular suspension 150 mg/ml	(Depo-Provera)	Tier 1	$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
medroxyprogesterone intramuscular syringe 150 mg/ml	(Depo-Provera)	Tier 1	$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 1	

Drug		Status	Notes
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %		Tier 1	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %		Tier 1	
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %		Tier 1	
Contraceptives,Oral			
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
AFTER PILL ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 1	
AFTERA ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 1	
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	(levonorgestrel-ethinyl estrad)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
APRI ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG		Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUBRA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
AVERI ORAL TABLET 0.15 MG-0.03 MG (21)/36.5 MG(7)		Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS

Drug		Status	Notes
AVIANE ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
AYUNA ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	(levonorgest-eth.estradiol-iron)	Tier 4	QL (28 EA per 28 days)
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG		Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)	(drospirenone-e.estradiol-lm.fa)	Tier 4	
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
BRIELLYN ORAL TABLET 0.4-35 MG-MCG		Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
CAMILA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS; 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 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
CAZIANT (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
CRYSELLE (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
CURAE ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 4	
CYRED EQ ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
CYRED ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS

Drug		Status	Notes
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
DEBLITANE ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Azurette (28))	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
DOLISHALE ORAL TABLET 90-20 MCG (28)	(levonorgestrel-ethinyl estrad)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)	(Beyaz)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)	(Tydemy)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	(Jasmiel (28))	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	(Ocella)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ECONTRA EZ ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 1	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 1	
ELINEST ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ELLA ORAL TABLET 30 MG		Tier 1	
EMZAHH ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ENSKYCE ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ERRIN ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ESTARYLLA ORAL TABLET 0.25-0.035 MG	(norgestimate-ethinyl estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	(Kelnor 1/35 (28))	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Valtya)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
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 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
FEMLYV ORAL TABLET,DISINTEGRATING 1 MG- 20 MCG		Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS

Drug		Status	Notes
FINZALA ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
GALBRIELA ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
GEMMILY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
HAILEY ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
HEATHER ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
HER STYLE ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 1	
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
INCASSIA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
ISIBLOOM ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
JAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
JASMIEL (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
JENCYCLA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
JOYEAUX ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	(levonorgest-eth.estradiol-iron)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (28 EA per 28 days)
JULEBER ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS

Drug		Status	Notes
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
KALLIGA ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
KELNOR 1/50 (28) ORAL TABLET 1-50 MG-MCG	(ethynodiol diac-eth estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
KURVELO (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	(Camrese Lo)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS; 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 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(Amethia)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG		Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LESSINA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS

Drug		Status	Notes
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	(Joyeaux)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (28 EA per 28 days)
levonorgestrel oral tablet 1.5 mg	(After Pill)	Tier 1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	(Afirmelle)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	(Altavera (28))	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)	(Amethyst (28))	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(Iclevia)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Enpresse)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LEVORA-28 ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)		Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	Tier 4	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	Tier 4	
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 4	
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 4	
LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
LORYNA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LYLEQ ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LYZA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
MELEYA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS

Drug		Status	Notes
MERZEE ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
MILI ORAL TABLET 0.25-0.035 MG	(norgestimate-ethinyl estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
MINZOYA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	(levonorgest-eth.estradiol-iron)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (28 EA per 28 days)
MONO-LINYAH ORAL TABLET 0.25-0.035 MG	(norgestimate-ethinyl estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
MY CHOICE ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 1	
MY WAY ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 1	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG		Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
NEW DAY ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 1	
NEXTSTELLIS ORAL TABLET 3 MG-14.2 MG (28)		Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (1 EA per 1 day)
NIKKI (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
NORA-BE ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	(Wymzya Fe)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	(Galbriela)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
norethindrone (contraceptive) oral tablet 0.35 mg	(Camila)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	(Aurovela 1.5/30 (21))	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	(Aurovela 1/20 (21))	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS

Drug		Status	Notes
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	(Gemmily)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Aurovela Fe 1.5/30 (28))	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	(Charlotte 24 Fe)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg	(Tri-Lo-Estarylla)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(Tri-Estarylla)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg	(Estarylla)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)		Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
OCELLA ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
OPCICON ONE-STEP ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 1	
OPILL ORAL TABLET 0.075 MG		Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
OPTION-2 ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 1	
ORQUIDEA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
PHILITH ORAL TABLET 0.4-35 MG-MCG		Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
PLAN B ONE-STEP ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 4	
PORTIA 28 ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS

Drug		Status	Notes
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	(l norgest/e.estradiol-e.estrad)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ROSYRAH ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	(l norgest/e.estradiol-e.estrad)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7)	(drospirenone-e.estradiol-lm.fa)	Tier 4	
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
SHAROBEL ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
SLYND ORAL TABLET 4 MG (28)		Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (28 EA per 28 days)
SPRINTEC (28) ORAL TABLET 0.25-0.035 MG	(norgestimate-ethinyl estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
SRONYX ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
SYEDA ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TAKE ACTION ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 1	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 4	
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS

Drug		Status	Notes
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TULANA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG		Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	(drospirenone-e.estradiol-lm.fa)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
VALTYA ORAL TABLET 1-50 MG-MCG	(ethynodiol diac-eth estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
VESTURA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
VIENVA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG		Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
VYLIBRA ORAL TABLET 0.25-0.035 MG	(norgestimate-ethinyl estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
WERA (28) ORAL TABLET 0.5-35 MG-MCG		Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	(noreth-ethinyl estradiol-iron)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS

Drug		Status	Notes
XARAH FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
XELRIA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	(noreth-ethinyl estradiol-iron)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
YASMIN (28) ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	Tier 4	
YAZ (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	Tier 4	
ZARAH ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	Tier 1	$0 COPAY IF QUANTITY 28 IN 28 DAYS
Contraceptives,Transdermal			
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	(Xulane)	Tier 1	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR		Tier 1	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradiol)	Tier 1	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradiol)	Tier 1	
Diaphragms/Cervical Cap			
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM		Tier 1	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM		Tier 1	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM		Tier 1	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM		Tier 1	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM		Tier 1	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM		Tier 1	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM		Tier 1	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM		Tier 1	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM		Tier 1	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM		Tier 1	

Drug	Status	Notes
Intra-Uterine Devices (Iud's)		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	Tier 1	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	Tier 1	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	Tier 1	
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM	Tier 1	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	Tier 1	
PARAGARD T380A (SINGLE HAND) INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	Tier 1	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	Tier 1	
Oxytocics		
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	Tier 4	
methylergonovine oral tablet 0.2 mg	Tier 2	QL (28 EA per 30 days)
PREPIDIL VAGINAL GEL 0.5 MG/3 G	Tier 4	
Cough And Cold		
1St Gen Antihistamine & Decongestant Combinations		
promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml (Promethazine VC)	Tier 2	
1St Gen Antihist-Decongest-Anticholinergic Comb		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	Tier 2	
Antitussives,Non-Narcotic		
benzonatate oral capsule 100 mg, 150 mg, 200 mg	Tier 2	
Narcotic Antitussive-1St Generation Antihistamine		
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml	Tier 2	QL (10 ML per 1 day); Age (Min 18 Years)
promethazine-codeine oral syrup 6.25-10 mg/5 ml	Tier 2	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 4	ST (ST: Requires prior prescription for Promethazine/Codeine within the past 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 4	QL (6 EA per 1 day); Age (Min 18 Years)
hydrocodone-homatropine oral solution 5-1.5 mg/5 ml	(Hydromet)	Tier 2	QL (30 ML per 1 day); Age (Min 18 Years)
hydrocodone-homatropine oral tablet 5-1.5 mg	(Hycodan (with homatropine))	Tier 2	QL (6 EA per 1 day); Age (Min 18 Years)
HYDROMET ORAL SOLUTION 5-1.5 MG/5 ML	(hydrocodone-homatropine)	Tier 2	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 2	Age (Min 12 Years)
G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML	(codeine-guaifenesin)	Tier 2	Age (Min 12 Years)
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML	(codeine-guaifenesin)	Tier 2	Age (Min 12 Years)
MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML	(codeine-guaifenesin)	Tier 2	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 2	
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	(Bromfed DM)	Tier 2	
Non-Narc Antitussive-1St Gen Antihistamine Comb.			
promethazine-dm oral syrup 6.25-15 mg/5 ml		Tier 2	
Non-Narcotic Antituss-Decongestant-Expectorant Cmb			
TUSNEL PEDIATRIC ORAL LIQUID 15-5-50 MG/5 ML		Tier 4	
Dermatology - Acne			
Acne Agents,Systemic			
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	(isotretinoin)	Tier 2	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	(isotretinoin)	Tier 2	

Drug		Status	Notes
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	(isotretinoin)	Tier 2	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(Accutane)	Tier 2	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	(isotretinoin)	Tier 2	
Acne Agents,Topical			
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	(clindamycin-benzoyl peroxide)	Tier 4	ST (ST: Requires prior prescription for generic Clindamycin/Benzoyl Peroxide gel within the past 120 days)
ACZONE TOPICAL GEL 5 %	(dapsone)	Tier 4	
ACZONE TOPICAL GEL WITH PUMP 7.5 %	(dapsone)	Tier 4	
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %	(Epiduo)	Tier 2	
adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %	(Epiduo Forte)	Tier 2	
ADEINZDE TOPICAL GEL 0.1-2.5-1 %		Tier 4	
ADERMICA HP TOPICAL GEL 0.05-2.5-1-2 %		Tier 4	
ADMIRAZOL HP TOPICAL CREAM 8.5-5-2 %		Tier 4	
ADMIRAZOL TOPICAL CREAM 6-5-2 %		Tier 4	
ALIXI HP TOPICAL CREAM 8.5-4 %		Tier 4	
ALIXI TOPICAL CREAM 6-4 %		Tier 4	
ALOMIRA HP TOPICAL GEL 0.1-5-1-2 %		Tier 4	
ALURIS HP TOPICAL CREAM 0.1-4 %		Tier 4	
ARTILIS TOPICAL GEL 2.5-1-4 %	(benzoyl per-clindamycin-niacin)	Tier 2	
AVIDORA HP TOPICAL CREAM 0.05-1-4 %		Tier 4	
AVIDORA TOPICAL SOLUTION 0.025-1-4 %		Tier 4	
AWANIS TOPICAL CREAM 0.025-8.5-2 %		Tier 4	

Drug		Status	Notes
AZELEX TOPICAL CREAM 20 %		Tier 4	ST (ST: Requires prior prescription for one generic topicals: sulfacetamide+/-sulfur,clindamycin+/-benzoyl peroxide,erythromycin+/-benzoyl peroxide,adapalene+/-benzoyl peroxide,or tretinoin within the past 120 days)
CABTREO TOPICAL GEL 0.15-3.1-1.2 %		Tier 4	PA
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %	(Neuac)	Tier 2	
clindamycin-benzoyl peroxide topical gel 1-5 %		Tier 2	
clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 %	(Onexton)	Tier 2	
clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %	(Acanya)	Tier 2	ST (ST: Requires prior prescription for generic Clindamycin/Benzoyl Peroxide gel within the past 120 days)
clindamycin-benzoyl peroxide topical gel with pump 1-5 %		Tier 2	
dapsone topical gel 5 %	(Aczone)	Tier 2	
dapsone topical gel with pump 7.5 %	(Aczone)	Tier 2	
DEOXIATAR TOPICAL SOLUTION 0.025-1-4 %		Tier 4	
DEOXIAVAR TOPICAL CREAM 0.05-1-4 %		Tier 4	
DIADIMAXIA TOPICAL CREAM 6-5-2 %		Tier 4	
DIAOXIA TOPICAL CREAM 6-4 %		Tier 4	
DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 %		Tier 4	
DIASAXIATAR TOPICAL GEL 0.025-8.5-2 %		Tier 4	
DIASDIMAXIA TOPICAL CREAM 8.5-5-2 %		Tier 4	
DIASOXIA TOPICAL CREAM 8.5-4 %		Tier 4	
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %	(adapalene-benzoyl peroxide)	Tier 4	
EPIDUO TOPICAL GEL WITH PUMP 0.1-2.5 %	(adapalene-benzoyl peroxide)	Tier 4	
IDYYXIATAR TOPICAL GEL 0.025-5 %		Tier 4	

Drug		Status	Notes
INZDEAXIAVAR TOPICAL GEL 0.05-2.5-1-2 %		Tier 4	
KLARON TOPICAL SUSPENSION 10 %	(sulfacetamide sodium (acne))	Tier 4	
NEUAC TOPICAL GEL 1.2 %(1 % BASE) -5 %	(clindamycin-benzoyl peroxide)	Tier 2	
ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) -3.75 %	(clindamycin-benzoyl peroxide)	Tier 4	
ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 %		Tier 4	
ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 %		Tier 4	
ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 %		Tier 4	
OXIAVARY TOPICAL CREAM 0.1-4 %		Tier 4	
SIRVANA TOPICAL GEL 0.025-5 %		Tier 4	
sulfacetamide sodium (acne) topical suspension 10 %	(Klaron)	Tier 2	
Keratolytic-Glucocorticoid Combinations			
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %		Tier 3	
Rosacea Agents, Topical			
AVEIDA TOPICAL GEL 1-1 %		Tier 4	
azelaic acid topical gel 15 %		Tier 2	
BAXONIL TOPICAL OINTMENT 1-2 %		Tier 4	
brimonidine topical gel with pump 0.33 %	(Mirvaso)	Tier 2	
DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 %		Tier 4	
DAZOMON TOPICAL GEL 0.25 %		Tier 4	
FINACEA TOPICAL FOAM 15 %		Tier 3	
IDARAN TOPICAL OINTMENT 1-2 %		Tier 4	
ivermectin topical cream 1 %	(Soolantra)	Tier 2	ST (ST: Requires prior prescription for Finacea gel or foam within the past 120 days)
METROCREAM TOPICAL CREAM 0.75 %	(metronidazole)	Tier 4	
METROGEL TOPICAL GEL 1 %	(metronidazole)	Tier 4	
METROLOTION TOPICAL LOTION 0.75 %	(metronidazole)	Tier 4	
metronidazole topical cream 0.75 %	(Rosadan)	Tier 2	
metronidazole topical gel 0.75 %	(Rosadan)	Tier 2	
metronidazole topical gel 1 %	(Metrogel)	Tier 2	
metronidazole topical gel with pump 1 %		Tier 2	

Drug		Status	Notes
metronidazole topical lotion 0.75 %	(MetroLotion)	Tier 2	
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	(brimonidine)	Tier 4	
REMYDA TOPICAL GEL 0.25 %		Tier 4	
RESTIMO TOPICAL GEL 1-1 %		Tier 4	
ROSADAN TOPICAL CREAM 0.75 %	(metronidazole)	Tier 2	
ROSADAN TOPICAL GEL 0.75 %	(metronidazole)	Tier 4	
ROVIS TOPICAL GEL 0.25-1-1-4 %		Tier 4	
SOOLANTRA TOPICAL CREAM 1 %	(ivermectin)	Tier 4	ST (ST: Requires prior prescription for Finacea gel or foam within the past 120 days)
Topical Antiandrogenic Agents			
WINLEVI TOPICAL CREAM 1 %		Tier 4	PA; QL (60 GM per 30 days)
Topical Preparations,Antibacterials			
BASADROX TOPICAL GEL IN PACKET		Tier 4	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 %		Tier 4	
hydrocortisone-iodoquinol topical cream 1-1 %	(Corti-Sav)	Tier 2	
hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %	(Vytone)	Tier 2	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %		Tier 4	
IODOSORB TOPICAL GEL 0.9 %		Tier 4	
LUGOLS TOPICAL SOLUTION 5-10 %	(iodine-potassium iodide)	Tier 2	
NORMLGEL AG TOPICAL GEL 0.11 %		Tier 4	
silver nitrate topical solution 0.5 %, 25 %, 50 %		Tier 2	
STRONG IODINE TOPICAL SOLUTION 5-10 %	(iodine-potassium iodide)	Tier 2	
VYTONE TOPICAL CREAM IN PACKET 1.9-1 %	(hydrocortisone-iodoquinol-aloe)	Tier 4	
Vitamin A Derivatives			
adapalene topical cream 0.1 %	(Differin)	Tier 2	
adapalene topical gel 0.1 %	(Differin)	Tier 2	
adapalene topical gel 0.3 %		Tier 2	
adapalene topical gel with pump 0.3 %	(Differin)	Tier 2	
adapalene topical lotion 0.1 %	(Differin)	Tier 2	Age (Max 39 Years)
ALTRENO TOPICAL LOTION 0.05 %		Tier 4	
ATRALIN TOPICAL GEL 0.05 %	(tretinoin)	Tier 4	
AVITA TOPICAL CREAM 0.025 %	(tretinoin)	Tier 2	
AVITA TOPICAL GEL 0.025 %	(tretinoin)	Tier 2	

Drug		Status	Notes
DIFFERIN TOPICAL CREAM 0.1 %	(adapalene)	Tier 4	
DIFFERIN TOPICAL GEL 0.1 %	(adapalene)	Tier 4	
DIFFERIN TOPICAL GEL WITH PUMP 0.3 %	(adapalene)	Tier 4	
DIFFERIN TOPICAL LOTION 0.1 %	(adapalene)	Tier 4	Age (Max 39 Years)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.1 %	(tretinoin microspheres)	Tier 4	Age (Max 39 Years)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %		Tier 4	ST (ST: Requires prior prescriptions for generic Tretinoin Microspheres 0.04% and 0.10% within the past 365 days); Age (Max 39 Years)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.08 %	(tretinoin microspheres)	Tier 4	ST (ST: Requires prior prescriptions for generic Tretinoin Microspheres 0.04% and 0.10% within the past 365 days); Age (Max 39 Years)
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	(tretinoin microspheres)	Tier 4	Age (Max 39 Years)
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 %	(tretinoin)	Tier 4	
RETIN-A TOPICAL GEL 0.01 %, 0.025 %	(tretinoin)	Tier 4	
tretinoin microspheres topical gel 0.04 %, 0.1 %	(Retin-A Micro)	Tier 2	Age (Max 39 Years)
tretinoin microspheres topical gel with pump 0.04 %, 0.1 %	(Retin-A Micro Pump)	Tier 2	Age (Max 39 Years)
tretinoin microspheres topical gel with pump 0.08 %	(Retin-A Micro Pump)	Tier 2	ST (ST: Requires prior prescriptions for generic Tretinoin Microspheres 0.04% and 0.10% within the past 365 days); Age (Max 39 Years)
tretinoin topical cream 0.025 %	(Avita)	Tier 2	
tretinoin topical cream 0.05 %, 0.1 %	(Retin-A)	Tier 2	
tretinoin topical gel 0.01 %	(Retin-A)	Tier 2	
tretinoin topical gel 0.025 %	(Avita)	Tier 2	
tretinoin topical gel 0.05 %	(Atralin)	Tier 2	

Drug		Status	Notes
Vitamin A Derivatives, Topical Acne Agents			
AKLIEF TOPICAL CREAM 0.005 %		Tier 4	ST (ST: Requires prior prescription for generic topicals: Tazarotene, Tretinoin, or Adapalene (gel, cream, lotion, or solution) within the past 120 days); Age (Max 39 Years)
Dermatology - Antiinfective			
Topical Antibiotics			
BENZAMYCIN TOPICAL GEL 3-5 %	(erythromycin-benzoyl peroxide)	Tier 4	
CENTANY AT TOPICAL OINTMENT KIT 2 %		Tier 4	
CENTANY TOPICAL OINTMENT 2 %	(mupirocin)	Tier 4	QL (90 GM per 1 FILL)
CLEOCIN T TOPICAL LOTION 1 %	(clindamycin phosphate)	Tier 4	
CLEOCIN T TOPICAL SOLUTION 1 %	(clindamycin phosphate)	Tier 4	QL (180 ML per 1 FILL)
CLINDACIN ETZ TOPICAL SWAB 1 %	(clindamycin phosphate)	Tier 4	
CLINDACIN P TOPICAL SWAB 1 %	(clindamycin phosphate)	Tier 4	
CLINDACIN TOPICAL FOAM 1 %	(clindamycin phosphate)	Tier 4	
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 %	(clindamycin phosphate)	Tier 4	ST (ST: Requires prior prescription for Clindamycin Phosphate 1% gel within the past 120 days)
clindamycin phosphate topical foam 1 %	(Clindacin)	Tier 2	
clindamycin phosphate topical gel 1 %		Tier 2	
clindamycin phosphate topical gel, once daily 1 %	(Clindagel)	Tier 2	ST (ST: Requires prior prescription for Clindamycin Phosphate 1% gel within the past 120 days)
clindamycin phosphate topical lotion 1 %	(Cleocin T)	Tier 2	
clindamycin phosphate topical solution 1 %		Tier 2	QL (180 ML per 1 FILL)
clindamycin phosphate topical swab 1 %	(Clindacin ETZ)	Tier 2	
ERY PADS TOPICAL SWAB 2 %	(erythromycin with ethanol)	Tier 2	
ERYGEL TOPICAL GEL 2 %	(erythromycin with ethanol)	Tier 4	
erythromycin with ethanol topical gel 2 %	(Erygel)	Tier 2	
erythromycin with ethanol topical solution 2 %		Tier 2	QL (180 ML per 1 FILL)
erythromycin-benzoyl peroxide topical gel 3-5 %	(Benzamycin)	Tier 2	
EVOCLIN TOPICAL FOAM 1 %	(clindamycin phosphate)	Tier 4	

Drug		Status	Notes
gentamicin topical cream 0.1 %		Tier 2	QL (90 GM per 1 FILL)
gentamicin topical ointment 0.1 %		Tier 2	QL (90 GM per 1 FILL)
mupirocin calcium topical cream 2 %		Tier 2	QL (90 GM per 1 FILL)
mupirocin topical ointment 2 %	(Centany)	Tier 2	QL (90 GM per 1 FILL)
XEPI TOPICAL CREAM 1 %		Tier 4	ST (ST: Requires prior prescription for Mupirocin ointment within the past 120 days)
Topical Antifungal/Antiinflammatory,Steriod Agent			
clotrimazole-betamethasone topical cream 1-0.05 %		Tier 2	
clotrimazole-betamethasone topical lotion 1-0.05 %		Tier 2	
Topical Antifungals			
ANTIFUNGAL (CLOTRIMAZOLE) TOPICAL CREAM 1 %	(clotrimazole)	Tier 2	
ATHLETE'S FOOT (CLOTRIMAZOLE) TOPICAL CREAM 1 %	(clotrimazole)	Tier 2	
ATHLETE'S FOOT (CLOTRIMAZOLE) TOPICAL SOLUTION 1 %	(clotrimazole)	Tier 2	
ATHLETIC FOOT CREAM TOPICAL CREAM 1 %	(clotrimazole)	Tier 2	
CICLODAN KIT TOPICAL COMBO PACK 0.77 %		Tier 4	
CICLODAN KIT TOPICAL SOLUTION 8 %	(ciclopirox-ure-camph-menth-euc)	Tier 4	QL (19.8 ML per 1 FILL)
CICLODAN TOPICAL CREAM 0.77 %	(ciclopirox)	Tier 4	QL (180 GM per 1 FILL)
CICLODAN TOPICAL SOLUTION 8 %	(ciclopirox)	Tier 4	QL (19.8 ML per 1 FILL)
ciclopirox topical cream 0.77 %	(Ciclodan)	Tier 2	QL (180 GM per 1 FILL)
ciclopirox topical gel 0.77 %		Tier 2	
ciclopirox topical shampoo 1 %		Tier 2	
ciclopirox topical solution 8 %	(Ciclodan)	Tier 2	QL (19.8 ML per 1 FILL)
ciclopirox topical suspension 0.77 %	(Loprox (as olamine))	Tier 2	QL (180 ML per 1 FILL)
ciclopirox-ure-camph-menth-euc topical solution 8 %	(Ciclodan Kit)	Tier 2	QL (19.8 ML per 1 FILL)
CLOTRIMAZOLE AF TOPICAL CREAM 1 %	(clotrimazole)	Tier 2	
clotrimazole topical cream 1 %	(Antifungal (clotrimazole))	Tier 2	
clotrimazole topical solution 1 %	(Athlete's Foot (clotrimazole))	Tier 2	
DAFILOR TOPICAL SHAMPOO 0.77-2 %	(ciclopirox-salicylic acid)	Tier 4	
econazole nitrate topical cream 1 %		Tier 2	QL (170 GM per 1 FILL)

Drug		Status	Notes
ECOZA TOPICAL FOAM 1 %		Tier 4	
EXELDERM TOPICAL CREAM 1 %	(sulconazole)	Tier 3	
EXELDERM TOPICAL SOLUTION 1 %	(sulconazole)	Tier 3	
EXODERM TOPICAL LOTION 25-1 %		Tier 2	
FERVINA TOPICAL LOTION 3-5-20 %		Tier 4	
FIDILA TOPICAL SHAMPOO 2-2 %		Tier 4	
FILOMA TOPICAL SOLUTION 8-1-1 %		Tier 4	
HAXDRAX TOPICAL SHAMPOO 0.77-2 %	(ciclopirox-salicylic acid)	Tier 4	
HEXIOUNYL TOPICAL LOTION 3-5-20 %		Tier 4	
HIXDEFRIMA TOPICAL SOLUTION 8-1-1 %		Tier 4	
ITCH RELIEF (CLOTRIMAZOLE) TOPICAL CREAM 1 %	(clotrimazole)	Tier 2	
JOCK ITCH (CLOTRIMAZOLE) TOPICAL CREAM 1 %	(clotrimazole)	Tier 2	
ketoconazole topical cream 2 %		Tier 2	QL (180 GM per 1 FILL)
ketoconazole topical shampoo 2 %		Tier 2	QL (360 ML per 1 FILL)
KETODAN KIT TOPICAL COMBO PACK 2 %		Tier 4	
KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM	(nystatin)	Tier 2	
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 %	(ciclopirox)	Tier 4	QL (180 GM per 1 FILL)
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 %	(ciclopirox)	Tier 4	QL (180 ML per 1 FILL)
luliconazole topical cream 1 %	(Luzu)	Tier 2	ST (ST: Requires prior prescriptions for Ketoconazole and Clotrimazole cream within the past 365 days); QL (60 GM per 28 days)
LUZU TOPICAL CREAM 1 %	(luliconazole)	Tier 4	ST (ST: Requires prior prescriptions for Ketoconazole and Clotrimazole cream within the past 365 days); QL (60 GM per 28 days)
miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %	(Vusion)	Tier 2	
MICOTRIN AC TOPICAL CREAM 1 %	(clotrimazole)	Tier 2	
MYCOZYL AC TOPICAL CREAM 1 %	(clotrimazole)	Tier 2	
naftifine topical cream 1 %		Tier 2	
naftifine topical cream 2 %		Tier 2	QL (180 GM per 1 FILL)
naftifine topical gel 2 %	(Naftin)	Tier 2	

Drug		Status	Notes
NAFTIN TOPICAL GEL 2 %	(naftifine)	Tier 4	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	(nystatin)	Tier 2	
nystatin topical cream 100,000 unit/gram		Tier 2	
nystatin topical ointment 100,000 unit/gram		Tier 2	QL (90 GM per 1 FILL)
nystatin topical powder 100,000 unit/gram	(Klayesta)	Tier 2	
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%		Tier 2	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%		Tier 2	QL (180 GM per 1 FILL)
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	(nystatin)	Tier 2	
oxiconazole topical cream 1 %		Tier 2	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 %		Tier 4	
PHEDRAX TOPICAL SHAMPOO 2-2 %		Tier 4	
RINGWORM TOPICAL CREAM 1 %	(clotrimazole)	Tier 2	
sulconazole topical cream 1 %	(Exelderm)	Tier 2	
sulconazole topical solution 1 %	(Exelderm)	Tier 2	
tavaborole topical solution with applicator 5 %		Tier 2	PA
TRIMAZOLE TOPICAL CREAM 1 %	(clotrimazole)	Tier 2	
TRIPLE DYE TOPICAL SWAB 2.29-2.29-1.14 MG/ML		Tier 2	
VUSION TOPICAL OINTMENT 0.25-15-81.35 %	(miconazole nitrate-zinc ox-pet)	Tier 4	
Topical Antiparasitics			
ELIMITE TOPICAL CREAM 5 %	(permethrin)	Tier 4	
ivermectin topical lotion 0.5 %	(Sklice)	Tier 2	
malathion topical lotion 0.5 %	(Ovide)	Tier 2	
NATROBA TOPICAL SUSPENSION 0.9 %	(spinosad)	Tier 4	
OVIDE TOPICAL LOTION 0.5 %	(malathion)	Tier 4	
permethrin topical cream 5 %	(Elimite)	Tier 2	
SKLICE TOPICAL LOTION 0.5 %	(ivermectin)	Tier 4	
spinosad topical suspension 0.9 %	(Natroba)	Tier 2	
ULESFIA TOPICAL LOTION 5 %		Tier 4	
Topical Antivirals			
acyclovir topical ointment 5 %	(Zovirax)	Tier 2	
ZOVIRAX TOPICAL OINTMENT 5 %	(acyclovir)	Tier 4	

Drug		Status	Notes
Topical Pleuromutilin Derivatives			
ALTABAX TOPICAL OINTMENT 1 %		Tier 4	ST (ST: Requires prior prescription for Mupirocin ointment within the past 120 days)
Topical Sulfonamides			
ABENOR HP TOPICAL LOTION 15-4 %		Tier 4	
AVAR LS TOPICAL CLEANSER 10-2 %	(sulfacetamide sodium-sulfur)	Tier 4	
AVAR TOPICAL CLEANSER 10-5 % (W/W)	(sulfacetamide sodium-sulfur)	Tier 4	QL (1419 GM per 1 FILL)
CLEANSING WASH TOPICAL CLEANSER 10-4-10 %	(sulfacetamide sod-sulfur-urea)	Tier 2	
mafenide acetate topical packet 50 gram	(Sulfamylon)	Tier 2	
OXIAICE TOPICAL LOTION 15-4 %		Tier 4	
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 %	(sulfacetamide sodium-sulfur)	Tier 4	
PLEXION TOPICAL CLEANSER 9.8-4.8 %	(sulfacetamide sodium-sulfur)	Tier 4	
ROSULA TOPICAL CLEANSER 10-4.5 %		Tier 4	
SILVADENE TOPICAL CREAM 1 %	(silver sulfadiazine)	Tier 4	
silver sulfadiazine topical cream 1 %	(SSD)	Tier 2	
SSD TOPICAL CREAM 1 %	(silver sulfadiazine)	Tier 2	
sulfacetamide sodium-sulfur topical cleanser 10-2 %	(Avar LS)	Tier 2	
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)	(Avar)	Tier 2	QL (1419 GM per 1 FILL)
sulfacetamide sodium-sulfur topical cleanser 8-4 %		Tier 2	
sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %	(Plexion)	Tier 2	
sulfacetamide sodium-sulfur topical cleanser 9-4 %	(Sumaxin)	Tier 2	
sulfacetamide sodium-sulfur topical cleanser 9-4.5 %	(Sumadan)	Tier 2	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %		Tier 2	QL (1419 ML per 1 FILL)
SULFAMYLON TOPICAL CREAM 85 MG/G		Tier 4	
SULFAMYLON TOPICAL PACKET 50 GRAM	(mafenide acetate)	Tier 4	
SUMADAN TOPICAL CLEANSER 9-4.5 %	(sulfacetamide sodium-sulfur)	Tier 4	

Drug		Status	Notes
SUMAXIN TOPICAL CLEANSER 9-4 %	(sulfacetamide sodium-sulfur)	Tier 4	
Dermatology - Antiinflammatory			
Interleukin-13 (Il-13) Inhibitors, Mab			
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML		Tier 5	PA; SP
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML		Tier 5	PA; SP
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML		Tier 5	PA; SP
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML		Tier 5	PA; SP
Interleukin-31(Il-31)Receptor Alpha Antagonist,Mab			
NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG		Tier 5	PA; SP
Top. Anti-Inflam.,Phosphodiesterase-4 (Pde4) Inhib			
EUCRISA TOPICAL OINTMENT 2 %		Tier 3	PA; QL (100 GM per 30 days)
ZORYVE TOPICAL CREAM 0.15 %		Tier 3	PA; QL (60 GM per 30 days)
ZORYVE TOPICAL FOAM 0.3 %		Tier 3	PA; QL (60 GM per 30 days)
Topical Antibiotics/Antiinflammatory,Steroidal			
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %		Tier 4	ST (ST: Requires prior prescription for generic Fluocinolone Acetonide (cream, oil, ointment or solution) within the past 120 days)
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %		Tier 4	ST (ST: Requires prior prescription for generic Fluocinolone Acetonide (cream, oil, ointment or solution) within the past 120 days)
Topical Anti-Inflammatory Steroidal			
ACIOXIA TOPICAL GEL 0.1-0.5 %		Tier 4	
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 %		Tier 2	
ALA-CORT TOPICAL CREAM 1 %	(hydrocortisone)	Tier 2	
ALA-SCALP TOPICAL LOTION 2 %	(hydrocortisone)	Tier 2	ST (ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days)

Drug		Status	Notes
alclometasone topical cream 0.05 %		Tier 2	
alclometasone topical ointment 0.05 %		Tier 2	
amcinonide topical cream 0.1 %		Tier 2	ST (ST: Requires prior prescription for Betamethasone 0.1% ointment, Fluticasone 0.005% ointment, Mometasone 0.1% ointment, or Triamcinolone 0.5% ointment or cream within the past 120 days)
ANTI-ITCH (HC) TOPICAL CREAM 1 %	(hydrocortisone)	Tier 2	
ANTI-ITCH (HC) TOPICAL LOTION 1 %	(hydrocortisone)	Tier 2	
ANTI-ITCH (HC) TOPICAL OINTMENT 1 %	(hydrocortisone)	Tier 2	
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	(hydrocortisone)	Tier 4	
AQUANIL HC TOPICAL LOTION 1 %	(hydrocortisone)	Tier 2	
AQUAPHOR ITCH RELIEF TOPICAL OINTMENT 1 %	(hydrocortisone)	Tier 2	
BESER TOPICAL LOTION 0.05 %	(fluticasone propionate)	Tier 4	
BETA-HC TOPICAL LOTION 1 %	(hydrocortisone)	Tier 2	
betamethasone dipropionate topical cream 0.05 %		Tier 2	
betamethasone dipropionate topical lotion 0.05 %		Tier 2	
betamethasone dipropionate topical ointment 0.05 %		Tier 2	
betamethasone valerate topical cream 0.1 %		Tier 2	
betamethasone valerate topical foam 0.12 %	(Luxiq)	Tier 2	
betamethasone valerate topical lotion 0.1 %		Tier 2	
betamethasone valerate topical ointment 0.1 %		Tier 2	
betamethasone, augmented topical cream 0.05 %		Tier 2	
betamethasone, augmented topical gel 0.05 %		Tier 2	
betamethasone, augmented topical lotion 0.05 %		Tier 2	
betamethasone, augmented topical ointment 0.05 %	(Diprolene (augmented))	Tier 2	
CAPEX TOPICAL SHAMPOO 0.01 %		Tier 4	
clobetasol scalp solution 0.05 %		Tier 2	

Drug		Status	Notes
clobetasol topical cream 0.05 %		Tier 2	
clobetasol topical foam 0.05 %	(Olux)	Tier 2	
clobetasol topical gel 0.05 %		Tier 2	
clobetasol topical lotion 0.05 %	(Clobex)	Tier 2	
clobetasol topical ointment 0.05 %		Tier 2	
clobetasol topical shampoo 0.05 %	(Clobex)	Tier 2	
clobetasol topical spray,non-aerosol 0.05 %	(Clobex)	Tier 2	
clobetasol-emollient topical cream 0.05 %		Tier 2	
clobetasol-emollient topical foam 0.05 %	(Olux-E)	Tier 2	
CLOBEX TOPICAL LOTION 0.05 %	(clobetasol)	Tier 4	
CLOBEX TOPICAL SHAMPOO 0.05 %	(clobetasol)	Tier 4	
CLOBEX TOPICAL SPRAY,NON-AEROSOL 0.05 %	(clobetasol)	Tier 4	
clocortolone pivalate topical cream 0.1 %		Tier 2	ST (ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days)
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 %		Tier 4	
CLODAN TOPICAL SHAMPOO 0.05 %	(clobetasol)	Tier 4	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2		Tier 4	ST (ST: Requires prior prescription for Betamethasone augmented (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, Halobetasol 0.05% (cream, ointment) within the past 120 days); QL (2 EA per 30 days)
CORDRAN TOPICAL CREAM 0.025 %		Tier 4	ST (ST: Requires prior prescription for a topical corticosteroid within the past 120 days)

Drug		Status	Notes
CORDRAN TOPICAL CREAM 0.05 %	(flurandrenolide)	Tier 4	ST (ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days)
CORDRAN TOPICAL LOTION 0.05 %	(flurandrenolide)	Tier 4	
CORDRAN TOPICAL OINTMENT 0.05 %	(flurandrenolide)	Tier 4	ST (ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days); QL (180 GM per 30 days)
CORTISONE (HYDROCORTISONE) TOPICAL CREAM 1 %	(hydrocortisone)	Tier 2	
CORTISONE (HYDROCORTISONE) TOPICAL LOTION 1 %	(hydrocortisone)	Tier 2	
CORTISONE WITH ALOE TOPICAL CREAM 1 %	(hydrocortisone-aloe vera)	Tier 2	
CORTIZONE-10 TOPICAL CREAM 1 %	(hydrocortisone)	Tier 2	
CORTIZONE-10 TOPICAL LOTION 1 %	(hydrocortisone)	Tier 2	
CORTIZONE-10 TOPICAL OINTMENT 1 %	(hydrocortisone)	Tier 2	
DERMAREST ECZEMA (HYDROCORT) TOPICAL LOTION 1 %	(hydrocortisone)	Tier 2	
DERMA-SMOOTHE/FS BODY OIL TOPICAL OIL 0.01 %	(fluocinolone)	Tier 4	
DERMA-SMOOTHE/FS SCALP OIL SCALP OIL 0.01 %	(fluocinolone and shower cap)	Tier 4	
desonide topical cream 0.05 %	(DesOwen)	Tier 2	
desonide topical gel 0.05 %		Tier 2	ST (ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days)

Drug		Status	Notes
desonide topical lotion 0.05 %		Tier 2	
desonide topical ointment 0.05 %		Tier 2	
DESOWEN TOPICAL CREAM 0.05 %	(desonide)	Tier 4	
desoximetasone topical cream 0.05 %, 0.25 %	(Topicort)	Tier 2	
desoximetasone topical gel 0.05 %	(Topicort)	Tier 2	
desoximetasone topical ointment 0.05 %, 0.25 %	(Topicort)	Tier 2	
desoximetasone topical spray,non-aerosol 0.25 %	(Topicort)	Tier 2	ST (ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam/shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days)
DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 %	(betamethasone, augmented)	Tier 4	
DYNOMA TOPICAL CREAM 0.05-4 %		Tier 4	
fluocinolone and shower cap scalp oil 0.01 %	(Derma-Smoothe/FS Scalp Oil)	Tier 2	
fluocinolone topical cream 0.01 %		Tier 2	
fluocinolone topical cream 0.025 %	(Synalar)	Tier 2	
fluocinolone topical oil 0.01 %	(Derma-Smoothe/FS Body Oil)	Tier 2	
fluocinolone topical ointment 0.025 %	(Synalar)	Tier 2	
fluocinolone topical solution 0.01 %	(Synalar)	Tier 2	
fluocinonide topical cream 0.05 %		Tier 2	
fluocinonide topical cream 0.1 %	(Vanos)	Tier 2	
fluocinonide topical gel 0.05 %		Tier 2	
fluocinonide topical ointment 0.05 %		Tier 2	
fluocinonide topical solution 0.05 %		Tier 2	
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	(fluocinonide-emollient)	Tier 2	
fluocinonide-emollient topical cream 0.05 %	(Fluocinonide-E)	Tier 2	
FLUOXIA TOPICAL CREAM 0.05-4 %		Tier 4	

Drug	Status	Notes
flurandrenolide topical cream 0.05 %	Tier 2	ST (ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days)
flurandrenolide topical lotion 0.05 %	Tier 2	
flurandrenolide topical ointment 0.05 %	Tier 2	ST (ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days); QL (180 GM per 30 days)
fluticasone propionate topical cream 0.05 %	Tier 2	
fluticasone propionate topical lotion 0.05 % (Beser)	Tier 2	
fluticasone propionate topical ointment 0.005 %	Tier 2	
halcinonide topical cream 0.1 % (Halog)	Tier 2	ST (ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days)
halcinonide topical solution 0.1 % (Halog)	Tier 2	ST (ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days)
halobetasol propionate topical cream 0.05 %	Tier 2	
halobetasol propionate topical ointment 0.05 %	Tier 2	

Drug	Status	Notes
HALOG TOPICAL CREAM 0.1 % (halcinonide)	Tier 4	ST (ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days)
HALOG TOPICAL OINTMENT 0.1 %	Tier 4	ST (ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days)
HALOG TOPICAL SOLUTION 0.1 % (halcinonide)	Tier 4	ST (ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days)
hydrocortisone butyrate topical cream 0.1 %	Tier 2	
hydrocortisone butyrate topical lotion 0.1 %	Tier 2	ST (ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days); QL (236 ML per 30 days)

Drug		Status	Notes
hydrocortisone butyrate topical ointment 0.1 %		Tier 2	ST (ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days)
hydrocortisone butyrate topical solution 0.1 %		Tier 2	
hydrocortisone topical cream 1 %	(Ala-Cort)	Tier 2	
hydrocortisone topical cream 2.5 %		Tier 2	
hydrocortisone topical cream with perineal applicator 1 %		Tier 2	
hydrocortisone topical cream with perineal applicator 2.5 %	(Procto-Med HC)	Tier 2	
hydrocortisone topical lotion 1 %	(Anti-Itch (HC))	Tier 2	
hydrocortisone topical lotion 2 %	(Ala-Scalp)	Tier 2	ST (ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days)
hydrocortisone topical lotion 2.5 %		Tier 2	
hydrocortisone topical ointment 1 %	(Anti-Itch (HC))	Tier 2	
hydrocortisone topical ointment 2.5 %		Tier 2	
hydrocortisone topical solution 2.5 %	(Texacort)	Tier 2	ST (ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days)
hydrocortisone valerate topical cream 0.2 %		Tier 2	
hydrocortisone valerate topical ointment 0.2 %		Tier 2	ST (ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days)
hydrocortisone-aloe vera topical cream 1 %	(Cortisone with Aloe)	Tier 2	
HYDROCREAM TOPICAL CREAM 1 %	(hydrocortisone)	Tier 2	
ITCH RELIEF (HC) TOPICAL OINTMENT 1 %	(hydrocortisone)	Tier 2	
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	(triamcinolone acetonide)	Tier 4	

Drug		Status	Notes
LOCOID LIPOCREAM TOPICAL CREAM 0.1 %		Tier 4	
LOCOID TOPICAL LOTION 0.1 %	(hydrocortisone butyrate)	Tier 4	ST (ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days); QL (236 ML per 30 days)
LUXIQ TOPICAL FOAM 0.12 %	(betamethasone valerate)	Tier 4	
mometasone topical cream 0.1 %		Tier 2	
mometasone topical ointment 0.1 %		Tier 2	
mometasone topical solution 0.1 %		Tier 2	
MONISTAT CARE (HYDROCORTISONE) TOPICAL CREAM 1 %	(hydrocortisone)	Tier 2	
NOBLE FORMULA HC TOPICAL CREAM 1 %	(hydrocortisone)	Tier 2	
NUCORT TOPICAL LOTION 2 %	(hydrocortisone acet-aloe vera)	Tier 4	
OLUX TOPICAL FOAM 0.05 %	(clobetasol)	Tier 4	
OLUX-E TOPICAL FOAM 0.05 %	(clobetasol-emollient)	Tier 4	
PANDEL TOPICAL CREAM 0.1 %		Tier 4	ST (ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days); QL (160 GM per 30 days)
prednicarbate topical cream 0.1 %		Tier 2	
prednicarbate topical ointment 0.1 %		Tier 2	
PREPARATION H HYDROCORTISONE TOPICAL CREAM 1 %	(hydrocortisone)	Tier 2	
PROCTOCORT TOPICAL CREAM 1 %	(hydrocortisone)	Tier 4	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	(hydrocortisone)	Tier 2	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	(hydrocortisone)	Tier 2	

Drug		Status	Notes
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	(hydrocortisone)	Tier 2	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %		Tier 3	
SCALACORT TOPICAL LOTION 2 %	(hydrocortisone)	Tier 4	ST (ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days)
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %		Tier 4	ST (ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days)
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %		Tier 4	QL (375 GM per 30 days)
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 %		Tier 4	QL (375 GM per 30 days)
SYNALAR TOPICAL CREAM 0.025 %	(fluocinolone)	Tier 4	
SYNALAR TOPICAL OINTMENT 0.025 %	(fluocinolone)	Tier 4	
SYNALAR TOPICAL SOLUTION 0.01 %	(fluocinolone)	Tier 4	
SYNALAR TS TOPICAL KIT 0.01 %		Tier 4	
TELIORA TOPICAL GEL 0.1-0.5 %		Tier 4	
TEXACORT TOPICAL SOLUTION 2.5 %	(hydrocortisone)	Tier 4	ST (ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days)
TOPICORT TOPICAL CREAM 0.05 %, 0.25 %	(desoximetasone)	Tier 4	
TOPICORT TOPICAL GEL 0.05 %	(desoximetasone)	Tier 4	
TOPICORT TOPICAL OINTMENT 0.05 %, 0.25 %	(desoximetasone)	Tier 4	
TOPICORT TOPICAL SPRAY,NON-AEROSOL 0.25 %	(desoximetasone)	Tier 4	ST (ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam/shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days)

Drug		Status	Notes
TOVET EMOLLIENT TOPICAL FOAM 0.05 %	(clobetasol-emollient)	Tier 4	
triamcinolone acetonide topical aerosol 0.147 mg/gram	(Kenalog)	Tier 2	
triamcinolone acetonide topical cream 0.025 %, 0.1 %		Tier 2	
triamcinolone acetonide topical cream 0.5 %	(Triderm)	Tier 2	QL (454 GM per 30 days)
triamcinolone acetonide topical lotion 0.025 %, 0.1 %		Tier 2	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %		Tier 2	
TRIDERM TOPICAL CREAM 0.5 %	(triamcinolone acetonide)	Tier 2	QL (454 GM per 30 days)
VANOS TOPICAL CREAM 0.1 %	(fluocinonide)	Tier 4	
Topical Anti-Inflammatory, Nsaids			
ARTHRITIS PAIN (DICLOFENAC) TOPICAL GEL 1 %	(diclofenac sodium)	Tier 2	
ASPERCREME ARTHRITIS PAIN TOPICAL GEL 1 %	(diclofenac sodium)	Tier 4	
diclofenac epolamine transdermal patch 12 hour 1.3 %	(Flector)	Tier 2	
diclofenac sodium topical drops 1.5 %		Tier 2	
diclofenac sodium topical gel 1 %	(Arthritis Pain (diclofenac))	Tier 2	
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	(diclofenac epolamine)	Tier 4	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %		Tier 4	ST (ST: Requires prior prescription for generic Flector patch within the past 120 days); QL (1 EA per 1 day)
MOTRIN ARTHRITIS PAIN TOPICAL GEL 1 %	(diclofenac sodium)	Tier 4	
VOLTAREN ARTHRITIS PAIN TOPICAL GEL 1 %	(diclofenac sodium)	Tier 4	
Topical Janus Kinase (Jak) Inhibitors			
ANZUPGO TOPICAL CREAM 2 %		Tier 4	PA; QL (60 GM per 30 days)
OPZELURA TOPICAL CREAM 1.5 %		Tier 3	PA; QL (60 GM per 30 days)
Dermatology - Miscellaneous			
Antiperspirants			
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	(aluminum chloride)	Tier 3	
DRYSOL TOPICAL SOLUTION 20 %	(aluminum chloride)	Tier 3	

Drug		Status	Notes
Antiseborrheic Agents			
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 %	(sulfacetamide sodium)	Tier 3	
OVACE PLUS TOPICAL CLEANSER 10 %	(sulfacetamide sodium)	Tier 4	
OVACE PLUS TOPICAL CREAM 10 %		Tier 4	
OVACE PLUS TOPICAL LOTION 9.8 %		Tier 4	ST (ST: Requires prior prescription for Ciclopirox(shampoo/gel) or Ketoconazole (shampoo/cream) within the past 120 days)
OVACE PLUS WASH TOPICAL CLEANSER, GEL 10 %	(sulfacetamide sodium)	Tier 4	
OVACE TOPICAL CLEANSER 10 %	(sulfacetamide sodium)	Tier 4	
selenium sulfide topical lotion 2.5 %		Tier 2	
selenium sulfide topical shampoo 2.25 %, 2.3 %		Tier 2	
sulfacetamide sodium topical cleanser 10 %	(Ovace)	Tier 2	
sulfacetamide sodium topical cleanser, gel 10 %	(Ovace Plus Wash)	Tier 2	
sulfacetamide sodium topical shampoo 10 %	(Ovace Plus Shampoo)	Tier 2	
sulfacetamide sodium topical shampoo 9.8 %	(Plexion NS)	Tier 2	
TERSI FOAM TOPICAL FOAM 2.25 %		Tier 4	
Emollients			
AMLACTIN TOPICAL LOTION 12 %	(ammonium lactate)	Tier 2	
ammonium lactate topical cream 12 %		Tier 2	
ammonium lactate topical lotion 12 %	(AmLactin)	Tier 2	
ATRAPRO CP TOPICAL COMBO PACK,CREAM AND GEL		Tier 4	
KERASTAT TOPICAL CREAM		Tier 4	
KERASTAT TOPICAL GEL 5 %		Tier 4	
MB HYDROGEL TOPICAL KIT,CREAM AND GEL 96.53-3-0.4 -0.066 %		Tier 2	
PRESERA TOPICAL FOAM		Tier 4	
SKIN TREATMENT TOPICAL LOTION 12 %	(ammonium lactate)	Tier 2	
XCLAIR TOPICAL CREAM		Tier 4	
Iodine Antiseptics			
povidone-iodine ophthalmic (eye) solution 5 %	(Betadine Ophthalmic Prep)	Tier 2	

Drug		Status	Notes
Irrigants			
acetic acid irrigation solution 0.25 %		Tier 2	
CURITY STERILE WATER IRRIGATION SOLUTION	(water for irrigation, sterile)	Tier 2	
lactated ringers irrigation solution		Tier 4	
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml		Tier 2	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L		Tier 4	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L		Tier 4	
ringer's irrigation solution		Tier 2	
SEA-CLENS WOUND CLEANSER IRRIGATION SOLUTION		Tier 2	
sodium chloride irrigation solution 0.9 %	(Sterile Saline)	Tier 2	
sorbitol irrigation solution 3 %		Tier 2	
sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml		Tier 2	
VASHE IRRIGATION IRRIGATION SOLUTION 0.033 %		Tier 4	
water for irrigation, sterile irrigation solution	(Curity Sterile Water)	Tier 2	
Irritants/Counter-Irritants			
cantharidin in acetone topical solution 0.7 %		Tier 2	
QUTENZA TOPICAL KIT 8 %		Tier 4	PA
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 %		Tier 4	PA
Keratolytics			
ACNE MEDICATION TOPICAL GEL 10 %	(benzoyl peroxide)	Tier 2	
ACNE TREATMENT (BENZOYL PEROX) TOPICAL GEL 10 %	(benzoyl peroxide)	Tier 2	
ACNE-CLEAR TOPICAL GEL 10 %	(benzoyl peroxide)	Tier 2	
BENZEPRO TOPICAL FOAM 9.8 %	(benzoyl peroxide)	Tier 2	
benzoyl peroxide topical cleanser 6 %		Tier 2	
benzoyl peroxide topical foam 9.8 %	(BenzePrO)	Tier 2	
benzoyl peroxide topical gel 10 %	(Acne Medication)	Tier 2	
BP WASH TOPICAL CLEANSER 10 %, 5 %	(benzoyl peroxide)	Tier 4	
BPO TOPICAL GEL 4 %, 8 %	(benzoyl peroxide)	Tier 2	
CALICYLIC TOPICAL CREAM 10 %		Tier 4	
CEM-UREA TOPICAL GEL 45 %	(urea)	Tier 2	

Drug		Status	Notes
CONDYLOX TOPICAL GEL 0.5 %	(podofilox)	Tier 4	ST (ST: Requires prior prescription for Podofilox 0.5% solution within the past 120 days); QL (0.5 GM per 1 day)
HYDRO 35 TOPICAL FOAM 35 %	(urea)	Tier 4	
HYDRO 40 TOPICAL FOAM 40 %		Tier 4	
KERALYT TOPICAL SHAMPOO 6 %	(salicylic acid)	Tier 4	
NENDRUX TOPICAL GEL 40-5 %		Tier 4	
PACNEX HP TOPICAL PADS, MEDICATED 7 %		Tier 4	
PACNEX LP TOPICAL PADS, MEDICATED 4.25 %		Tier 4	
PERSA-GEL TOPICAL GEL 10 %	(benzoyl peroxide)	Tier 2	
PODOCON TOPICAL LIQUID 25 %		Tier 2	
podofilox topical gel 0.5 %	(Condylox)	Tier 2	ST (ST: Requires prior prescription for Podofilox 0.5% solution within the past 120 days); QL (0.5 GM per 1 day)
podofilox topical solution 0.5 %		Tier 2	QL (0.5 ML per 1 day)
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %		Tier 2	
PRONAL TOPICAL GEL 10-40 %		Tier 4	
salicylic acid topical cream 6 %	(Salimez)	Tier 2	
salicylic acid topical cream,extended release 6 %		Tier 2	
salicylic acid topical film forming liquid w/appl 27.5 %	(Virasal)	Tier 2	
salicylic acid topical film-forming soln er w/ appl 28.5 %	(UltraSal-ER)	Tier 2	
salicylic acid topical foam 6 %	(Salvax)	Tier 2	
salicylic acid topical liquid 26 %		Tier 2	
salicylic acid topical lotion 6 %		Tier 2	
salicylic acid topical lotion,extended release 6 %		Tier 2	
salicylic acid topical shampoo 6 %	(Keralyt)	Tier 2	
SALIMEZ FORTE TOPICAL CREAM 10 %		Tier 4	
SALIMEZ TOPICAL CREAM 6 %	(salicylic acid)	Tier 4	
SALVAX DUO PLUS TOPICAL FOAM 6-35 %		Tier 4	
SALVAX TOPICAL FOAM 6 %	(salicylic acid)	Tier 2	
SALYCIM TOPICAL CREAM 6 %	(salicylic acid)	Tier 4	

Drug		Status	Notes
silver nitrate applicators topical stick 75-25 %		Tier 2	
silver nitrate topical solution 10 %		Tier 2	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 %	(salicylic acid)	Tier 4	
URAMAXIN GT TOPICAL GEL 45 %	(urea)	Tier 4	
URAMAXIN GT TOPICAL KIT,CREAM AND GEL 45 %		Tier 4	
URAMAXIN TOPICAL CREAM 45 %	(urea)	Tier 4	
URAMAXIN TOPICAL FOAM 20 %		Tier 4	
URAMAXIN TOPICAL GEL 45 %	(urea)	Tier 4	
UREA NAIL STICK TOPICAL SOLUTION 50 %	(urea)	Tier 2	
urea topical cream 39 %	(Xurea)	Tier 2	
urea topical cream 40 %, 47 %		Tier 2	
urea topical cream 45 %	(Uramaxin)	Tier 2	
urea topical cream 50 %	(Ure-K)	Tier 2	
urea topical foam 35 %	(Hydro 35)	Tier 2	
urea topical gel 45 %	(CEM-Urea)	Tier 2	
VIRASAL TOPICAL FILM FORMING LIQUID W/APPL 27.5 %	(salicylic acid)	Tier 4	
WAYZEN TOPICAL GEL 40-5 %		Tier 4	
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 %		Tier 4	
XIRUN TOPICAL GEL 10-40 %		Tier 4	
XUREA TOPICAL CREAM 39 %	(urea)	Tier 4	
Oxidizing Agents			
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 %		Tier 4	
RENOVAR IRRIGATION IRRIGATION SOLUTION		Tier 4	
RENOVAR TOPICAL SOLUTION		Tier 4	
Protectives			
GENADUR (WITH LEXINAL) KIT 2,500 MCG		Tier 4	
KELO-COTE TOPICAL GEL		Tier 4	
PR CREAM TOPICAL CREAM		Tier 2	
RECEDO TOPICAL GEL		Tier 4	
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET	(white petrolatum)	Tier 2	
white petrolatum topical ointment in packet	(Vaseline White Petroleum)	Tier 2	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 %		Tier 4	

Drug		Status	Notes
Topical Anti-Inflammatory Steroid-Local Anesthetic			
ANALPRAM-HC TOPICAL LOTION 2.5-1 %		Tier 3	
EPIFOAM TOPICAL FOAM 1-1 %		Tier 4	ST (ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days)
hydrocortisone-pramoxine topical cream 2.5-1 %		Tier 2	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	(Lidocort)	Tier 2	
PRAMOSONE TOPICAL CREAM 1-1 %	(hydrocortisone-pramoxine)	Tier 3	ST (ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days)
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %		Tier 3	
PRAMOSONE TOPICAL OINTMENT 1-1 %		Tier 3	ST (ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days)
PRAMOSONE TOPICAL OINTMENT 2.5-1 %	(hydrocortisone-pramoxine)	Tier 3	
Topical Antineoplastic & Premalignant Lesion Agnts			
bexarotene topical gel 1 %	(Targretin)	Tier 5	PA; SP
CARAC TOPICAL CREAM 0.5 %	(fluorouracil)	Tier 4	PA
diclofenac sodium topical gel 3 %		Tier 2	QL (100 GM per 1 FILL)
EFUDEX TOPICAL CREAM 5 %	(fluorouracil)	Tier 4	
fluorouracil topical cream 0.5 %	(Carac)	Tier 2	PA
fluorouracil topical cream 5 %	(Efudex)	Tier 2	
fluorouracil topical solution 2 %, 5 %		Tier 2	
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %		Tier 4	QL (5 EA per 1 FILL)
KLISYRI (350 MG) TOPICAL OINTMENT IN PACKET 1 %		Tier 4	QL (5 EA per 1 FILL)
PANRETIN TOPICAL GEL 0.1 %		Tier 5	SP; QL (60 GM per 28 days)
TARGRETIN TOPICAL GEL 1 %	(bexarotene)	Tier 5	PA; SP
TOLAK TOPICAL CREAM 4 %		Tier 3	
VALCHLOR TOPICAL GEL 0.016 %		Tier 5	PA; SP

Drug		Status	Notes
Topical Local Anesthetics			
ANACAINE TOPICAL OINTMENT 10 %		Tier 4	
ANASTIA TOPICAL LOTION 2.75 %		Tier 4	
CETACAINE TOPICAL AEROSOL,SPRAY 2 %-2 %-14 % (200 MG/SEC)		Tier 4	
CRYODOSE TA MEDIUM STREAM SPR TOPICAL AEROSOL,SPRAY		Tier 4	
CRYODOSE TA MIST SPRAY TOPICAL AEROSOL,SPRAY		Tier 4	
DERMACINRX LIDOCAINE TOPICAL CREAM 3 %	(lidocaine hcl)	Tier 2	
DERMACINRX LIDOCAN TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 2	QL (90 EA per 30 days)
DERMACINRX LIDOGEL TOPICAL GEL 2.8 %		Tier 4	
DERMACINRX LIDOREX TOPICAL GEL 2.8 %		Tier 4	
ENZNONUTY TOPICAL OINTMENT 10-10-20 %		Tier 4	
ethyl chloride topical aerosol,spray 100 %		Tier 2	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 %		Tier 2	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 %	(lidocaine-racepinep-tetracaine)	Tier 2	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 %		Tier 2	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 %		Tier 4	
lidocaine hcl laryngotracheal solution 4 %		Tier 2	
lidocaine hcl topical cream 3 %	(Dermacinrx Lidocaine)	Tier 2	
lidocaine topical adhesive patch,medicated 5 %	(DermacinRx Lidocan)	Tier 2	QL (90 EA per 30 days)
lidocaine topical ointment 5 %		Tier 2	QL (240 GM per 30 days)
lidocaine-prilocaine topical cream 2.5-2.5 %		Tier 2	
lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %	(L.E.T. (lido-epineph-tetra))	Tier 2	
LIDOCAN III TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 2	QL (90 EA per 30 days)
LIDOCAN IV TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 2	QL (90 EA per 30 days)
LIDOCAN V TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 2	QL (90 EA per 30 days)

Drug	Status	Notes
LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Tier 4	QL (90 EA per 30 days)
LIDOPIN TOPICAL CREAM 3 % (lidocaine hcl)	Tier 4	
LIDOPIN TOPICAL CREAM 3.25 %	Tier 4	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 4	
LIDTOPIC TOPICAL CREAM, METERED-DOSE APPLICATOR 7.5 %	Tier 4	
NOBELA TOPICAL OINTMENT 10-10-20 %	Tier 4	
NOLIRA TOPICAL CREAM 23-7 %	Tier 4	
NUMBONEX TOPICAL LOTION 2.75 %	Tier 4	
NYNUTEY TOPICAL CREAM 23-7 %	Tier 4	
PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 %	Tier 4	
REGENECARE TOPICAL GEL 2 %	Tier 4	
SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY	Tier 4	
TRANZAREL TOPICAL GEL 4 %	Tier 4	
Topical Preparations,Miscellaneous		
KEFUNOVA TOPICAL CREAM 5-0.005 %	Tier 4	
Topical/Mucous Membr./Subcut. Enzymes		
NEXOBRID TOPICAL GEL 8.8 %	Tier 4	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 4	PA
Dermatology - Psoriasis/Eczema		
Antipsoriatic Agents,Systemic		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	Tier 5	SP
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML, 320 MG/2 ML	Tier 5	PA; SP
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML, 320 MG/2 ML	Tier 5	PA; SP
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 5	PA; SP
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 5	PA; SP
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 5	PA; SP
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	Tier 5	PA; SP

Drug	Status	Notes
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	Tier 5	PA; SP
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	Tier 2	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	Tier 5	PA; SP
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 5	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 5	PA; SP
SOTYKTU ORAL TABLET 6 MG	Tier 5	PA; SP
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	Tier 5	PA; SP
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 5	PA; SP
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 5	PA; SP
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 5	PA; SP
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML	Tier 5	PA; SP
Antipsoriatics Agents		
calcipotriene scalp solution 0.005 %	Tier 2	ST (ST: Requires prior prescription for a topical corticosteroid within the past 120 days)
calcipotriene topical cream 0.005 %	Tier 2	ST (ST: Requires prior prescription for a topical corticosteroid within the past 120 days)
calcipotriene topical foam 0.005 % (Sorilux)	Tier 2	ST (ST: Requires prior prescription for a topical corticosteroid within the past 120 days)
calcipotriene topical ointment 0.005 %	Tier 2	ST (ST: Requires prior prescription for a topical corticosteroid within the past 120 days)
calcitriol topical ointment 3 mcg/gram (Vectical)	Tier 2	ST (ST: Requires prior prescription for a topical corticosteroid within the past 120 days)
DIOOXIA TOPICAL CREAM 0.005-4 %	Tier 4	

Drug		Status	Notes
DRITHOCREME HP TOPICAL CREAM 1 %		Tier 3	ST (ST: Requires prior prescription for a topical corticosteroid within the past 120 days)
DUOBRII TOPICAL LOTION 0.01-0.045 %		Tier 4	ST (ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam/shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days); QL (200 GM per 28 days)
PURAZIL TOPICAL CREAM 0.005-4 %		Tier 4	
SORILUX TOPICAL FOAM 0.005 %	(calcipotriene)	Tier 4	ST (ST: Requires prior prescription for a topical corticosteroid within the past 120 days)
tazarotene topical cream 0.05 %	(Tazorac)	Tier 2	Age (Max 39 Years)
tazarotene topical cream 0.1 %	(Tazorac)	Tier 2	
tazarotene topical gel 0.05 %, 0.1 %	(Tazorac)	Tier 2	Age (Max 39 Years)
TAZORAC TOPICAL CREAM 0.05 %	(tazarotene)	Tier 4	Age (Max 39 Years)
TAZORAC TOPICAL CREAM 0.1 %	(tazarotene)	Tier 4	
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	(tazarotene)	Tier 4	Age (Max 39 Years)
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM	(calcitriol)	Tier 4	ST (ST: Requires prior prescription for a topical corticosteroid within the past 120 days)
VTAMA TOPICAL CREAM 1 %		Tier 3	PA; QL (60 GM per 30 days)
ZITHRANOL TOPICAL SHAMPOO 1 %		Tier 4	ST (ST: Requires prior prescription for a topical corticosteroid within the past 120 days)
ZORYVE TOPICAL CREAM 0.3 %		Tier 3	PA; QL (60 GM per 30 days)
Il-23 Receptor Antagonist, Monoclonal Antibody			
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 300MG/3ML(100MG /ML-200 MG/2ML)		Tier 5	PA; SP
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 300MG/3ML(100MG /ML-200 MG/2ML)		Tier 5	PA; SP

Drug	Status	Notes
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	Tier 5	PA; SP
TREMFYA PEN INDUCTION PK-CROHN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	Tier 5	PA; SP
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML	Tier 5	PA; SP
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 5	PA; SP
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	Tier 5	PA; SP
Topical Agents,Miscellaneous		
L-MESITRAN SOFT TOPICAL GEL 40 %	Tier 4	
MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 %	Tier 4	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 4	
OCM TOPICAL OINTMENT IN PACKET	Tier 4	
OMEZA TOPICAL OINTMENT IN PACKET	Tier 4	
Topical Immunosuppressive Agents		
ELIDEL TOPICAL CREAM 1 % (pimecrolimus)	Tier 4	ST (ST: Requires prior prescription for Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), generic Mometasone (cream or ointment), or Triamcinolone (0.1% or 0.5% cream or ointment) within the past 120 days)
HOVYN TOPICAL SOLUTION 0.1 %	Tier 4	
HYFTOR TOPICAL GEL 0.2 %	Tier 5	PA; SP
NUJO TOPICAL SOLUTION 0.1 %	Tier 4	
pimecrolimus topical cream 1 % (Elidel)	Tier 2	ST (ST: Requires prior prescription for Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), generic Mometasone (cream or ointment), or Triamcinolone (0.1% or 0.5% cream or ointment) within the past 120 days)

Drug		Status	Notes
tacrolimus topical ointment 0.03 %, 0.1 %		Tier 2	ST (ST: Requires prior prescription for Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), generic Mometasone (cream or ointment), or Triamcinolone (0.1% or 0.5% cream or ointment) within the past 120 days)
Topical Vit D Analog/Antiinflammatory, Steroidal			
calcipotriene-betamethasone topical ointment 0.005-0.064 %		Tier 2	ST (ST: Requires prior prescription for a topical corticosteroid within the past 120 days)
calcipotriene-betamethasone topical suspension 0.005-0.064 %	(Taclonex)	Tier 2	ST (ST: Requires prior prescription for a topical corticosteroid within the past 120 days)
ENSTILAR TOPICAL FOAM 0.005-0.064 %		Tier 3	
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	(calcipotriene-betamethasone)	Tier 4	ST (ST: Requires prior prescription for a topical corticosteroid within the past 120 days)
WYNZORA TOPICAL CREAM 0.005-0.064 %		Tier 4	ST (ST: Requires prior prescription for generic Taclonex ointment within the past 120 days)
Diabetes			
Antihypergly, (Dpp-4) Inhibitor & Biguanide Comb.			
alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg	(Kazano)	Tier 4	ST (ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days); QL (2 EA per 1 day)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG		Tier 3	QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG		Tier 3	QL (1 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG		Tier 3	QL (2 EA per 1 day)

Drug	Status	Notes
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	Tier 4	ST (ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days); QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	Tier 4	ST (ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days); QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	Tier 4	ST (ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days); QL (1 EA per 1 day)
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG (alogliptin-metformin)	Tier 4	ST (ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days); QL (2 EA per 1 day)
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg	Tier 2	ST (ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days); QL (2 EA per 1 day)
saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg	Tier 2	ST (ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days); QL (1 EA per 1 day)
Antihypergly,Dpp-4 Enzyme Inhib &Thiazolidinedione		
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-45 mg (Oseni)	Tier 4	ST (ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days); QL (1 EA per 1 day)
alogliptin-pioglitazone oral tablet 25-15 mg, 25-30 mg	Tier 4	ST (ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days); QL (1 EA per 1 day)
OSENI ORAL TABLET 12.5-30 MG, 25-45 MG (alogliptin-pioglitazone)	Tier 4	ST (ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days); QL (1 EA per 1 day)

Drug		Status	Notes
Antihypergly,Incretin Mimetic(Glp-1 Recep.Agonist)			
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML		Tier 4	PA; QL (0.85 ML per 7 days)
exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml		Tier 2	PA; QL (2.4 ML per 30 days)
exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml		Tier 2	PA; QL (1.2 ML per 30 days)
liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)	(Victoza 2-Pak)	Tier 4	PA; QL (9 ML per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)		Tier 3	PA; QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG		Tier 3	PA; QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML		Tier 3	PA; QL (2 ML per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	(liraglutide)	Tier 4	PA; QL (9 ML per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	(liraglutide)	Tier 4	PA; QL (9 ML per 30 days)
Antihyperglycemc-Sod/Gluc Cotransport2(Sglt2)Inhib			
BRENZAVVY ORAL TABLET 20 MG	(bexagliflozin)	Tier 4	ST (ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 DAYS); QL (1 EA per 1 day)
FARXIGA ORAL TABLET 10 MG, 5 MG	(dapagliflozin propanediol)	Tier 3	QL (1 EA per 1 day)
INPEFA ORAL TABLET 200 MG		Tier 4	ST (ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 DAYS); QL (2 EA per 1 day)
INPEFA ORAL TABLET 400 MG		Tier 4	ST (ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 DAYS); QL (1 EA per 1 day)

Drug	Status	Notes
INVOKANA ORAL TABLET 100 MG, 300 MG	Tier 4	ST (ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 DAYS); QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 3	QL (1 EA per 1 day)
STEGLATRO ORAL TABLET 15 MG, 5 MG	Tier 4	ST (ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 DAYS); QL (1 EA per 1 day)
Antihyperglycemic - Dopamine Receptor Agonists		
CYCLOSET ORAL TABLET 0.8 MG	Tier 4	ST (ST: Requires prior prescription for Metformin (Glucophage), Metformin ER, Glyburide/Metformin (Glucovance), or Glipizide/Metformin (Metaglip) within the past 180 days)
Antihyperglycemic - Incretin Mimetics Combination		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	Tier 3	PA; QL (0.5 ML per 7 days)
Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)		
acarbose oral tablet 100 mg, 25 mg, 50 mg (Precose)	Tier 2	
miglitol oral tablet 100 mg, 25 mg, 50 mg	Tier 2	
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG (acarbose)	Tier 4	
Antihyperglycemic, Amylin Analog-Type		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	Tier 4	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	Tier 4	

Drug		Status	Notes
Antihyperglycemic, Dpp-4 Inhibitors			
alogliptin oral tablet 12.5 mg, 25 mg	(Nesina)	Tier 4	ST (ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days); QL (1 EA per 1 day)
alogliptin oral tablet 6.25 mg		Tier 4	ST (ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days); QL (1 EA per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 3	QL (1 EA per 1 day)
NESINA ORAL TABLET 12.5 MG, 25 MG	(alogliptin)	Tier 4	ST (ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days); QL (1 EA per 1 day)
saxagliptin oral tablet 2.5 mg, 5 mg		Tier 2	ST (ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days); QL (1 EA per 1 day)
sitagliptin oral tablet 100 mg, 25 mg, 50 mg	(Zituvio)	Tier 4	ST (ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days); QL (1 EA per 1 day)
TRADJENTA ORAL TABLET 5 MG		Tier 4	ST (ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days); QL (1 EA per 1 day)
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG	(sitagliptin)	Tier 4	ST (ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days); QL (1 EA per 1 day)
Antihyperglycemic, Insulin-Release Stimulant Type			
glimepiride oral tablet 1 mg, 2 mg, 4 mg		Tier 2	
glipizide oral tablet 10 mg, 5 mg		Tier 2	
glipizide oral tablet 2.5 mg		Tier 2	QL (2 EA per 1 day)
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg		Tier 2	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	(glipizide)	Tier 4	

Drug		Status	Notes
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg		Tier 2	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg		Tier 2	
nateglinide oral tablet 120 mg, 60 mg		Tier 2	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg		Tier 2	
Antihyperglycemic, Insulin-Response Enhancer (N-S)			
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	(pioglitazone)	Tier 4	
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	(Actos)	Tier 2	
Antihyperglycemic, Sglt-2 & Dpp-4 Inhibitor Comb.			
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG		Tier 3	QL (1 EA per 1 day)
QTERN ORAL TABLET 10-5 MG, 5-5 MG		Tier 4	ST (ST: Requires prior prescription for Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 DAYS); QL (1 EA per 1 day)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG		Tier 4	ST (ST: Requires prior prescription for Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 DAYS); QL (1 EA per 1 day)
Antihyperglycemic,Biguanide Type(Non-Sulfonylurea)			
metformin oral solution 500 mg/5 ml	(Riomet)	Tier 2	
metformin oral tablet 1,000 mg, 500 mg, 850 mg		Tier 2	
metformin oral tablet extended release 24 hr 500 mg, 750 mg		Tier 2	
RIOMET ORAL SOLUTION 500 MG/5 ML	(metformin)	Tier 4	
Antihyperglycemic,Insulin & Glp-1 Receptor Agonist			
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML		Tier 3	QL (30 ML per 28 days)

Drug		Status	Notes
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)		Tier 3	QL (15 ML per 28 days)
Antihyperglycemic,Insulin-Rel Stim.& Biguanide Cmb			
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg		Tier 2	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg		Tier 2	
Antihyperglycemic,Insulin-Response & Release Comb.			
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	(pioglitazone-glimepiride)	Tier 4	ST (ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days)
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	(DUETACT)	Tier 2	ST (ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days)
Antihyperglycemic-Glucocorticoid Receptor Blocker			
KORLYM ORAL TABLET 300 MG	(mifepristone)	Tier 5	PA; SP
mifepristone oral tablet 300 mg	(Korlym)	Tier 5	PA; SP
Antihyperglycemic-Sglt2 Inhibitor & Biguanide Comb			
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG		Tier 4	ST (ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 DAYS); QL (2 EA per 1 day)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG		Tier 4	ST (ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 DAYS); QL (2 EA per 1 day)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG		Tier 4	ST (ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 DAYS); QL (2 EA per 1 day)

Drug		Status	Notes
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG		Tier 3	QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG		Tier 3	QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG		Tier 3	QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	(dapaglifloz propaned-metformin)	Tier 3	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 5-500 MG		Tier 3	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG		Tier 3	QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	(dapaglifloz propaned-metformin)	Tier 3	QL (2 EA per 1 day)
Antihyperglycm,Insul-Resp.Enhancer & Biguanide Cmb			
ACTOPLUS MET ORAL TABLET 15-850 MG	(pioglitazone-metformin)	Tier 4	ST (ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days)
pioglitazone-metformin oral tablet 15-500 mg		Tier 2	ST (ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days)
pioglitazone-metformin oral tablet 15-850 mg	(Actoplus MET)	Tier 2	ST (ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days)
Antihypergly-Sglt-2 Inhib,Dpp-4 Inhib,Biguanide Cb			
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG		Tier 3	QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG		Tier 3	QL (2 EA per 1 day)

Drug		Status	Notes
Blood Sugar Diagnostics			
ACCU-CHEK AVIVA PLUS TEST STRP STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
ACCU-CHEK GUIDE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
ACCU-CHEK SMARTVIEW TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
ACCUTREND GLUCOSE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
ADVANCED GLUC METER TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)

Drug		Status	Notes
ADVOCATE REDI-CODE PLUS STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
AGAMATRIX AMP TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
AGAMATRIX JAZZ TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
AGAMATRIX PRESTO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
ASSURE 4 STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)

Drug		Status	Notes
ASSURE PLATINUM TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
ASSURE PRISM MULTI STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
BIONIME RIGHTEST TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
BLOOD GLUCOSE TEST STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
BLULINK GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)

Drug		Status	Notes
CARESENS N TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
CARETOUCH TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
CHOICEDM CLARUS STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
CLEVER CHOICE MICRO TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
CLEVER CHOICE PRO STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)

Drug		Status	Notes
CLEVER CHOICE TALK TEST STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
CLEVER CHOICE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
CLEVER CHOICE VOICE PLUS TEST STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
CONTOUR NEXT TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
CONTOUR PLUS TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
CONTOUR TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
DIATRUE PLUS TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)

Drug		Status	Notes
EASY PLUS II TEST STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
EASY STEP STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
EASY TALK GLUCOSE TEST STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
EASY TALK PLUS II TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
EASY TOUCH BLULINK TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)

Drug		Status	Notes
EASY TOUCH TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
EASY TRAK GLUCOSE TEST STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
EASY TRAK II TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
EASYGLUCO TEST STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
EASYMAX 15 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)

Drug		Status	Notes
EASYMAX STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
ELEMENT COMPACT TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
ELEMENT TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
EMBRACE BLOOD GLUCOSE SYSTEM STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
EMBRACE EVO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)

Drug		Status	Notes
EMBRACE PRO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
EMBRACE TALK TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
EMBRACE WAVE GLUCOSE TEST STRP STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
EVENCARE G2 STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
EVENCARE G3 TEST STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)

Drug		Status	Notes
EVENCARE MINI GLUCOSE TEST STR STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
EVENCARE PROVIEW TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
EVENCARE TEST STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
EVOLUTION TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
EZ SMART PLUS TEST STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)

Drug		Status	Notes
EZ SMART TEST STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
FORA 6 CONNECT GLUCOSE STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
FORA 6CONN-GTEL-TN'G ADV STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
FORA D40-G31 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
FORA G20 STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)

Drug		Status	Notes
FORA GD50 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
FORA GTEL GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
FORA TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
FORA TN'G ADVAN PRO TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
FORA TN'G VOICE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)

Drug		Status	Notes
FORA V10 STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
FORA V10-V12-D10-D20 STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
FORACARE GD20 STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
FORACARE GD40 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
FREESTYLE INSULINX STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FREESTYLE TEST STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)

Drug		Status	Notes
GE100 BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
GE333 BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
GLUCO NAVII TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
GLUCOCARD 01 SENSOR PLUS STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
GLUCOCARD EXPRESSION STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)

Drug		Status	Notes
GLUCOCARD SHINE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
GLUCOCARD VITAL SENSOR STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
GLUCOCARD VITAL TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
GLUCOCOM GLUCOSE STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
GM100 STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)

Drug		Status	Notes
GOJJI BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
HARMONY GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
HEALTHPRO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
IHEALTH GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
INFINITY TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)

Drug		Status	Notes
MICRO BLOOD GLUCOSE STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
MICRODOT BLOOD GLUCOSE SYSTEM STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
MICRODOT XTRA BLOOD GLUCOSE STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
MYGLUCOHEALTH STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
NEUTEK 2TEK TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)

Drug		Status	Notes
NOVA MAX GLUCOSE TEST STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
ON CALL EXPRESS TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
ONETOUCH ULTRA TEST STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
ONETOUCH VERIO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
OPTIUM EZ STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)

Drug		Status	Notes
OPTIUM TEST STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
PHARMACIST CHOICE STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
PIP BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
PLATINUM TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
PRECISION PCX PLUS TEST STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)

Drug		Status	Notes
PRECISION PCX TEST STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
PRECISION POINT OF CARE TEST STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
PRECISION Q-I-D TEST STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
PREMIER TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
PREMIUM V10 STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)

Drug		Status	Notes
PRO VOICE V8-V9 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
PRODIGY NO CODING STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
QUINTET AC STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
QUINTET GLUCOSE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
REFUAH PLUS STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)

Drug		Status	Notes
RELION CONFIRM-MICRO STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
RELION PRIME TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
RELION ULTIMA STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
REVEAL TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
RIGHTEST GS550 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)

Drug		Status	Notes
RIGHTEST GT333 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
SMART SENSE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
SMARTEST TEST STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
SOLUS V2 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
SURE-TEST EASYPLUS MINI STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)

Drug		Status	Notes
TELCARE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
TEST N'GO TEST STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
TRUE METRIX GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
TRUETEST TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
TRUETRACK TEST STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)

Drug		Status	Notes
ULTIMA TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
ULTRATRAK STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
ULTRATRAK ULTIMATE STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
UNISTRIP1 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
VIVAGUARD INO TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)

Drug	Status	Notes
Diabetic Supplies		
CEQUR SIMPLICITY DEVICE 2 UNIT	Tier 3	QL (10 EA per 30 days)
CEQUR SIMPLICITY INSERTER	Tier 3	QL (1 EA per 365 days)
DEXCOM G6 RECEIVER	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 90 days)
DEXCOM G7 RECEIVER	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (3 EA per 30 days)
EVERSENSE 365 SENSOR SUBCUTANEOUS DEVICE	Tier 4	PA
EVERSENSE 365 TRANSMITTER DEVICE	Tier 4	PA
EVERSENSE E3 SENSOR-HOLDER SUBCUTANEOUS DEVICE	Tier 4	PA
EVERSENSE E3 SMART TRANSMITTER DEVICE	Tier 4	PA
FREESTYLE LIBRE 14 DAY READER	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)

Drug	Status	Notes
FREESTYLE LIBRE 2 SENSOR KIT	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR DEVICE	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
GUARDIAN 4 GLUCOSE SENSOR DEVICE	Tier 4	PA
GUARDIAN 4 TRANSMITTER DEVICE	Tier 4	PA
GUARDIAN CONNECT TRANSMITTER DEVICE	Tier 4	PA
GUARDIAN LINK 3 TRANSMITTER DEVICE	Tier 4	PA
GUARDIAN SENSOR 3 DEVICE	Tier 4	PA
ILET INFUSION KIT-INSET 23" COMBO PACK	Tier 4	
ILET INFUSION KIT-INSET 32" COMBO PACK	Tier 4	
ILET INFUSION-CONTACT DTCH 23" COMBO PACK	Tier 4	
ILET INSULIN PUMP	Tier 4	PA
ILET STARTER KIT CONTACT KIT	Tier 4	
ILET STARTER KIT-INSET KIT	Tier 4	
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	Tier 3	
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN	Tier 3	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	Tier 3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	Tier 3	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN	Tier 3	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	Tier 3	
MINIMED 630G INSULIN PUMP	Tier 4	PA

Drug	Status	Notes
MINIMED 780G INSULIN PUMP	Tier 4	PA
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	Tier 3	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	Tier 3	QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 3	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	Tier 3	QL (1 EA per 365 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 3	QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	Tier 3	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 3	
SIMPLERA SENSOR DEVICE	Tier 4	PA
SIMPLERA SYNC SENSOR DEVICE	Tier 4	PA
T:SLIM X2 CONTROL-IQ	Tier 4	PA
TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK	Tier 4	
TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK	Tier 4	
TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK	Tier 4	
TANDEM MOBI AUTOSOFT30 14PK 23 COMBO PACK	Tier 4	
TANDEM MOBI AUTOSOFTXC 14PK 23 COMBO PACK	Tier 4	
TANDEM MOBI AUTOSOFTXC 14PK 5" COMBO PACK	Tier 4	
TANDEM MOBI SYSTEM	Tier 4	PA
TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK	Tier 4	
TANDEM T:SLIM ASFT 30 PK10 23" COMBO PACK	Tier 4	
TANDEM T:SLIM ASFT 30 PK14 23" COMBO PACK	Tier 4	
TANDEM T:SLIM ASFT XC PK10 23" COMBO PACK	Tier 4	
TANDEM T:SLIM ASFT XC PK14 23" COMBO PACK	Tier 4	
TANDEM T:SLIM TRUSTL PK10 23" COMBO PACK	Tier 4	
UNISTIK 2 EXTRA LANCET 21 GAUGE (lancets)	Tier 3	
UNISTIK 2 NORMAL LANCET 21 GAUGE (lancets)	Tier 3	

Drug	Status	Notes
V-GO 20 DEVICE	Tier 3	
V-GO 30 DEVICE	Tier 3	
V-GO 40 DEVICE	Tier 3	
Diabetic Ulcer Preparations,Topical		
REGRANEX TOPICAL GEL 0.01 %	Tier 3	
Durable Medical Equipment,Misc(Group 1)		
BLULINK BG SYSTEM REFILL KIT 32 GAUGE	Tier 4	ST (ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days); QL (200 EA per 30 days)
Hyperglycemics		
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION	Tier 3	QL (4 EA per 1 FILL)
diazoxide oral suspension 50 mg/ml (Proglycem)	Tier 2	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG (glucagon hcl)	Tier 4	ST (ST: Requires prior prescription for Baqsimi or Gvoke within the past 120 days); QL (4 EA per 1 FILL)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	Tier 2	ST (ST: Requires prior prescription for Baqsimi or Gvoke within the past 120 days); QL (4 EA per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 3	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 3	QL (0.8 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 3	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 3	QL (0.8 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 3	QL (0.8 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 3	QL (0.8 ML per 1 FILL)

Drug	Status	Notes
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	Tier 3	QL (0.8 ML per 1 FILL)
PROGLYCEM ORAL SUSPENSION 50 MG/ML (diazoxide)	Tier 4	
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	Tier 4	ST (ST: Requires prior prescription for Baqsimi or Gvoke within the past 120 days); QL (2.4 ML per 1 FILL)
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	Tier 4	ST (ST: Requires prior prescription for Baqsimi or Gvoke within the past 120 days); QL (2.4 ML per 1 FILL)
Insulins		
ADMELOG SOLOSTAR U-100 INSULIN (insulin lispro) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 4	ST (ST: Requires prior prescription for Fiasp, Humalog U-200, Insulin Lispro, Lyumjev within the past 120 days); QL (30 ML per 28 days)
ADMELOG U-100 INSULIN LISPRO (insulin lispro) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4	ST (ST: Requires prior prescription for Fiasp, Humalog U-200, Insulin Lispro, Lyumjev within the past 120 days); QL (40 ML per 28 days)
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	Tier 4	PA
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 4	ST (ST: Requires prior prescription for Fiasp, Humalog U-200, Insulin Lispro, Lyumjev within the past 120 days); QL (30 ML per 28 days)
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4	ST (ST: Requires prior prescription for Fiasp, Humalog U-200, Insulin Lispro, Lyumjev within the past 120 days); QL (40 ML per 28 days)

Drug		Status	Notes
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine)	Tier 4	ST (ST: Requires prior prescription for Insulin Glargine (yfgn), Toujeo, or Tresiba within the past 120 days); QL (30 ML per 28 days)
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (3 ML)		Tier 4	ST (ST: At least 2 prior prescriptions for Insulin Glargine (yfgn), Toujeo, or Tresiba within the past 365 days); QL (30 ML per 28 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 3	QL (30 ML per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)		Tier 3	QL (30 ML per 28 days)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)		Tier 3	QL (40 ML per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		Tier 3	QL (40 ML per 28 days)
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	(insulin lispro)	Tier 4	QL (30 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	(insulin lispro)	Tier 4	QL (30 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)		Tier 3	QL (12 ML per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)		Tier 3	QL (30 ML per 28 days)
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	(insulin lispro protamin-lispro)	Tier 4	QL (30 ML per 28 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)		Tier 3	QL (40 ML per 28 days)
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML		Tier 4	ST (ST: At least 2 prior prescriptions for Fiasp, Insulin Lispro, Lyumjev (non tempo version), or Novolog within the past 365 days); QL (30 ML per 28 days)

Drug		Status	Notes
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML		Tier 3	QL (30 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin lispro)	Tier 4	QL (40 ML per 28 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		Tier 3	QL (40 ML per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		Tier 3	QL (30 ML per 28 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 3	QL (30 ML per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		Tier 3	QL (40 ML per 28 days)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML		Tier 3	QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML		Tier 3	QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)		Tier 3	QL (24 ML per 28 days)
insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)	(Novolog Mix 70-30FlexPen U-100)	Tier 4	ST (ST: Requires prior prescription for generic Humalog Mix 75-25 within the past 120 days); QL (30 ML per 28 days)
insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)	(Novolog Mix 70-30 U-100 Insuln)	Tier 4	ST (ST: Requires prior prescription for generic Humalog Mix 75-25 within the past 120 days); QL (40 ML per 28 days)
insulin aspart u-100 subcutaneous cartridge 100 unit/ml	(Novolog PenFill U-100 Insulin)	Tier 4	ST (ST: Requires prior prescription for Fiasp, Humalog U-200, Insulin Lispro, Lyumjev within the past 120 days); QL (30 ML per 28 days)
insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)	(Novolog FlexPen U-100 Insulin)	Tier 4	ST (ST: Requires prior prescription for Fiasp, Humalog U-200, Insulin Lispro, Lyumjev within the past 120 days); QL (30 ML per 28 days)

Drug		Status	Notes
insulin aspart u-100 subcutaneous solution 100 unit/ml	(Novolog U-100 Insulin aspart)	Tier 4	ST (ST: Requires prior prescription for Fiasp, Humalog U-200, Insulin Lispro, Lyumjev within the past 120 days); QL (40 ML per 28 days)
insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)	(Semglee(insulin glarg-yfgn)Pen)	Tier 3	QL (30 ML per 28 days)
insulin glargine-yfgn subcutaneous solution 100 unit/ml	(Semglee(insulin glargine-yfgn))	Tier 3	QL (40 ML per 28 days)
insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)	(Humalog Mix 75-25 KwikPen)	Tier 2	QL (30 ML per 28 days)
insulin lispro subcutaneous insulin pen 100 unit/ml	(Admelog SoloStar U-100 Insulin)	Tier 2	QL (30 ML per 28 days)
insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml	(Humalog Junior KwikPen U-100)	Tier 2	QL (30 ML per 28 days)
insulin lispro subcutaneous solution 100 unit/ml	(Admelog U-100 Insulin lispro)	Tier 2	QL (40 ML per 28 days)
KIRSTY PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 4	QL (30 ML per 28 days)
KIRSTY SUBCUTANEOUS SOLUTION 100 UNIT/ML		Tier 4	QL (40 ML per 28 days)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML		Tier 3	QL (30 ML per 28 days)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)		Tier 3	QL (12 ML per 28 days)
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML		Tier 4	ST (ST: At least 2 prior prescriptions for Fiasp, Insulin Lispro, Lyumjev (non tempo version), or Novolog within the past 365 days); QL (30 ML per 28 days)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		Tier 3	QL (40 ML per 28 days)
MERILOG SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 4	ST (ST: Requires prior prescription for Fiasp, Humalog U-200, Insulin Lispro, Lyumjev within the past 120 days)

Drug		Status	Notes
MERILOG SUBCUTANEOUS SOLUTION 100 UNIT/ML		Tier 4	ST (ST: Requires prior prescription for Fiasp, Humalog U-200, Insulin Lispro, Lyumjev within the past 120 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		Tier 3	QL (40 ML per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		Tier 3	QL (30 ML per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 3	QL (30 ML per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		Tier 3	QL (40 ML per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 3	QL (30 ML per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML		Tier 3	QL (40 ML per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin aspart u-100)	Tier 3	QL (30 ML per 28 days)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	(insulin asp prt-insulin aspart)	Tier 3	QL (40 ML per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	(insulin asp prt-insulin aspart)	Tier 3	QL (30 ML per 28 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	(insulin aspart u-100)	Tier 3	QL (30 ML per 28 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin aspart u-100)	Tier 3	QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine-yfgn)	Tier 4	ST (ST: Requires prior prescription for Insulin Glargine (yfgn), Toujeo, or Tresiba within the past 120 days); QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine-yfgn)	Tier 4	ST (ST: Requires prior prescription for Insulin Glargine (yfgn), Toujeo, or Tresiba within the past 120 days); QL (30 ML per 28 days)

Drug		Status	Notes
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	(insulin glargine u-300 conc)	Tier 3	QL (18 ML per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc)	Tier 3	QL (13.5 ML per 28 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin degludec)	Tier 3	QL (30 ML per 28 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	(insulin degludec)	Tier 3	QL (18 ML per 28 days)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin degludec)	Tier 3	QL (40 ML per 28 days)
Ear - General Disorders			
Ear Preparations Anti-Inflammatory			
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	(fluocinolone acetonide oil)	Tier 4	
FLAC OTIC OIL OTIC (EAR) DROPS 0.01 %	(fluocinolone acetonide oil)	Tier 4	
fluocinolone acetonide oil otic (ear) drops 0.01 %	(DermOtic Oil)	Tier 2	
Ear Preparations, Misc. Anti-Infectives			
acetic acid otic (ear) solution 2 %		Tier 2	
CORTANE-B TOPICAL LOTION 1-1-0.1 %		Tier 4	
hydrocortisone-acetic acid otic (ear) drops 1-2 %		Tier 2	
Ear Preparations,Antibiotics			
CETRAXAL OTIC (EAR) DROPPERETTE 0.2 %	(ciprofloxacin hcl)	Tier 4	
ciprofloxacin hcl otic (ear) dropperette 0.2 %	(Cetraxal)	Tier 2	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML		Tier 4	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%		Tier 2	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%		Tier 2	
ofloxacin otic (ear) drops 0.3 %		Tier 2	
Otic Preparations,Anti-Inflammatory-Antibiotics			
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %		Tier 4	

Drug		Status	Notes
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %		Tier 2	
ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)	(Otovel)	Tier 2	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	(ciprofloxacin-fluocinolone)	Tier 4	
Electrolyte Regulation			
Arginine Vasopressin (Avp) Receptor Antagonists			
SAMSCA ORAL TABLET 15 MG	(tolvaptan)	Tier 5	SP; QL (30 EA per 365 days)
SAMSCA ORAL TABLET 30 MG	(tolvaptan)	Tier 5	SP; QL (60 EA per 365 days)
tolvaptan oral tablet 15 mg	(Samsca)	Tier 5	SP; QL (30 EA per 365 days)
tolvaptan oral tablet 30 mg	(Samsca)	Tier 5	SP; QL (60 EA per 365 days)
Electrolyte Depleters			
AURYXIA ORAL TABLET 210 MG IRON	(ferric citrate)	Tier 4	ST (ST: Requires prior prescriptions for Velphoro and one of the folllowing: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days); QL (12 EA per 1 day)
calcium acetate(phosphat bind) oral capsule 667 mg		Tier 2	
calcium acetate(phosphat bind) oral tablet 667 mg		Tier 2	
ferric citrate oral tablet 210 mg iron	(Auryxia)	Tier 2	ST (ST: Requires prior prescriptions for Velphoro and one of the folllowing: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days); QL (12 EA per 1 day)
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG		Tier 4	ST (ST: Requires prior prescriptions for Velphoro and one of the folllowing: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days); QL (3 EA per 1 day)

Drug		Status	Notes
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG	(lanthanum)	Tier 4	
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML		Tier 2	
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	(Fosrenol)	Tier 2	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM		Tier 3	
RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	(sevelamer carbonate)	Tier 4	
RENVELA ORAL TABLET 800 MG	(sevelamer carbonate)	Tier 4	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	(Renvela)	Tier 2	
sevelamer carbonate oral tablet 800 mg	(Renvela)	Tier 2	
sevelamer hcl oral tablet 400 mg, 800 mg		Tier 2	
sodium polystyrene sulfonate oral powder 15 gram		Tier 2	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML		Tier 2	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML		Tier 4	
VELPHORO ORAL TABLET,CHEWABLE 500 MG		Tier 3	QL (6 EA per 1 day)
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM		Tier 4	PA
XPHOZAH ORAL TABLET 20 MG, 30 MG		Tier 4	ST (ST: Requires prior prescriptions for Velphoro and one of the folllowing: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days); QL (2 EA per 1 day)
Potassium Replacement			
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ		Tier 4	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	(potassium bicarb-citric acid)	Tier 2	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	(potassium chloride)	Tier 4	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	(potassium chloride)	Tier 4	

Drug		Status	Notes
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	(potassium chloride)	Tier 2	
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	(potassium chloride)	Tier 2	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	(potassium chloride)	Tier 2	
KLOR-CON ORAL PACKET 20 MEQ	(potassium chloride)	Tier 4	
KLOR-CON/EF ORAL TABLET, EFFERVESCENT 25 MEQ	(potassium bicarb-citric acid)	Tier 4	
potassium chloride oral capsule, extended release 10 meq, 8 meq		Tier 2	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml		Tier 2	
potassium chloride oral packet 20 meq	(Klor-Con)	Tier 2	
potassium chloride oral tablet extended release 10 meq	(Klor-Con 10)	Tier 2	
potassium chloride oral tablet extended release 15 meq, 20 meq		Tier 2	
potassium chloride oral tablet extended release 8 meq	(Klor-Con 8)	Tier 2	
potassium chloride oral tablet,er particles/crystals 10 meq	(Klor-Con M10)	Tier 2	
potassium chloride oral tablet,er particles/crystals 15 meq	(Klor-Con M15)	Tier 2	
potassium chloride oral tablet,er particles/crystals 20 meq	(Klor-Con M20)	Tier 2	
Sodium/Saline Preparations			
AQUASTAT 0.9% SODIUM CHLORIDE INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 4	
AQUASTAT SFR 0.9% SODIUM CHLOR INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 4	
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 2	
MONOJECT 0.9% SODIUM CHLORIDE INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 4	
MONOJECT PREFILL ADVANCED NS INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 4	
NORMAL SALINE FLUSH INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 2	
sodium chlor 0.9% bacteriostat injection solution 0.9 %		Tier 2	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %		Tier 2	
sodium chloride 0.9 % (flush) injection syringe	(BD PosiFlush Normal Saline 0.9)	Tier 2	
sodium chloride 0.9 % injection solution		Tier 2	

Drug		Status	Notes
sodium chloride 0.9 % intravenous parenteral solution		Tier 2	
sodium chloride 0.9 % intravenous piggyback		Tier 2	
sodium chloride injection syringe 0.9 %		Tier 2	
Endocrine Disorder - Other			
Adrenal Steroid Inhibitors			
ISTURISA ORAL TABLET 1 MG, 5 MG		Tier 5	PA; SP
RECORLEV ORAL TABLET 150 MG		Tier 5	PA; SP
Adrenocorticotrophic Hormones			
ACTHAR INJECTION GEL 80 UNIT/ML		Tier 5	PA; SP
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML		Tier 5	PA; SP
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML		Tier 5	PA; SP
CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML, 80 UNIT/ML		Tier 5	PA; SP
Antidiuretic And Vasopressor Hormones			
DDAVP INJECTION SOLUTION 4 MCG/ML	(desmopressin)	Tier 4	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	(desmopressin)	Tier 4	
desmopressin injection solution 4 mcg/ml	(DDAVP)	Tier 2	
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)		Tier 2	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)		Tier 2	
desmopressin oral tablet 0.1 mg, 0.2 mg	(DDAVP)	Tier 2	
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG		Tier 4	QL (1 EA per 1 day)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG		Tier 4	QL (1 EA per 1 day)
Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.			
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG		Tier 5	PA; SP
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)		Tier 5	PA; SP
leuprolide subcutaneous kit 1 mg/0.2 ml		Tier 5	PA; SP
Bone Formation Stim. Agents - Parathyroid Hormone			
BONSITY SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	(teriparatide)	Tier 5	PA; SP

Drug		Status	Notes
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	(teriparatide)	Tier 5	PA; SP
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	(Bonsity)	Tier 5	PA; SP
Bone Formation Stimulating Agts - Pth Rel Peptides			
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)		Tier 5	PA; SP
Bone Resorption Inhibitor & Vitamin D Combinations			
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT		Tier 3	
Bone Resorption Inhibitors			
ACTONEL ORAL TABLET 150 MG	(risedronate)	Tier 4	ST (ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days); QL (1 EA per 30 days)
ACTONEL ORAL TABLET 35 MG	(risedronate)	Tier 4	ST (ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days); QL (1 EA per 7 days)
alendronate oral solution 70 mg/75 ml		Tier 2	QL (75 ML per 7 days)
alendronate oral tablet 10 mg, 35 mg, 5 mg		Tier 2	
alendronate oral tablet 70 mg	(Fosamax)	Tier 2	
ATELVIA ORAL TABLET,DELAYED RELEASE (DR/EC) 35 MG	(risedronate)	Tier 4	ST (ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days); QL (1 EA per 7 days)
calcitonin (salmon) injection solution 200 unit/ml	(Miacalcin)	Tier 2	
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation		Tier 2	
EVISTA ORAL TABLET 60 MG	(raloxifene)	Tier 4	QL (1 EA per 1 day)
FOSAMAX ORAL TABLET 70 MG	(alendronate)	Tier 4	
ibandronate oral tablet 150 mg		Tier 2	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	(calcitonin (salmon))	Tier 4	

Drug		Status	Notes
raloxifene oral tablet 60 mg	(Evista)	Tier 1	$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
risedronate oral tablet 150 mg	(Actonel)	Tier 2	ST (ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days); QL (1 EA per 30 days)
risedronate oral tablet 30 mg, 5 mg		Tier 2	ST (ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days); QL (1 EA per 1 day)
risedronate oral tablet 35 mg	(Actonel)	Tier 2	ST (ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days); QL (1 EA per 7 days)
risedronate oral tablet,delayed release (dr/ec) 35 mg	(Atelvia)	Tier 2	ST (ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days); QL (1 EA per 7 days)
Calcimimetic,Parathyroid Calcium Enhancer			
cinacalcet oral tablet 30 mg, 60 mg	(Sensipar)	Tier 5	SP; QL (2 EA per 1 day)
cinacalcet oral tablet 90 mg	(Sensipar)	Tier 5	SP; QL (4 EA per 1 day)
SENSIPAR ORAL TABLET 30 MG, 60 MG	(cinacalcet)	Tier 5	SP; QL (2 EA per 1 day)
SENSIPAR ORAL TABLET 90 MG	(cinacalcet)	Tier 5	SP; QL (4 EA per 1 day)
Growth Hormone Receptor Antagonists			
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		Tier 5	SP
Growth Hormone Releasing Hormone (Ghrh) & Analogs			
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG		Tier 5	PA; SP
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG		Tier 5	PA; SP

Drug	Status	Notes
Growth Hormones		
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	Tier 5	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	Tier 5	PA; SP
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	Tier 5	PA; SP
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)	Tier 5	PA; SP
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 5	PA; SP
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	Tier 5	PA; SP
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 5	PA; SP
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	Tier 5	PA; SP
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	Tier 5	PA; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	Tier 5	PA; SP
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	Tier 5	PA; SP
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 5	PA; SP
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	Tier 5	PA; SP

Drug	Status	Notes
Hyperparathyroid Tx Agents - Vitamin D Analog-Type		
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	Tier 2	
paricalcitol oral capsule 1 mcg, 2 mcg (Zemplar)	Tier 2	
paricalcitol oral capsule 4 mcg	Tier 2	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	Tier 3	QL (2 EA per 1 day)
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (paricalcitol)	Tier 4	
Insulin-Like Growth Factor-1 (Igf-1) Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 5	PA; SP
Leptin Hormone Analogs		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Tier 5	PA; SP
Lhrh (Gnrh) Antagonist,Estrogen And Progestin Comb		
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Tier 3	PA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Tier 3	PA
Lhrh(Gnrh) Agonist Analog Pituitary Suppressants		
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	Tier 5	PA; SP
Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents		
ORILISSA ORAL TABLET 150 MG, 200 MG	Tier 3	PA
Natriuretic Peptides		
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	Tier 5	PA; SP
Parathyroid Hormones		
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML	Tier 5	PA; SP
Pituitary Suppressive Agents		
cabergoline oral tablet 0.5 mg	Tier 2	
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG	Tier 5	PA; SP
CRENESSITY ORAL SOLUTION 50 MG/ML	Tier 5	PA; SP

Drug		Status	Notes
danazol oral capsule 100 mg, 200 mg, 50 mg		Tier 2	
Endocrine Disorder - Thyroid			
Antithyroid Preparations			
methimazole oral tablet 10 mg, 5 mg		Tier 2	
propylthiouracil oral tablet 50 mg		Tier 2	
Iodine Containing Agents			
potassium iodide oral solution 1 gram/ml	(SSKI)	Tier 2	
SSKI ORAL SOLUTION 1 GRAM/ML	(potassium iodide)	Tier 2	
STRONG IODINE ORAL SOLUTION 5 %		Tier 2	
Thyroid Hormones			
ADTHYZA ORAL TABLET 120 MG, 15 MG, 60 MG	(thyroid (pork))	Tier 4	ST (ST: Requires prior prescription for NP Thyroid tablets within the past 120 days)
ADTHYZA ORAL TABLET 30 MG, 90 MG	(thyroid (pork))	Tier 4	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	(thyroid (pork))	Tier 4	ST (ST: Requires prior prescription for NP Thyroid tablets within the past 120 days)
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG		Tier 4	ST (ST: Requires prior prescription for NP Thyroid tablets within the past 120 days)
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	(liothyronine)	Tier 4	ST (ST: Requires prior prescription for generic Liothyronine tablets within the past 120 days)
ERMEZA ORAL SOLUTION 30 MCG/ML		Tier 2	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 2	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 4	ST (ST: Requires prior prescription for generic Levothyroxine tablets within the past 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 2	PA

Drug		Status	Notes
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 2	QL (2 EA per 1 day)
levothyroxine oral tablet 300 mcg	(Levo-T)	Tier 2	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 4	ST (ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days); QL (2 EA per 1 day)
LIOMNY ORAL TABLET 25 MCG, 5 MCG, 50 MCG	(liothyronine)	Tier 2	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	(Liomny)	Tier 2	
NIVA THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	(thyroid (pork))	Tier 4	ST (ST: Requires prior prescription for NP Thyroid tablets within the past 120 days)
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	(thyroid (pork))	Tier 2	
RENTHYROID ORAL TABLET 120 MG, 15 MG	(thyroid (pork))	Tier 4	ST (ST: Requires prior prescription for NP Thyroid tablets within the past 120 days)
RENTHYROID ORAL TABLET 30 MG, 90 MG	(thyroid (pork))	Tier 4	
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 4	ST (ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days); QL (2 EA per 1 day)
THYQUIDITY ORAL SOLUTION 20 MCG/ML		Tier 4	ST (ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days); QL (20 ML per 1 day)
thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	(NP Thyroid)	Tier 2	
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 4	PA
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG		Tier 4	PA

Drug		Status	Notes
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML		Tier 4	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 4	ST (ST: Requires prior prescription for generic Levothyroxine tablets within the past 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 2	
prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %		Tier 2	
prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %		Tier 2	
prednisolon-moxiflox-ketorolac ophthalmic (eye) drops 1-0.5-0.5 %		Tier 2	
Eye Antibiotic-Corticoid Combinations			
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %	(neomycin-polymyxin b-dexameth)	Tier 4	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(Neo-Polycin HC)	Tier 2	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	(Maxitrol)	Tier 2	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	(Maxitrol)	Tier 2	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml		Tier 2	
NEO-POLYCIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1%	(neomycin-bacitracin-poly-hc)	Tier 2	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %		Tier 4	
prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %		Tier 2	

Drug		Status	Notes
prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %		Tier 2	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %		Tier 3	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %		Tier 4	ST (ST: Requires prior prescription for generic ophthalmic Tobramycin/Dexamethasone drops within the past 120 days)
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %		Tier 2	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %		Tier 4	
Eye Antihistamines			
ADVANCED EYE RELIEF (OLOPATAD) OPHTHALMIC (EYE) DROPS 0.2 %	(olopatadine)	Tier 2	QL (3 ML per 30 days)
azelastine ophthalmic (eye) drops 0.05 %		Tier 2	QL (12 ML per 30 days)
bepotastine besilate ophthalmic (eye) drops 1.5 %	(Bepreve)	Tier 2	ST (ST: Requires prior prescription for a generic ophthalmic antihistamine (Azelastine, Epinastine, or Olopatadine) within the past 120 days); QL (10 ML per 30 days)
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	(bepotastine besilate)	Tier 4	ST (ST: Requires prior prescription for a generic ophthalmic antihistamine (Azelastine, Epinastine, or Olopatadine) within the past 120 days); QL (10 ML per 30 days)
epinastine ophthalmic (eye) drops 0.05 %		Tier 2	QL (10 ML per 30 days)
EYE ALLERGY ITCH RELIEF OPHTHALMIC (EYE) DROPS 0.2 %	(olopatadine)	Tier 2	QL (3 ML per 30 days)
EYE ALLERGY ITCH-REDNESS RLF OPHTHALMIC (EYE) DROPS 0.1 %	(olopatadine)	Tier 2	
LASTACAFT ONCE DAILY RELIEF OPHTHALMIC (EYE) DROPS 0.25 %	(alcaftadine)	Tier 4	ST (ST: Requires prior prescription for a generic ophthalmic antihistamine (Azelastine, Epinastine, or Olopatadine) within the past 120 days); QL (6 ML per 30 days)

Drug		Status	Notes
olopatadine ophthalmic (eye) drops 0.1 %	(Eye Allergy Itch-Redness Rlf)	Tier 2	
olopatadine ophthalmic (eye) drops 0.2 %	(Advanced Eye Relief (olopatad))	Tier 2	QL (3 ML per 30 days)
PATADAY ONCE DAILY RELIEF OPHTHALMIC (EYE) DROPS 0.2 %	(olopatadine)	Tier 4	QL (3 ML per 30 days)
PATADAY ONCE DAILY RELIEF OPHTHALMIC (EYE) DROPS 0.7 %		Tier 4	ST (ST: Requires prior prescription for a generic ophthalmic antihistamine (Azelastine, Epinastine, or Olopatadine) within the past 120 days); QL (2.5 ML per 30 days)
PATADAY TWICE DAILY RELIEF OPHTHALMIC (EYE) DROPS 0.1 %	(olopatadine)	Tier 4	
RETAINE ALLERGY OPHTHALMIC (EYE) DROPS 0.2 %	(olopatadine)	Tier 2	QL (3 ML per 30 days)
Eye Antiinflammatory Agents			
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	(ketorolac)	Tier 4	
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	(ketorolac)	Tier 4	QL (20 ML per 30 days)
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %		Tier 4	ST (ST: Requires prior prescriptions for Ilevro 0.3% and one of the following: Diclofenac 0.1% or Ketorolac 0.5% within the past 365 days); QL (60 EA per 15 days)
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	(loteprednol etabonate)	Tier 4	ST (ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days); QL (10 ML per 14 days)
bromfenac ophthalmic (eye) drops 0.07 %	(Prolensa)	Tier 2	ST (ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days); QL (3 ML per 16 days)
bromfenac ophthalmic (eye) drops 0.075 %	(BromSite)	Tier 2	ST (ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days); QL (5 ML per 16 days)

Drug		Status	Notes
bromfenac ophthalmic (eye) drops 0.09 %		Tier 2	ST (ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days); QL (3.4 ML per 16 days)
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	(bromfenac)	Tier 4	ST (ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days); QL (5 ML per 16 days)
clobetasol ophthalmic (eye) drops,suspension 0.05 %		Tier 2	ST (ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days); QL (3.5 ML per 14 days)
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %		Tier 2	QL (15 ML per 14 days)
DEXTENZA INTRACANALICULAR INSERT 0.4 MG		Tier 4	
diclofenac sodium ophthalmic (eye) drops 0.1 %		Tier 2	QL (10 ML per 14 days)
difluprednate ophthalmic (eye) drops 0.05 %	(Durezol)	Tier 2	QL (10 ML per 14 days)
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	(difluprednate)	Tier 4	QL (10 ML per 14 days)
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		Tier 4	PA
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %		Tier 4	ST (ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days); QL (15 ML per 14 days)
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	(FML Liquifilm)	Tier 2	QL (10 ML per 14 days)
flurbiprofen sodium ophthalmic (eye) drops 0.03 %		Tier 2	

Drug		Status	Notes
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		Tier 4	ST (ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days); QL (10 ML per 14 days)
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	(fluorometholone)	Tier 4	QL (10 ML per 14 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %		Tier 3	QL (3.4 ML per 16 days)
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %		Tier 4	ST (ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days); QL (5.6 ML per 14 days)
ketorolac ophthalmic (eye) drops 0.4 %	(Acular LS)	Tier 2	
ketorolac ophthalmic (eye) drops 0.5 %	(Acular)	Tier 2	QL (20 ML per 30 days)
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	(loteprednol etabonate)	Tier 4	QL (10 GM per 14 days)
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	(loteprednol etabonate)	Tier 4	QL (20 ML per 14 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %		Tier 3	QL (7 GM per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %		Tier 3	QL (10 GM per 14 days)
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	(Lotemax)	Tier 2	QL (10 GM per 14 days)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %	(Alrex)	Tier 2	ST (ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days); QL (10 ML per 14 days)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %		Tier 2	QL (20 ML per 14 days)

Drug	Status	Notes
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 4	ST (ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days); QL (25 ML per 14 days)
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 4	ST (ST: Requires prior prescriptions for Ilevro 0.3% and one of the following: Diclofenac 0.1% or Ketorolac 0.5% within the past 365 days); QL (9 ML per 16 days)
PRED FORTE OPHTHALMIC (EYE) (prednisolone acetate) DROPS,SUSPENSION 1 %	Tier 4	QL (20 ML per 14 days)
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	Tier 4	ST (ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days); QL (20 ML per 14 days)
prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %	Tier 2	QL (20 ML per 14 days)
prednisolone acetate ophthalmic (eye) drops,suspension 1 % (Pred Forte)	Tier 2	QL (20 ML per 14 days)
prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %	Tier 2	
prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %	Tier 2	
prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %	Tier 2	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	Tier 2	QL (20 ML per 14 days)
PROLENSA OPHTHALMIC (EYE) (bromfenac) DROPS 0.07 %	Tier 4	ST (ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days); QL (3 ML per 16 days)
Eye Antivirals		
trifluridine ophthalmic (eye) drops 1 %	Tier 2	

Drug		Status	Notes
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %		Tier 4	ST (ST: Requires prior prescription for oral Acyclovir, Famciclovir, or Valacyclovir within the past 120 days)
Eye Local Anesthetics			
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %		Tier 4	
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 %	(proparacaine)	Tier 2	
ALTACAINE OPHTHALMIC (EYE) DROPS 0.5 %	(tetracaine hcl)	Tier 2	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %	(fluorescein-benoxinate)	Tier 2	
fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %		Tier 2	
fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %		Tier 2	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL 3 %		Tier 4	
proparacaine ophthalmic (eye) drops 0.5 %	(Alcaine)	Tier 2	
tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %		Tier 2	
tetracaine hcl ophthalmic (eye) drops 0.5 %	(Altacaine)	Tier 2	
Eye Sulfonamides			
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %		Tier 3	
sulfacetamide sodium ophthalmic (eye) drops 10 %		Tier 2	
sulfacetamide sodium ophthalmic (eye) ointment 10 %		Tier 2	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)		Tier 2	
Eye Vasoconstrictors (Rx Only)			
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %		Tier 2	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %		Tier 4	PA
Nicotinic Recept.Partial Agonist, Alpha4beta2 Spec			
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY		Tier 3	PA

Drug		Status	Notes
Ophthalmic (Eye) Antiparasitics			
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %		Tier 5	PA; SP
Ophthalmic Antibiotics			
AZASITE OPHTHALMIC (EYE) DROPS 1 %		Tier 4	
bacitracin ophthalmic (eye) ointment 500 unit/gram		Tier 2	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	(Polycin)	Tier 2	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %		Tier 3	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %		Tier 3	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %		Tier 2	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)		Tier 2	
gatifloxacin ophthalmic (eye) drops 0.5 %		Tier 2	
gentamicin ophthalmic (eye) drops 0.3 %		Tier 2	
levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %		Tier 2	
moxifloxacin ophthalmic (eye) drops 0.5 %	(Vigamox)	Tier 2	
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %		Tier 2	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(Neo-Polycin)	Tier 2	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml		Tier 2	
NEO-POLYCIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G	(neomycin-bacitracin-polymyxin)	Tier 2	
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 %	(ofloxacin)	Tier 4	
ofloxacin ophthalmic (eye) drops 0.3 %	(Ocuflox)	Tier 2	
POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM	(bacitracin-polymyxin b)	Tier 2	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml		Tier 2	
tobramycin ophthalmic (eye) drops 0.3 %		Tier 2	
tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %		Tier 2	

Drug		Status	Notes
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %		Tier 3	
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	(moxifloxacin)	Tier 4	
Ophthalmic Antifungal Agents			
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %		Tier 4	
Ophthalmic Anti-Inflammatory Immunomodulator-Type			
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %		Tier 4	ST (ST: At least 2 prior prescriptions for Miebo, Cyclosporine/Restasis, Tyrvaya, or Xiidra within the past 365 days); QL (60 EA per 30 days)
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 %		Tier 2	
cyclosporine ophthalmic (eye) dropperette 0.05 %	(Restasis)	Tier 2	QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %		Tier 3	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	(cyclosporine)	Tier 2	QL (60 EA per 30 days)
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %		Tier 4	PA; SP
VEVYE OPHTHALMIC (EYE) DROPS 0.1 %		Tier 4	PA
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %		Tier 3	QL (60 EA per 30 days)
Ophthalmic Human Nerve Growth Factor (Hngf)			
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %		Tier 5	PA; SP
Ophthalmic Mast Cell Stabilizers			
cromolyn ophthalmic (eye) drops 4 %		Tier 2	QL (50 ML per 30 days)
Eye - Glaucoma			
Carbonic Anhydrase Inhibitors			
acetazolamide oral capsule, extended release 500 mg		Tier 2	
acetazolamide oral tablet 125 mg, 250 mg		Tier 2	
methazolamide oral tablet 25 mg, 50 mg		Tier 2	

Drug		Status	Notes
Miotics/Other Intraoc. Pressure Reducers			
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %, 0.15 %	(brimonidine)	Tier 4	
apraclonidine ophthalmic (eye) drops 0.5 %		Tier 2	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	(brinzolamide)	Tier 4	
betaxolol ophthalmic (eye) drops 0.5 %		Tier 2	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %		Tier 4	
BETIMOL OPHTHALMIC (EYE) DROPS 0.5 %	(timolol)	Tier 4	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		Tier 4	
bimatoprost ophthalmic (eye) drops 0.03 %		Tier 2	QL (1 ML per 12 days)
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %	(Alphagan P)	Tier 2	
brimonidine ophthalmic (eye) drops 0.2 %		Tier 2	
brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %		Tier 2	
brimonidine-dorzolamide ophthalmic (eye) drops 0.1-2 %		Tier 2	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	(Combigan)	Tier 2	
brinzolamide ophthalmic (eye) drops,suspension 1 %	(Azopt)	Tier 2	
carteolol ophthalmic (eye) drops 1 %		Tier 2	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	(brimonidine-timolol)	Tier 4	
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	(dorzolamide-timolol (pf))	Tier 4	ST (ST: Requires prior prescription for Dorzolamide/Timolol within the past 120 days); QL (2 EA per 1 day)
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML	(dorzolamide-timolol)	Tier 4	
dorzolamide (pf) ophthalmic (eye) drops 2 %		Tier 2	
dorzolamide ophthalmic (eye) drops 2 %		Tier 2	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	(Cosopt (PF))	Tier 2	ST (ST: Requires prior prescription for Dorzolamide/Timolol within the past 120 days); QL (2 EA per 1 day)

Drug	Status	Notes
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml (Cosopt)	Tier 2	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	Tier 4	
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 % (timolol maleate)	Tier 4	
IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 %	Tier 4	ST (ST: Requires prior prescriptions for a generic prostaglandin analog and Lumigan within the past 365 days); QL (1 EA per 1 day)
latanoprost ophthalmic (eye) drops 0.005 % (Xalatan)	Tier 2	
levobunolol ophthalmic (eye) drops 0.5 %	Tier 2	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	Tier 3	QL (2.5 ML per 25 days)
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	Tier 5	SP
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	Tier 2	
pilocarpine hcl ophthalmic (eye) drops 1.25 % (Vuity)	Tier 2	QL (10 ML per 30 days)
QLOSI OPHTHALMIC (EYE) DROPPERETTE 0.4 %	Tier 4	ST (ST: Requires prior prescription for generic Pilocarpine ophthalmic solution within the past 120 days); QL (2 EA per 1 day)
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	Tier 4	ST (ST: Requires prior prescriptions for Latanoprost and one of the following: Alphagan P 0.1%, Azopt, Combigan, Lumigan 0.01%, Travatan Z, or Simbrinza within the past 365 days); QL (2.5 ML per 30 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	Tier 4	ST (ST: Requires prior prescriptions for Latanoprost and one of the following: Alphagan P 0.1%, Azopt, Brimonidine 0.2%, Combigan, Lumigan 0.01%, Simbrinza, or Travatan Z within the past 365 days); QL (2.5 ML per 25 days)

Drug		Status	Notes
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %		Tier 3	
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	(Zioptan (PF))	Tier 2	QL (1 EA per 1 day)
timol-brimon-dorzol-bimato(pf) ophthalmic (eye) drops 0.5 %-0.15 %- 2 %-0.01 %		Tier 2	
timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %	(Timoptic Ocudose (PF))	Tier 2	QL (2 EA per 1 day)
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %		Tier 2	
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	(Istalol)	Tier 2	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %		Tier 2	
timolol ophthalmic (eye) drops 0.5 %	(Betimol)	Tier 2	
timolol-bimatoprost ophthalmic (eye) drops 0.5-0.01 %		Tier 2	
timolol-brimon-dorzol-bimatop ophthalmic (eye) drops 0.5-0.1-2-0.01 %		Tier 2	
timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %		Tier 2	
timolol-brimonidine-dorzolamid ophthalmic (eye) drops 0.5-0.1-2 %		Tier 2	
timolol-dorzolam-bimatopro(pf) ophthalmic (eye) drops 0.5-2-0.01 %		Tier 2	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 %	(timolol maleate (pf))	Tier 4	QL (2 EA per 1 day)
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	(travoprost)	Tier 4	QL (2.5 ML per 25 days)
travoprost ophthalmic (eye) drops 0.004 %	(Travatan Z)	Tier 2	QL (2.5 ML per 25 days)
VIZZ OPHTHALMIC (EYE) DROPPERETTE 1.44 %		Tier 4	QL (1 EA per 1 day)
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	(pilocarpine hcl)	Tier 4	QL (10 ML per 30 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %		Tier 4	ST (ST: Requires prior prescriptions for a generic prostaglandin analog and Lumigan within the past 365 days); QL (2.5 ML per 30 days)
XALATAN OPHTHALMIC (EYE) DROPS 0.005 %	(latanoprost)	Tier 4	

Drug		Status	Notes
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %		Tier 4	ST (ST: Requires prior prescriptions for a generic prostaglandin analog and Lumigan within the past 365 days); QL (2.5 ML per 25 days)
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	(tafluprost (pf))	Tier 4	QL (1 EA per 1 day)
Mydriatics			
atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %		Tier 2	
atropine ophthalmic (eye) drops 1 %	(Isopto Atropine)	Tier 2	
atropine sulfate (pf) ophthalmic (eye) dropperette 1 %		Tier 2	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 %	(cyclopentolate)	Tier 4	
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %		Tier 4	
cyclopentolate ophthalmic (eye) drops 1 %	(Cyclogyl)	Tier 2	
cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %		Tier 4	
cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %-0.5 %, 1 %-1 %-2.5 %- 0.5 %		Tier 2	
cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %-2.5 %-0.4 %		Tier 2	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 %	(homatropine hbr)	Tier 2	
MYDCOMBI OPHTHALMIC (EYE) CARTRIDGE 2.5-1 %		Tier 4	
MYDRIACYL OPHTHALMIC (EYE) DROPS 1 %	(tropicamide)	Tier 4	
phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %		Tier 2	
tropicamide ophthalmic (eye) drops 0.5 %		Tier 2	
tropicamide ophthalmic (eye) drops 1 %	(Mydriacyl)	Tier 2	
Ophthalmic Antifibrotic Agents			
mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml		Tier 5	SP
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG		Tier 4	

Drug		Status	Notes
Eye - Miscellaneous			
Agents For Corneal Collagen Cross-Linking			
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %		Tier 5	SP
Artificial Tears			
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 %		Tier 4	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %		Tier 3	
Eye Diagnostic Agents			
BIOGLO OPHTHALMIC (EYE) STRIP 1 MG	(fluorescein)	Tier 2	
fluorescein ophthalmic (eye) strip 1 mg	(BioGlo)	Tier 2	
GLOSTRIPS OPHTHALMIC (EYE) STRIP 1 MG	(fluorescein)	Tier 2	
GREEN GLO OPHTHALMIC (EYE) STRIP 1.5 MG	(lissamine green)	Tier 2	
Eye Irrigations			
EYE WASH STERILE OPHTHALMIC (EYE) SOLUTION		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 2	
Eye Preparations, Miscellaneous (Otc)			
GELFILM OPHTHALMIC (EYE) FILM		Tier 4	
Ophthalmic Cystine Depleting Agents			
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %		Tier 5	PA; SP
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %		Tier 5	PA; SP
Fluid Replacement			
Nucleic Acid/Nucleotide Supplements			
XURIDEN ORAL GRANULES IN PACKET 2 GRAM		Tier 5	PA; SP
Gout And Related Diseases			
Colchicine			
colchicine oral capsule 0.6 mg	(Mitigare)	Tier 2	QL (2 EA per 1 day)
colchicine oral tablet 0.6 mg	(Colcrys)	Tier 2	QL (4 EA per 1 day)
COLCRYS ORAL TABLET 0.6 MG	(colchicine)	Tier 4	QL (4 EA per 1 day)

Drug		Status	Notes
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML		Tier 4	ST (ST: Requires prior prescription for Colchicine capsules or tablets within the past 120 days); QL (10 ML per 1 day)
MITIGARE ORAL CAPSULE 0.6 MG	(colchicine)	Tier 4	QL (2 EA per 1 day)
Hyperuricemia Tx - Purine Inhibitors			
allopurinol oral tablet 100 mg	(Zyloprim)	Tier 2	
allopurinol oral tablet 300 mg		Tier 2	
febuxostat oral tablet 40 mg, 80 mg	(Uloric)	Tier 2	ST (ST: Requires prior prescription for Allopurinol within the past 120 days); QL (30 EA per 30 days)
ULORIC ORAL TABLET 40 MG, 80 MG	(febuxostat)	Tier 4	ST (ST: Requires prior prescription for Allopurinol within the past 120 days); QL (30 EA per 30 days)
ZYLOPRIM ORAL TABLET 100 MG	(allopurinol)	Tier 4	
Uricosuric Agents			
probenecid oral tablet 500 mg		Tier 2	
probenecid-colchicine oral tablet 500-0.5 mg		Tier 2	
Hematological Disorders			
Agents To Tx Thrombotic Thrombocytopenic Purpura			
CABLIVI INJECTION KIT 11 MG		Tier 5	PA; SP
Anticoagulants,Coumarin Type			
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	(warfarin)	Tier 2	
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 2	
Antifibrinolytic Agents			
AMICAR ORAL SOLUTION 250 MG/ML (25 %)	(aminocaproic acid)	Tier 4	
AMICAR ORAL TABLET 1,000 MG, 500 MG	(aminocaproic acid)	Tier 4	
aminocaproic acid oral solution 250 mg/ml (25 %)	(Amicar)	Tier 2	
aminocaproic acid oral tablet 1,000 mg, 500 mg	(Amicar)	Tier 2	
tranexamic acid oral tablet 650 mg		Tier 2	

Drug	Status	Notes
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 5	SP
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	Tier 5	SP
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 5	SP
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 5	SP
ALTUVIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	SP
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	Tier 5	SP
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	SP
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	Tier 5	SP
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	Tier 5	SP
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	Tier 5	SP
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	Tier 5	SP
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	Tier 5	SP

Drug	Status	Notes
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	Tier 5	SP
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	SP
KOATE INTRAVENOUS RECON SOLN 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	SP
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	SP
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	SP
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	SP
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)	Tier 5	SP
NUWIQ INTRAVENOUS RECON SOLN 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 5	SP
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	Tier 5	SP
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	SP
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG)	Tier 5	SP
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	Tier 5	SP
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	SP
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	SP

Drug		Status	Notes
Blood Factors,Miscellaneous			
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE		Tier 5	SP
Citrates As Anticoagulants			
anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml		Tier 2	
sodium citrate in 0.9 % nacl solution 0.5 %		Tier 2	
sodium citrate intra-catheter solution 4 %		Tier 2	
sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)		Tier 2	
sodium citrate solution 4 gram /100 ml (4 %)		Tier 2	
Complement (C3) Inhibitors			
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML		Tier 5	PA; SP
Direct Factor Xa Inhibitors			
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)		Tier 3	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG		Tier 3	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG		Tier 3	QL (74 EA per 30 days)
rivaroxaban oral suspension for reconstitution 1 mg/ml	(Xarelto)	Tier 2	QL (20 ML per 1 day)
rivaroxaban oral tablet 2.5 mg	(Xarelto)	Tier 2	QL (2 EA per 1 day)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG		Tier 4	ST (ST: Requires prior prescriptions for Eliquis and Xarelto within the past 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 3	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	(rivaroxaban)	Tier 3	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG	(rivaroxaban)	Tier 3	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	(rivaroxaban)	Tier 3	QL (2 EA per 1 day)
Factor Ix Complex (Pcc) Preparations			
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT		Tier 5	SP

Drug	Status	Notes
Factor Ix Preparations		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	SP
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 5	SP
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 5	SP
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	SP
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 3,000 UNIT, 500 UNIT	Tier 5	SP
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	SP
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 5	SP
Factor X Preparations		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 5	SP
Factor Xiii Preparations		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	Tier 5	SP
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT	Tier 5	SP
Hematinics,Other		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 5	PA; SP
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 5	PA; SP
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 5	PA; SP

Drug	Status	Notes
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 5	PA; SP
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 5	PA; SP
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 5	PA; SP
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 5	PA; SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML	Tier 5	PA; SP
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 5	PA; SP
QFITLIA PEN SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	Tier 5	PA; SP
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2 ML	Tier 5	PA; SP
Hemorrheologic Agents		
pentoxifylline oral tablet extended release 400 mg	Tier 2	
Heparin And Related Preparations		
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML (fondaparinux)	Tier 4	QL (24 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML (fondaparinux)	Tier 4	QL (15 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 5 MG/0.4 ML (fondaparinux)	Tier 4	QL (12 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 7.5 MG/0.6 ML (fondaparinux)	Tier 4	QL (18 ML per 30 days)
enoxaparin subcutaneous solution 300 mg/3 ml (Lovenox)	Tier 2	QL (30 ML per 30 days)

Drug		Status	Notes
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 2	
fondaparinux subcutaneous syringe 10 mg/0.8 ml	(Arixtra)	Tier 2	QL (24 ML per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	(Arixtra)	Tier 2	QL (15 ML per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	(Arixtra)	Tier 2	QL (12 ML per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	(Arixtra)	Tier 2	QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML		Tier 4	QL (8 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML		Tier 4	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML		Tier 4	QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML		Tier 4	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML		Tier 4	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML		Tier 4	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 4	QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML		Tier 4	QL (18 ML per 30 days)
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML		Tier 2	
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 2	
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 2	
heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)		Tier 2	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml		Tier 2	
heparin (porcine) injection syringe 5,000 unit/ml		Tier 2	

Drug		Status	Notes
heparin lock flush (porcine) intravenous solution 10 unit/ml		Tier 2	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML	(heparin, porcine (pf))	Tier 2	
heparin, porcine (pf) injection solution 1,000 unit/ml		Tier 2	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml		Tier 2	
heparin, porcine (pf) intravenous syringe 1 unit/ml		Tier 2	
heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml	(Heparin LockFlush(Porcine)(PF))	Tier 2	
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML	(enoxaparin)	Tier 4	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 4	
Human Monoclonal Antibody Complement(C5) Inhibitor			
FABHALTA ORAL CAPSULE 200 MG		Tier 5	PA; SP
TAVNEOS ORAL CAPSULE 10 MG		Tier 5	PA; SP
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)		Tier 5	PA; SP
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML		Tier 5	PA; SP
Hypoxia Inducible Factor Prolyl Hydroxylase Inh.			
VAFSEO ORAL TABLET 150 MG, 300 MG		Tier 4	PA
Leukocyte (Wbc) Stimulants			
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML		Tier 5	PA; SP
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML		Tier 5	PA; SP
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML		Tier 5	PA; SP
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML		Tier 5	PA; SP
LEUKINE INJECTION RECON SOLN 250 MCG		Tier 5	PA; SP
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML		Tier 5	PA; SP

Drug	Status	Notes
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA; SP
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 5	PA; SP
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5	PA; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 5	PA; SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5	PA; SP
NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5	PA; SP
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA; SP
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5	PA; SP
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	Tier 5	PA; SP
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA; SP
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	Tier 5	PA; SP
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	Tier 5	PA; SP
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA; SP
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5	PA; SP
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA; SP
Plasma Proteins		
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG	Tier 5	PA; SP
Platelet Aggregation Inhibitors		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	Tier 1	
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	Tier 1	
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (aspirin)	Tier 1	
aspirin oral tablet,chewable 81 mg (Aspirin Childrens)	Tier 1	

Drug		Status	Notes
aspirin oral tablet,delayed release (dr/ec) 81 mg	(Adult Aspirin Regimen)	Tier 1	
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg		Tier 2	
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	(aspirin)	Tier 1	
BRILINTA ORAL TABLET 60 MG, 90 MG	(ticagrelor)	Tier 4	QL (2 EA per 1 day)
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG	(aspirin)	Tier 1	
cilostazol oral tablet 100 mg, 50 mg		Tier 2	
clopidogrel oral tablet 300 mg		Tier 2	QL (4 EA per 30 days)
clopidogrel oral tablet 75 mg	(Plavix)	Tier 2	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg		Tier 2	
EFFIENT ORAL TABLET 10 MG, 5 MG	(prasugrel hcl)	Tier 4	QL (1 EA per 1 day)
PLAVIX ORAL TABLET 75 MG	(clopidogrel)	Tier 4	
prasugrel hcl oral tablet 10 mg, 5 mg	(Effient)	Tier 2	QL (1 EA per 1 day)
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG	(aspirin)	Tier 1	
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	(aspirin)	Tier 1	
ticagrelor oral tablet 60 mg, 90 mg	(Brilinta)	Tier 2	QL (2 EA per 1 day)
ZONTIVITY ORAL TABLET 2.08 MG		Tier 4	QL (1 EA per 1 day)
Platelet Reducing Agents			
AGRYLIN ORAL CAPSULE 0.5 MG	(anagrelide)	Tier 4	
anagrelide oral capsule 0.5 mg	(Agrylin)	Tier 2	
anagrelide oral capsule 1 mg		Tier 2	
Pyruvate Kinase Activators			
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG		Tier 5	PA; SP
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)-20 MG (7)		Tier 5	PA; SP
Sickle Cell Anemia Agents			
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG		Tier 4	
ENDARI ORAL POWDER IN PACKET 5 GRAM	(glutamine (sickle cell))	Tier 5	PA; SP
glutamine (sickle cell) oral powder in packet 5 gram	(Endari)	Tier 5	PA; SP

Drug		Status	Notes
SIKLOS ORAL TABLET 1,000 MG		Tier 4	ST (ST: Requires prior prescriptions for generic Hydroxyurea and Droxia within the past 365 days)
SIKLOS ORAL TABLET 100 MG		Tier 4	QL (2 EA per 1 day)
XROMI ORAL SOLUTION 100 MG/ML		Tier 4	PA
Spleen Tyrosine Kinase Inhibitors			
TAVALISSE ORAL TABLET 100 MG, 150 MG		Tier 5	PA; SP
Thrombin Inhibitors,Selective,Direct, & Reversible			
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	(Pradaxa)	Tier 2	QL (2 EA per 1 day)
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	(dabigatran etexilate)	Tier 4	ST (ST: Requires prior prescriptions for Eliquis and Xarelto within the past 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 4	PA
Thrombopoietin Receptor Agonists			
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG		Tier 5	PA; SP
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG		Tier 5	PA; SP
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG		Tier 5	PA; SP
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG		Tier 5	PA; SP
eltrombopag olamine oral powder in packet 12.5 mg, 25 mg	(Promacta)	Tier 5	PA; SP
eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg	(Promacta)	Tier 5	PA; SP
MULPLETA ORAL TABLET 3 MG		Tier 5	PA; SP
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	(eltrombopag olamine)	Tier 5	PA; SP
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	(eltrombopag olamine)	Tier 5	PA; SP
Topical Hemostatics			
ASTRINGYN TOPICAL SOLUTION 259 MG/G		Tier 4	
AVITENE FLOUR TOPICAL POWDER		Tier 4	
AVITENE TOPICAL POWDER IN PACKET		Tier 4	
AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM		Tier 4	

Drug	Status	Notes
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM	Tier 4	
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 4	
GELFOAM COMPRESSED SIZE 100 TOPICAL SPONGE 100 CM	Tier 4	
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT	Tier 4	
GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT	Tier 4	
GELFOAM MUCOUS MEMBRANE POWDER	Tier 4	
GELFOAM SPONGE SIZE 100 TOPICAL SPONGE 100	Tier 4	
GELFOAM SPONGE SIZE 12-7MM TOPICAL SPONGE 12-7 MM	Tier 4	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200	Tier 4	
GELFOAM SPONGE SIZE 50 TOPICAL SPONGE 50	Tier 4	
GELFOAM TOPICAL SPONGE 4	Tier 4	
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML	Tier 2	
RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT	Tier 4	
RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 4	
SURGIFOAM TOPICAL SPONGE 100 , 100 CM, 12-7 MM, 50	Tier 4	
SYRINGE AVITENE TOPICAL POWDER	Tier 4	
TACHOSIL TOPICAL ADHESIVE PATCH,MEDICATED 4.8 X 4.8 CM, 9.5 X 4.8 CM	Tier 4	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT	Tier 2	
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 2	
THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT	Tier 2	
THROMBIN-JMI TOPICAL SPRAY,NON-AEROSOL 20,000 UNIT	Tier 2	

Drug		Status	Notes
VISTASEAL-FIBRIN SEALANT TOPICAL SYRINGE 500 UNIT-80 MG /ML (10 ML), 500 UNIT-80 MG /ML (2 ML), 500 UNIT-80 MG /ML (4 ML)		Tier 4	
Vitamin K Preparations			
phytonadione (vitamin k1) injection solution 10 mg/ml	(Vitamin K1)	Tier 2	
phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml		Tier 2	
phytonadione (vitamin k1) oral tablet 5 mg		Tier 2	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML	(phytonadione (vitamin k1))	Tier 2	
VITAMIN K1 INJECTION SOLUTION 10 MG/ML	(phytonadione (vitamin k1))	Tier 2	
Hormonal Deficiency			
Androgenic Agents			
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	(testosterone)	Tier 4	PA; QL (5 GM per 1 day)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	(testosterone)	Tier 4	PA; QL (1.25 GM per 1 day)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	(testosterone)	Tier 4	PA; QL (5 GM per 1 day)
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML	(testosterone cypionate)	Tier 4	PA; QL (10 ML per 28 days)
JATENZO ORAL CAPSULE 158 MG, 198 MG		Tier 4	PA; QL (4 EA per 1 day)
JATENZO ORAL CAPSULE 237 MG		Tier 4	PA; QL (2 EA per 1 day)
KYZATREX ORAL CAPSULE 100 MG		Tier 4	PA; QL (2 EA per 1 day)
KYZATREX ORAL CAPSULE 150 MG, 200 MG		Tier 4	PA; QL (4 EA per 1 day)
METHITEST ORAL TABLET 10 MG	(methyltestosterone)	Tier 4	PA
methyltestosterone oral capsule 10 mg		Tier 2	PA
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION		Tier 4	PA; QL (22 GM per 30 days)
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	(testosterone)	Tier 4	PA; QL (10 GM per 1 day)
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	(Depo-Testosterone)	Tier 2	PA; QL (10 ML per 28 days)
testosterone enanthate intramuscular oil 200 mg/ml		Tier 2	PA; QL (5 ML per 28 days)
testosterone transdermal gel 50 mg/5 gram (1 %)	(Testim)	Tier 2	PA; QL (10 GM per 1 day)

Drug		Status	Notes
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation		Tier 2	PA; QL (4 GM per 1 day)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	(Vogelxo)	Tier 2	PA; QL (10 GM per 1 day)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	(AndroGel)	Tier 2	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 2	PA; QL (5 GM per 1 day)
testosterone transdermal gel in packet 1 % (50 mg/5 gram)	(Vogelxo)	Tier 2	PA; QL (10 GM per 1 day)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)		Tier 2	PA; QL (1.25 GM per 1 day)
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)		Tier 2	PA; QL (6 ML per 1 day)
TLANDO ORAL CAPSULE 112.5 MG		Tier 4	PA; QL (4 EA per 1 day)
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	(testosterone)	Tier 4	PA; QL (10 GM per 1 day)
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	(testosterone)	Tier 4	PA; QL (10 GM per 1 day)
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	(testosterone)	Tier 4	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 4	PA; QL (2 ML per 28 days)
Estrogen & Progestin With Antimineralocorticoid Cb			
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG		Tier 4	
Estrogen & Selective Estrogen Recept Mod(Serm)Comb			
DUAVEE ORAL TABLET 0.45-20 MG		Tier 3	
Estrogen And Progestin Combinations			
BIJUVA ORAL CAPSULE 0.5-100 MG		Tier 3	QL (1 EA per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG		Tier 3	QL (30 EA per 30 days)
Estrogen/Androgen Combinations			
COVARYX H.S. ORAL TABLET 0.625-1.25 MG	(estrogens-methyltestosterone)	Tier 2	
COVARYX ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone)	Tier 2	
EEMT HS ORAL TABLET 0.625-1.25 MG	(estrogens-methyltestosterone)	Tier 2	

Drug		Status	Notes
EEMT ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone)	Tier 2	
ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone)	Tier 2	
estrogens-methyltestosterone oral tablet 0.625-1.25 mg	(Covaryx H.S.)	Tier 2	
estrogens-methyltestosterone oral tablet 1.25-2.5 mg	(Covaryx)	Tier 2	
Estrogenic Agents			
ABIGALE LO ORAL TABLET 0.5-0.1 MG	(estradiol-norethindrone acet)	Tier 2	
ABIGALE ORAL TABLET 1-0.5 MG	(estradiol-norethindrone acet)	Tier 2	
ACTIVELLA ORAL TABLET 1-0.5 MG	(estradiol-norethindrone acet)	Tier 4	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR		Tier 4	ST (ST: Requires prior prescription for Combipatch within the past 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 4	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 3	QL (2 EA per 7 days)
DELESTROGEN INTRAMUSCULAR OIL 20 MG/ML	(estradiol valerate)	Tier 4	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	(estradiol cypionate)	Tier 4	
DIVIGEL 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%)	(estradiol)	Tier 4	ST (ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days); QL (30 EA per 30 days)
DIVIGEL TRANSDERMAL GEL IN PACKET 1 MG/GRAM (0.1 %)	(estradiol)	Tier 4	ST (ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days); QL (30 GM per 30 days)
DIVIGEL TRANSDERMAL GEL IN PACKET 1.25 MG/1.25 GRAM (0.1 %)	(estradiol)	Tier 4	ST (ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days); QL (37.5 GM per 30 days)

Drug		Status	Notes
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 2	QL (2 EA per 7 days)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION		Tier 4	ST (ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days); QL (52 GM per 30 days)
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG	(estradiol)	Tier 4	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg		Tier 2	
estradiol transdermal gel in metered-dose pump 1.25 gram/actuation	(EstroGel)	Tier 2	ST (ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days)
estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%)	(Divigel)	Tier 2	ST (ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days); QL (30 EA per 30 days)
estradiol transdermal gel in packet 1 mg/gram (0.1 %)	(Divigel)	Tier 2	ST (ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days); QL (30 GM per 30 days)
estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)	(Divigel)	Tier 2	ST (ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days); QL (37.5 GM per 30 days)
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Dotti)	Tier 2	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 2	QL (1 EA per 7 days)
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml	(Delestrogen)	Tier 2	
estradiol valerate intramuscular oil 40 mg/ml		Tier 2	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	(Abigale Lo)	Tier 2	

Drug		Status	Notes
estradiol-norethindrone acet oral tablet 1-0.5 mg	(Abigale)	Tier 2	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	(estradiol)	Tier 4	ST (ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days)
EVAMIST TRANSDERMAL SPRAY,NON-AEROSOL 1.53 MG/SPRAY (1.7%)		Tier 4	ST (ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days); QL (16.2 ML per 30 days)
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	(norethindrone ac-eth estradiol)	Tier 2	
JINTELI ORAL TABLET 1-5 MG-MCG	(norethindrone ac-eth estradiol)	Tier 2	
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 2	QL (2 EA per 7 days)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG		Tier 4	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR		Tier 4	QL (1 EA per 7 days)
MIMVEY ORAL TABLET 1-0.5 MG	(estradiol-norethindrone acet)	Tier 2	
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 4	QL (2 EA per 7 days)
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	(Fyavolv)	Tier 2	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG		Tier 3	
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG	(conjugated estrogens)	Tier 3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)		Tier 3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		Tier 3	
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 4	QL (2 EA per 7 days)

Drug		Status	Notes
Menopausal Symptoms Suppressant - Ssris			
paroxetine mesylate(menop.sym) oral capsule 7.5 mg		Tier 2	ST (ST: Requires prior prescription for Paroxetine HCL or Venlafaxine within the past 120 days); QL (1 EA per 1 day)
Menopausal Symptoms Suppressant-Nk3 Receptor Antag			
VEOZAH ORAL TABLET 45 MG		Tier 4	
Progestational Agents			
CRINONE VAGINAL GEL 4 %		Tier 3	
GALLIFREY ORAL TABLET 5 MG	(norethindrone acetate)	Tier 2	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	Tier 2	
norethindrone acetate oral tablet 5 mg	(Gallifrey)	Tier 2	
progesterone intramuscular oil 50 mg/ml		Tier 2	
progesterone micronized oral capsule 100 mg, 200 mg	(Prometrium)	Tier 2	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	(progesterone micronized)	Tier 4	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	(medroxyprogesterone)	Tier 4	
Immunization			
Antisera			
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %		Tier 5	PA; SP
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 5	PA; SP
GAMMAGARD LIQUID INJECTION SOLUTION 10 %		Tier 5	PA; SP
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)		Tier 5	PA; SP
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)		Tier 5	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)		Tier 5	PA; SP

Drug	Status	Notes
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 5	PA; SP
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	Tier 5	PA; SP
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 5	PA; SP
Covid-19 Vaccines		
COMIRNATY 2025-2026(5-11Y)(PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
COMIRNATY 2025-26 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MNEXSPIKE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.2 ML	Tier 1	$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 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2025-2026(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2025-26 (6M-11Y) (PF) INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
Enteric Virus Vaccines		
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTATEQ VACCINE ORAL SOLUTION 2 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Gram (-) Bacilli (Non-Enteric) Vaccines		
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	Tier 4	
Gram Negative Cocci Vaccines		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Gram Positive Cocci Vaccines		
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Influenza Virus Vaccines		
AFLURIA 2025-2026 (3YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AFLURIA 2025-2026 (6MO UP) INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	Tier 1	$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 1	$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 1	$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 1	$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 1	$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 1	$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 1	$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 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
FLUMIST HOME 2025-2026 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	Tier 1	$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 1	$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 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE HIGH-DOSE 2025-26 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Toxin-Producing Bacilli Vaccines/Toxoids		
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	Tier 4	
Vaccine/Toxoid Preparations,Combinations		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Viral/Tumorigenic Vaccines		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	Tier 1	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Immunosuppression/Modulation		
Immunomodulators		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Tier 5	PA; SP
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	Tier 5	SP
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	Tier 5	PA; SP
imiquimod topical cream in packet 5 %	Tier 2	QL (2 EA per 1 day)
KERIDA TOPICAL GEL 5-0.1-30 %	Tier 4	
QUIDROXZAR TOPICAL GEL 5-0.1-30 %	Tier 4	
Immunosuppressives		
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG (tacrolimus)	Tier 4	ST (ST: Requires prior prescription for generic Tacrolimus within the past 120 days)
AZASAN ORAL TABLET 100 MG, 75 MG (azathioprine)	Tier 4	
azathioprine oral tablet 100 mg, 75 mg (Azasan)	Tier 2	

Drug		Status	Notes
azathioprine oral tablet 50 mg	(Imuran)	Tier 2	
CELLCEPT ORAL CAPSULE 250 MG	(mycophenolate mofetil)	Tier 4	
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	(mycophenolate mofetil)	Tier 4	
CELLCEPT ORAL TABLET 500 MG	(mycophenolate mofetil)	Tier 4	
cyclosporine modified oral capsule 100 mg, 25 mg	(Gengraf)	Tier 2	
cyclosporine modified oral capsule 50 mg		Tier 2	
cyclosporine modified oral solution 100 mg/ml	(Gengraf)	Tier 2	
cyclosporine oral capsule 100 mg, 25 mg	(Sandimmune)	Tier 2	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG		Tier 4	ST (ST: Requires prior prescription for generic Tacrolimus within the past 120 days)
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	(Zortress)	Tier 2	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	(cyclosporine modified)	Tier 2	
GENGRAF ORAL SOLUTION 100 MG/ML	(cyclosporine modified)	Tier 2	
IMURAN ORAL TABLET 50 MG	(azathioprine)	Tier 4	
LUPKYNIS ORAL CAPSULE 7.9 MG		Tier 5	PA; SP
mycophenolate mofetil oral capsule 250 mg	(CellCept)	Tier 2	
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	(CellCept)	Tier 2	
mycophenolate mofetil oral tablet 500 mg	(CellCept)	Tier 2	
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	(Myfortic)	Tier 2	
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC) 180 MG, 360 MG	(mycophenolate sodium)	Tier 4	
MYHIBBIN ORAL SUSPENSION 200 MG/ML		Tier 4	PA
NEORAL ORAL CAPSULE 100 MG, 25 MG	(cyclosporine modified)	Tier 4	
NEORAL ORAL SOLUTION 100 MG/ML	(cyclosporine modified)	Tier 4	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	(tacrolimus)	Tier 4	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG		Tier 3	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	(cyclosporine)	Tier 4	

Drug		Status	Notes
sirolimus oral solution 1 mg/ml		Tier 2	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg		Tier 2	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	(Prograf)	Tier 2	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	(everolimus (immunosuppressive))	Tier 4	
Rho Kinase Inhibitor			
REZUROCK ORAL TABLET 200 MG		Tier 5	PA; SP
Infectious Disease - Bacterial			
Absorbable Sulfonamides			
BACTRIM DS ORAL TABLET 800-160 MG	(sulfamethoxazole-trimethoprim)	Tier 4	
BACTRIM ORAL TABLET 400-80 MG	(sulfamethoxazole-trimethoprim)	Tier 4	
sulfadiazine oral tablet 500 mg		Tier 2	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	(Sulfatrim)	Tier 2	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	(Bactrim)	Tier 2	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	(Bactrim DS)	Tier 2	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML	(sulfamethoxazole-trimethoprim)	Tier 2	
Betalactams			
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML		Tier 5	PA; SP
Carbapenems (Thienamycins)			
ORLYNVAH ORAL TABLET 500-500 MG		Tier 4	PA; QL (2 EA per 1 day)
Cephalosporins - 1St Generation			
cefadroxil oral capsule 500 mg		Tier 2	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml		Tier 2	
cefadroxil oral tablet 1 gram		Tier 2	
cephalexin oral capsule 250 mg, 500 mg, 750 mg		Tier 2	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		Tier 2	
cephalexin oral tablet 250 mg, 500 mg		Tier 2	
Cephalosporins - 2Nd Generation			
cefaclor oral capsule 250 mg, 500 mg		Tier 2	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml		Tier 2	

Drug		Status	Notes
cefaclor oral tablet extended release 12 hr 500 mg		Tier 2	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		Tier 2	
cefprozil oral tablet 250 mg, 500 mg		Tier 2	
cefuroxime axetil oral tablet 250 mg, 500 mg		Tier 2	
Cephalosporins - 3Rd Generation			
cefdinir oral capsule 300 mg		Tier 2	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		Tier 2	
cefixime oral capsule 400 mg		Tier 2	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml		Tier 2	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml		Tier 2	
cefpodoxime oral tablet 100 mg, 200 mg		Tier 2	
SPECTRACEF ORAL TABLET 400 MG		Tier 4	
SUPRAX ORAL CAPSULE 400 MG	(cefixime)	Tier 4	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	(cefixime)	Tier 4	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML		Tier 3	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG		Tier 3	
Chemotherapeutics, Antibacterial, Misc.			
fosfomycin tromethamine oral packet 3 gram		Tier 2	
methenamine hippurate oral tablet 1 gram		Tier 2	
methenamine mandelate oral tablet 0.5 gram, 1 gram		Tier 2	
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg	(Urogesic-Blue)	Tier 2	
MONUROL ORAL PACKET 3 GRAM	(fosfomycin tromethamine)	Tier 4	
PRIMSOL ORAL SOLUTION 50 MG/5 ML		Tier 3	
trimethoprim oral tablet 100 mg		Tier 2	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG		Tier 3	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG	(methen-sod phos-meth blue-hyos)	Tier 2	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG		Tier 2	

Drug		Status	Notes
URO-SP ORAL CAPSULE 118-10-40.8-36 MG		Tier 4	
URYL ORAL TABLET 81.6-40.8-0.12 MG	(methen-sod phos-meth blue-hyos)	Tier 4	
Fecal Microbiota Transplantation (Fmt)			
REBYOTA RECTAL ENEMA 150 ML		Tier 5	PA; SP
VOWST ORAL CAPSULE		Tier 5	PA; SP
Macrolides			
azithromycin oral packet 1 gram		Tier 2	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	(Zithromax)	Tier 2	
azithromycin oral tablet 250 mg, 500 mg	(Zithromax)	Tier 2	
azithromycin oral tablet 600 mg		Tier 2	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		Tier 2	
clarithromycin oral tablet 250 mg, 500 mg		Tier 2	
clarithromycin oral tablet extended release 24 hr 500 mg		Tier 2	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML		Tier 3	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 2	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	(erythromycin ethylsuccinate)	Tier 4	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 500 MG	(erythromycin)	Tier 2	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 333 MG	(erythromycin)	Tier 4	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	(erythromycin stearate)	Tier 2	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	(E.E.S. Granules)	Tier 2	
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml	(EryPed 400)	Tier 2	
erythromycin ethylsuccinate oral tablet 400 mg	(E.E.S. 400)	Tier 2	
erythromycin oral capsule,delayed release(dr/ec) 250 mg		Tier 2	
erythromycin oral tablet 250 mg, 500 mg		Tier 2	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	(Ery-Tab)	Tier 2	
ZITHROMAX ORAL PACKET 1 GRAM	(azithromycin)	Tier 4	

Drug		Status	Notes
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	(azithromycin)	Tier 4	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	(azithromycin)	Tier 4	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	(azithromycin)	Tier 4	
ZITHROMAX Z-PAK ORAL TABLET 250 MG	(azithromycin)	Tier 4	
Nitrofuran Derivatives			
FURADANTIN ORAL SUSPENSION 25 MG/5 ML	(nitrofurantoin)	Tier 4	PA
MACROBID ORAL CAPSULE 100 MG	(nitrofurantoin monohyd/m-cryst)	Tier 4	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg		Tier 2	
nitrofurantoin macrocrystal oral capsule 25 mg		Tier 2	QL (4 EA per 1 day)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	(Macrobid)	Tier 2	
nitrofurantoin oral suspension 25 mg/5 ml	(Furadantin)	Tier 2	PA
Oxazolidinones			
linezolid oral suspension for reconstitution 100 mg/5 ml	(Zyvox)	Tier 2	
linezolid oral tablet 600 mg	(Zyvox)	Tier 2	
SIVEXTRO ORAL TABLET 200 MG		Tier 3	PA
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	(linezolid)	Tier 4	
ZYVOX ORAL TABLET 600 MG	(linezolid)	Tier 4	
Penicillins			
amoxicillin oral capsule 250 mg, 500 mg		Tier 2	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml		Tier 2	
amoxicillin oral tablet 500 mg, 875 mg		Tier 2	
amoxicillin oral tablet,chewable 125 mg, 250 mg		Tier 2	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml		Tier 2	
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml	(Augmentin)	Tier 2	

Drug		Status	Notes
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml	(Augmentin ES-600)	Tier 2	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg		Tier 2	
amoxicillin-pot clavulanate oral tablet 500-125 mg	(Augmentin)	Tier 2	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	(Augmentin XR)	Tier 2	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg		Tier 2	
ampicillin oral capsule 500 mg		Tier 2	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML	(amoxicillin-pot clavulanate)	Tier 4	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	(amoxicillin-pot clavulanate)	Tier 4	
AUGMENTIN ORAL TABLET 500-125 MG	(amoxicillin-pot clavulanate)	Tier 4	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR 1,000-62.5 MG	(amoxicillin-pot clavulanate)	Tier 4	
dicloxacillin oral capsule 250 mg, 500 mg		Tier 2	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	(amoxicillin)	Tier 4	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml		Tier 2	
penicillin v potassium oral tablet 250 mg, 500 mg		Tier 2	
Pleuromutilin Derivatives			
XENLETA ORAL TABLET 600 MG		Tier 4	PA
Quinolones			
BAXDELA ORAL TABLET 450 MG		Tier 4	PA
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	(ciprofloxacin)	Tier 3	
CIPRO ORAL TABLET 250 MG, 500 MG	(ciprofloxacin hcl)	Tier 4	
ciprofloxacin hcl oral tablet 100 mg, 750 mg		Tier 2	
ciprofloxacin hcl oral tablet 250 mg, 500 mg	(Cipro)	Tier 2	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	(Cipro)	Tier 2	

Drug		Status	Notes
levofloxacin oral solution 250 mg/10 ml		Tier 2	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg		Tier 2	
moxifloxacin oral tablet 400 mg		Tier 2	
ofloxacin oral tablet 300 mg, 400 mg		Tier 2	
Tetracyclines			
AVIDOXY ORAL TABLET 100 MG	(doxycycline monohydrate)	Tier 4	QL (2 EA per 1 day)
demeclocycline oral tablet 150 mg, 300 mg		Tier 2	
doxycycline hyclate oral capsule 100 mg		Tier 2	QL (2 EA per 1 day)
doxycycline hyclate oral capsule 50 mg	(Morgidox)	Tier 2	QL (2 EA per 1 day)
doxycycline hyclate oral tablet 100 mg		Tier 2	
doxycycline hyclate oral tablet 150 mg		Tier 2	ST (ST: Requires prior prescription for generic Doxycycline Monohydrate 150mg tablets within the past 120 days); QL (2 EA per 1 day)
doxycycline hyclate oral tablet 50 mg	(Targadox)	Tier 2	ST (ST: Requires prior prescription for Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets within the past 120 days); QL (4 EA per 1 day)
doxycycline hyclate oral tablet 75 mg		Tier 2	ST (ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days); QL (2 EA per 1 day)
doxycycline monohydrate oral capsule 100 mg	(Mondoxyne NL)	Tier 2	
doxycycline monohydrate oral capsule 150 mg		Tier 2	QL (2 EA per 1 day)
doxycycline monohydrate oral capsule 50 mg		Tier 2	
doxycycline monohydrate oral capsule 75 mg	(Mondoxyne NL)	Tier 2	ST (ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days); QL (2 EA per 1 day)
doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg	(Oracea)	Tier 2	PA
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml		Tier 2	

Drug		Status	Notes
doxycycline monohydrate oral tablet 100 mg	(Avidoxy)	Tier 2	QL (2 EA per 1 day)
doxycycline monohydrate oral tablet 150 mg		Tier 2	QL (2 EA per 1 day)
doxycycline monohydrate oral tablet 50 mg, 75 mg		Tier 2	
EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG		Tier 4	PA
minocycline oral capsule 100 mg, 50 mg, 75 mg		Tier 2	
minocycline oral tablet 100 mg, 50 mg, 75 mg		Tier 2	
MONDOXYNE NL ORAL CAPSULE 100 MG	(doxycycline monohydrate)	Tier 2	
MONDOXYNE NL ORAL CAPSULE 75 MG	(doxycycline monohydrate)	Tier 2	ST (ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days); QL (2 EA per 1 day)
MORGIDOX ORAL CAPSULE 50 MG	(doxycycline hyclate)	Tier 4	QL (2 EA per 1 day)
NUZYRA ORAL TABLET 150 MG		Tier 4	PA
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	(doxycycline monohydrate)	Tier 4	PA
TARGADOX ORAL TABLET 50 MG	(doxycycline hyclate)	Tier 4	ST (ST: Requires prior prescription for Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets within the past 120 days); QL (4 EA per 1 day)
tetracycline oral capsule 250 mg, 500 mg		Tier 2	
Infectious Disease - Fungal			
Antifungal Agents			
ANCOBON ORAL CAPSULE 250 MG, 500 MG	(flucytosine)	Tier 4	
clotrimazole mucous membrane troche 10 mg		Tier 2	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG		Tier 4	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	(fluconazole)	Tier 4	
DIFLUCAN ORAL TABLET 100 MG	(fluconazole)	Tier 4	
fluconazole oral suspension for reconstitution 10 mg/ml		Tier 2	

Drug		Status	Notes
fluconazole oral suspension for reconstitution 40 mg/ml	(Diflucan)	Tier 2	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg		Tier 2	
flucytosine oral capsule 250 mg, 500 mg	(Ancobon)	Tier 2	
itraconazole oral capsule 100 mg	(Sporanox)	Tier 2	
itraconazole oral solution 10 mg/ml		Tier 2	
ketoconazole oral tablet 200 mg		Tier 2	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG		Tier 4	PA
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	(posaconazole)	Tier 4	PA
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG	(posaconazole)	Tier 4	PA
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG		Tier 4	
posaconazole oral suspension 200 mg/5 ml (40 mg/ml)	(Noxafil)	Tier 2	PA
posaconazole oral tablet,delayed release (dr/ec) 100 mg	(Noxafil)	Tier 2	PA
SPORANOX ORAL CAPSULE 100 MG	(itraconazole)	Tier 4	
SPORANOX ORAL SOLUTION 10 MG/ML	(itraconazole)	Tier 4	
terbinafine hcl oral tablet 250 mg		Tier 2	
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)	(voriconazole)	Tier 4	
VFEND ORAL TABLET 50 MG	(voriconazole)	Tier 4	
VIVJOA ORAL CAPSULE 150 MG		Tier 4	PA
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	(Vfend)	Tier 2	
voriconazole oral tablet 200 mg, 50 mg		Tier 2	
Antifungal Antibiotics			
BREXAFEMME ORAL TABLET 150 MG		Tier 4	PA
griseofulvin microsize oral suspension 125 mg/5 ml		Tier 2	
griseofulvin microsize oral tablet 500 mg		Tier 2	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg		Tier 2	
nystatin oral suspension 100,000 unit/ml		Tier 2	
nystatin oral tablet 500,000 unit		Tier 2	
Infectious Disease - Miscellaneous			
Aminoglycosides			
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML		Tier 5	PA; SP

Drug		Status	Notes
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	(tobramycin)	Tier 5	PA; SP
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	(tobramycin with nebulizer)	Tier 5	PA; SP
neomycin oral tablet 500 mg		Tier 2	
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	(tobramycin in 0.225 % nacl)	Tier 5	PA; SP
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG		Tier 5	PA; SP
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	(Tobi)	Tier 5	PA; SP
tobramycin inhalation solution for nebulization 300 mg/4 ml	(Bethkis)	Tier 5	PA; SP
tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml	(Kitabis Pak)	Tier 5	PA; SP
Antibacterial Agents,Miscellaneous			
GLYCINE UROLOGIC IRRIGATION SOLUTION 1.5 %	(glycine urologic solution)	Tier 4	
glycine urologic solution irrigation solution 1.5 %	(Glycine Urologic)	Tier 2	
Antileprotics			
dapsone oral tablet 100 mg, 25 mg		Tier 2	
THALOMID ORAL CAPSULE 100 MG, 50 MG		Tier 5	PA; SP
Anti-Mycobacterium Agents			
ethambutol oral tablet 100 mg, 400 mg		Tier 2	
isoniazid oral solution 50 mg/5 ml		Tier 2	
isoniazid oral tablet 100 mg, 300 mg		Tier 2	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM		Tier 4	
pyrazinamide oral tablet 500 mg		Tier 2	
rifabutin oral capsule 150 mg		Tier 2	
TRECATOR ORAL TABLET 250 MG		Tier 4	
Antitubercular Antibiotics			
cycloserine oral capsule 250 mg		Tier 2	
pretomanid oral tablet 200 mg		Tier 4	QL (1 EA per 1 day)
PRIFTIN ORAL TABLET 150 MG		Tier 4	
rifampin oral capsule 150 mg, 300 mg		Tier 2	
SIRTURO ORAL TABLET 100 MG, 20 MG		Tier 5	PA; SP
Lincosamides			
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG	(clindamycin hcl)	Tier 4	

Drug		Status	Notes
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	(clindamycin palmitate hcl)	Tier 4	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin HCl)	Tier 2	
clindamycin palmitate hcl oral recon soln 75 mg/5 ml	(Clindamycin Pediatric)	Tier 2	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	(clindamycin palmitate hcl)	Tier 2	
Rifamycins And Related Derivative Antibiotics			
XIFAXAN ORAL TABLET 200 MG		Tier 4	PA
XIFAXAN ORAL TABLET 550 MG		Tier 3	PA
Vancomycin And Derivatives			
FIRVANQ ORAL RECON SOLN 25 MG/ML	(vancomycin)	Tier 4	QL (300 ML per 1 FILL)
FIRVANQ ORAL RECON SOLN 50 MG/ML	(vancomycin)	Tier 4	QL (600 ML per 1 FILL)
VANCOCIN ORAL CAPSULE 125 MG	(vancomycin)	Tier 4	QL (56 EA per 1 FILL)
VANCOCIN ORAL CAPSULE 250 MG	(vancomycin)	Tier 4	QL (112 EA per 1 FILL)
vancomycin oral capsule 125 mg	(Vancocin)	Tier 2	QL (56 EA per 1 FILL)
vancomycin oral capsule 250 mg	(Vancocin)	Tier 2	QL (112 EA per 1 FILL)
vancomycin oral recon soln 25 mg/ml	(Firvanq)	Tier 2	QL (300 ML per 1 FILL)
vancomycin oral recon soln 50 mg/ml	(Firvanq)	Tier 2	QL (600 ML per 1 FILL)
Infectious Disease - Parasitic			
2Nd Gen. Anaerobic Antiprotozoal-Antibacterial			
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM		Tier 4	ST (ST: At least 2 prior prescriptions for Clindamycin, vaginal Clindamycin cream, oral Metronidazole, vaginal Metronidazole gel, or Tinidazole within the past 365 days); QL (1 EA per 30 days)
tinidazole oral tablet 250 mg, 500 mg		Tier 2	
Anaerobic Antiprotozoal-Antibacterial Agents			
LIKMEZ ORAL SUSPENSION 500 MG/5 ML		Tier 4	PA
metronidazole oral capsule 375 mg		Tier 2	
metronidazole oral tablet 250 mg, 500 mg		Tier 2	
Anthelmintics			
albendazole oral tablet 200 mg		Tier 2	
BILTRICIDE ORAL TABLET 600 MG	(praziquantel)	Tier 4	

Drug		Status	Notes
EMVERM ORAL TABLET,CHEWABLE 100 MG	(mebendazole)	Tier 3	PA
ivermectin oral tablet 3 mg	(Stromectol)	Tier 2	
ivermectin oral tablet 6 mg		Tier 2	
praziquantel oral tablet 600 mg	(Biltricide)	Tier 2	
STROMECTOL ORAL TABLET 3 MG	(ivermectin)	Tier 4	
Antimalarial Drugs			
ARAKODA ORAL TABLET 100 MG		Tier 4	
atovaquone-proguanil oral tablet 250-100 mg	(Malarone)	Tier 2	
atovaquone-proguanil oral tablet 62.5-25 mg	(Malarone Pediatric)	Tier 2	
chloroquine phosphate oral tablet 250 mg		Tier 2	QL (36 EA per 16 days)
chloroquine phosphate oral tablet 500 mg		Tier 2	QL (18 EA per 16 days)
COARTEM ORAL TABLET 20-120 MG		Tier 4	
DARAPRIM ORAL TABLET 25 MG	(pyrimethamine)	Tier 5	PA; SP
hydroxychloroquine oral tablet 100 mg		Tier 2	QL (180 EA per 30 days)
hydroxychloroquine oral tablet 200 mg	(Sovuna)	Tier 2	QL (100 EA per 30 days)
hydroxychloroquine oral tablet 300 mg	(Sovuna)	Tier 2	QL (60 EA per 30 days)
hydroxychloroquine oral tablet 400 mg		Tier 2	QL (60 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG		Tier 3	QL (2 EA per 1 FILL)
MALARONE ORAL TABLET 250-100 MG	(atovaquone-proguanil)	Tier 4	
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG	(atovaquone-proguanil)	Tier 4	
mefloquine oral tablet 250 mg		Tier 2	
PLAQUENIL ORAL TABLET 200 MG	(hydroxychloroquine)	Tier 4	QL (100 EA per 30 days)
primaquine oral tablet 26.3 mg (15 mg base)		Tier 3	
pyrimethamine oral tablet 25 mg	(Daraprim)	Tier 5	PA; SP
QUALAQUIN ORAL CAPSULE 324 MG	(quinine sulfate)	Tier 4	
quinine sulfate oral capsule 324 mg	(Qualaquin)	Tier 2	
SOVUNA ORAL TABLET 200 MG	(hydroxychloroquine)	Tier 3	QL (100 EA per 30 days)
Antiparasitics			
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML		Tier 4	QL (50 ML per 1 day)
ALINIA ORAL TABLET 500 MG	(nitazoxanide)	Tier 4	QL (2 EA per 1 day)
nitazoxanide oral tablet 500 mg	(Alinia)	Tier 2	QL (2 EA per 1 day)
Antiprotozoal Drugs,Miscellaneous			
atovaquone oral suspension 750 mg/5 ml	(Mepron)	Tier 2	

Drug		Status	Notes
benznidazole oral tablet 100 mg, 12.5 mg		Tier 2	
IMPAVIDO ORAL CAPSULE 50 MG		Tier 3	PA
LAMPIT ORAL TABLET 120 MG, 30 MG		Tier 4	
MEPRON ORAL SUSPENSION 750 MG/5 ML	(atovaquone)	Tier 4	
NEBUPENT INHALATION RECON SOLN 300 MG	(pentamidine)	Tier 4	
pentamidine inhalation recon soln 300 mg	(Nebupent)	Tier 2	
Infectious Disease - Viral			
Antiretroviral - Capsid Inhibitors			
SUNLENCA ORAL TABLET 300 MG		Tier 3	PA; SP
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML		Tier 3	PA; SP
YEZTUGO ORAL TABLET 300 MG		Tier 3	PA; SP
YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML		Tier 3	PA; SP
Antiretroviral-Integrase Inhibitor And Nnrti Comb.			
JULUCA ORAL TABLET 50-25 MG		Tier 3	QL (1 EA per 1 day)
Antiretroviral-Integrase Inhibitor And Nrti Comb.			
DOVATO ORAL TABLET 50-300 MG		Tier 3	QL (1 EA per 1 day)
Antiretroviral-Nucleoside,Nucleotide,Protease Inh.			
SYMTUZA ORAL TABLET 800-150-200-10 MG		Tier 3	QL (1 EA per 1 day)
Antiviral - Main Protease (Mpro) Inhibitor			
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5)		Tier 3	QL (20 EA per 28 days); Age (Min 12 Years)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG		Tier 3	QL (30 EA per 28 days); Age (Min 12 Years)
Antiviral Monoclonal Antibodies			
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML		Tier 1	PA; $0 COPAY IF QUANTITY LIMITED TO 2, FILL OF 2 IN 120 DAYS, AND 19 MONTHS OF AGE OR YOUNGER
BEYFORTUS INTRAMUSCULAR SYRINGE 50 MG/0.5 ML		Tier 1	PA; $0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 2 IN 120 DAYS, AND 19 MONTHS OF AGE OR YOUNGER

Drug		Status	Notes
Antiviral Nucleotide Analogs			
LAGEVRIO (EUA) ORAL CAPSULE 200 MG		Tier 2	QL (40 EA per 29 days); Age (Min 18 Years)
Antivirals, General			
acyclovir oral capsule 200 mg		Tier 2	
acyclovir oral suspension 200 mg/5 ml	(Zovirax)	Tier 2	
acyclovir oral tablet 400 mg, 800 mg		Tier 2	
famciclovir oral tablet 125 mg, 250 mg, 500 mg		Tier 2	
LIVTENCITY ORAL TABLET 200 MG		Tier 5	PA; SP
oseltamivir oral capsule 30 mg	(Tamiflu)	Tier 2	QL (40 EA per 180 days)
oseltamivir oral capsule 45 mg, 75 mg	(Tamiflu)	Tier 2	QL (20 EA per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	(Tamiflu)	Tier 2	QL (360 ML per 180 days)
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG		Tier 4	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG		Tier 4	PA
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION		Tier 4	QL (40 EA per 180 days)
ribavirin inhalation recon soln 6 gram		Tier 2	
TAMIFLU ORAL CAPSULE 30 MG	(oseltamivir)	Tier 4	QL (40 EA per 180 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	(oseltamivir)	Tier 4	QL (20 EA per 180 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	(oseltamivir)	Tier 4	QL (360 ML per 180 days)
TEMBEXA ORAL SUSPENSION 10 MG/ML		Tier 3	
TEMBEXA ORAL TABLET 100 MG		Tier 3	
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG		Tier 3	
valacyclovir oral tablet 1 gram, 500 mg	(Valtrex)	Tier 2	
VALCYTE ORAL RECON SOLN 50 MG/ML	(valganciclovir)	Tier 4	
VALCYTE ORAL TABLET 450 MG	(valganciclovir)	Tier 4	
valganciclovir oral recon soln 50 mg/ml	(Valcyte)	Tier 2	
valganciclovir oral tablet 450 mg	(Valcyte)	Tier 2	
VALTREX ORAL TABLET 1 GRAM, 500 MG	(valacyclovir)	Tier 4	
VIRAZOLE INHALATION RECON SOLN 6 GRAM	(ribavirin)	Tier 4	
XOFLUZA ORAL TABLET 40 MG		Tier 3	QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 80 MG		Tier 3	QL (2 EA per 180 days)

Drug		Status	Notes
ZOVIRAX ORAL SUSPENSION 200 MG/5 ML	(acyclovir)	Tier 4	
Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib			
APTIVUS ORAL CAPSULE 250 MG		Tier 3	QL (4 EA per 1 day)
darunavir oral tablet 600 mg	(Prezista)	Tier 2	QL (2 EA per 1 day)
darunavir oral tablet 800 mg	(Prezista)	Tier 2	QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 675-150 MG		Tier 5	QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG		Tier 4	QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML		Tier 3	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG		Tier 3	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 600 MG	(darunavir)	Tier 4	QL (2 EA per 1 day)
PREZISTA ORAL TABLET 75 MG		Tier 3	QL (16 EA per 1 day)
PREZISTA ORAL TABLET 800 MG	(darunavir)	Tier 4	QL (1 EA per 1 day)
Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog			
CIMDUO ORAL TABLET 300-300 MG		Tier 3	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG		Tier 3	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG		Tier 1	$0 COPAY IF QUANTITY 1 IN 1 DAY AND AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	(Truvada)	Tier 2	QL (1 EA per 1 day)
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	(Truvada)	Tier 1	$0 COPAY IF QUANTITY 1 IN 1 DAY AND AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	(emtricitabine-tenofovir (tdf))	Tier 4	QL (1 EA per 1 day)
Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb			
abacavir-lamivudine oral tablet 600-300 mg		Tier 2	QL (1 EA per 1 day)
lamivudine-zidovudine oral tablet 150-300 mg		Tier 2	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.			
maraviroc oral tablet 150 mg	(Selzentry)	Tier 2	QL (2 EA per 1 day)

Drug		Status	Notes
maraviroc oral tablet 300 mg	(Selzentry)	Tier 2	QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML		Tier 3	QL (31 ML per 1 day)
SELZENTRY ORAL TABLET 150 MG	(maraviroc)	Tier 4	QL (2 EA per 1 day)
SELZENTRY ORAL TABLET 300 MG	(maraviroc)	Tier 4	QL (4 EA per 1 day)
Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor			
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG		Tier 3	PA
Antivirals, Hiv-Specific, Fusion Inhibitors			
FUZEON SUBCUTANEOUS RECON SOLN 90 MG		Tier 3	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Non-Nucleoside, Rti			
EDURANT ORAL TABLET 25 MG		Tier 3	QL (1 EA per 1 day)
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG		Tier 3	QL (180 EA per 30 days)
efavirenz oral tablet 600 mg		Tier 2	
etravirine oral tablet 100 mg	(Intelence)	Tier 2	QL (4 EA per 1 day)
etravirine oral tablet 200 mg	(Intelence)	Tier 2	QL (2 EA per 1 day)
INTELENCE ORAL TABLET 100 MG	(etravirine)	Tier 4	QL (4 EA per 1 day)
INTELENCE ORAL TABLET 200 MG	(etravirine)	Tier 4	QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG		Tier 3	QL (4 EA per 1 day)
nevirapine oral suspension 50 mg/5 ml		Tier 2	QL (1200 ML per 30 days)
nevirapine oral tablet 200 mg		Tier 2	QL (2 EA per 1 day)
nevirapine oral tablet extended release 24 hr 100 mg		Tier 2	QL (3 EA per 1 day)
nevirapine oral tablet extended release 24 hr 400 mg		Tier 2	QL (1 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG		Tier 4	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Nucleoside Analog, Rti			
abacavir oral solution 20 mg/ml	(Ziagen)	Tier 2	QL (960 ML per 30 days)
abacavir oral tablet 300 mg		Tier 2	QL (2 EA per 1 day)
emtricitabine oral capsule 200 mg	(Emtriva)	Tier 1	$0 COPAY IF QUANTITY 1 IN 1 DAY AND AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
EMTRIVA ORAL CAPSULE 200 MG	(emtricitabine)	Tier 4	QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML		Tier 3	QL (850 ML per 30 days)
EPIVIR ORAL SOLUTION 10 MG/ML	(lamivudine)	Tier 4	QL (960 ML per 30 days)
EPIVIR ORAL TABLET 150 MG	(lamivudine)	Tier 4	QL (2 EA per 1 day)

Drug		Status	Notes
EPIVIR ORAL TABLET 300 MG	(lamivudine)	Tier 4	QL (1 EA per 1 day)
lamivudine oral solution 10 mg/ml	(Epivir)	Tier 2	QL (960 ML per 30 days)
lamivudine oral tablet 150 mg	(Epivir)	Tier 2	QL (2 EA per 1 day)
lamivudine oral tablet 300 mg	(Epivir)	Tier 2	QL (1 EA per 1 day)
RETROVIR ORAL CAPSULE 100 MG	(zidovudine)	Tier 4	QL (6 EA per 1 day)
RETROVIR ORAL SYRUP 10 MG/ML	(zidovudine)	Tier 4	QL (1920 ML per 30 days)
stavudine oral capsule 15 mg, 20 mg		Tier 2	QL (2 EA per 1 day)
ZIAGEN ORAL SOLUTION 20 MG/ML	(abacavir)	Tier 4	QL (960 ML per 30 days)
zidovudine oral capsule 100 mg	(Retrovir)	Tier 2	QL (6 EA per 1 day)
zidovudine oral syrup 10 mg/ml	(Retrovir)	Tier 2	QL (1920 ML per 30 days)
zidovudine oral tablet 300 mg		Tier 2	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Nucleotide Analog, Rti			
tenofovir disoproxil fumarate oral tablet 300 mg	(Viread)	Tier 1	$0 COPAY IF QUANTITY 1 IN 1 DAY AND AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)		Tier 3	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		Tier 3	QL (1 EA per 1 day)
VIREAD ORAL TABLET 300 MG	(tenofovir disoproxil fumarate)	Tier 4	QL (1 EA per 1 day)
Antivirals, Hiv-Specific, Protease Inhibitor Comb			
KALETRA ORAL SOLUTION 400-100 MG/5 ML	(lopinavir-ritonavir)	Tier 4	QL (480 ML per 30 days)
KALETRA ORAL TABLET 100-25 MG	(lopinavir-ritonavir)	Tier 4	QL (10 EA per 1 day)
KALETRA ORAL TABLET 200-50 MG	(lopinavir-ritonavir)	Tier 4	QL (4 EA per 1 day)
lopinavir-ritonavir oral tablet 100-25 mg	(Kaletra)	Tier 2	QL (10 EA per 1 day)
lopinavir-ritonavir oral tablet 200-50 mg	(Kaletra)	Tier 2	QL (4 EA per 1 day)
Antivirals, Hiv-Specific, Protease Inhibitors			
atazanavir oral capsule 150 mg		Tier 2	QL (2 EA per 1 day)
atazanavir oral capsule 200 mg	(Reyataz)	Tier 2	QL (2 EA per 1 day)
atazanavir oral capsule 300 mg	(Reyataz)	Tier 2	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG		Tier 3	QL (1 EA per 1 day)
fosamprenavir oral tablet 700 mg		Tier 2	QL (4 EA per 1 day)
NORVIR ORAL CAPSULE 100 MG		Tier 3	QL (12 EA per 1 day)
NORVIR ORAL POWDER IN PACKET 100 MG		Tier 3	QL (12 EA per 1 day)
NORVIR ORAL TABLET 100 MG	(ritonavir)	Tier 4	QL (12 EA per 1 day)

Drug		Status	Notes
REYATAZ ORAL CAPSULE 200 MG	(atazanavir)	Tier 4	QL (2 EA per 1 day)
REYATAZ ORAL CAPSULE 300 MG	(atazanavir)	Tier 4	QL (1 EA per 1 day)
REYATAZ ORAL POWDER IN PACKET 50 MG		Tier 3	QL (5 EA per 1 day)
ritonavir oral tablet 100 mg	(Norvir)	Tier 2	QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG		Tier 3	
Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr			
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	(cabotegravir)	Tier 1	$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
ISENTRESS HD ORAL TABLET 600 MG		Tier 3	QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG		Tier 3	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG		Tier 3	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG		Tier 3	QL (6 EA per 1 day)
TIVICAY ORAL TABLET 50 MG		Tier 3	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG		Tier 3	QL (6 EA per 1 day)
Artv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti			
COMPLERA ORAL TABLET 200-25-300 MG	(emtricita-rilpivirine-tenof df)	Tier 4	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG		Tier 4	QL (1 EA per 1 day)
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg		Tier 2	QL (1 EA per 1 day)
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg		Tier 2	QL (1 EA per 1 day)
efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg	(Symfi)	Tier 2	QL (1 EA per 1 day)
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	(Complera)	Tier 2	QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG		Tier 3	QL (1 EA per 1 day)
SYMFI LO ORAL TABLET 400-300-300 MG	(efavirenz-lamivu-tenofov disop)	Tier 4	QL (1 EA per 1 day)
SYMFI ORAL TABLET 600-300-300 MG	(efavirenz-lamivu-tenofov disop)	Tier 4	QL (1 EA per 1 day)

Drug		Status	Notes
Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor			
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG		Tier 3	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG		Tier 3	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG		Tier 3	QL (1 EA per 1 day)
Arv Comb-Nrtis & Integrase Inhibitor			
TRIUMEQ ORAL TABLET 600-50-300 MG		Tier 3	QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG		Tier 3	QL (6 EA per 1 day)
Cytochrome P450 Inhibitors			
TYBOST ORAL TABLET 150 MG		Tier 3	QL (1 EA per 1 day)
Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo			
VOSEVI ORAL TABLET 400-100-100 MG		Tier 4	PA; SP
Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo.			
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG		Tier 4	PA; SP
EPCLUSA ORAL TABLET 200-50 MG		Tier 4	PA; SP
EPCLUSA ORAL TABLET 400-100 MG	(sofosbuvir-velpatasvir)	Tier 4	PA; SP
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG		Tier 4	PA; SP
HARVONI ORAL TABLET 45-200 MG		Tier 4	PA; SP
HARVONI ORAL TABLET 90-400 MG	(ledipasvir-sofosbuvir)	Tier 4	PA; SP
Hep C Virus,Nucleotide Analog Ns5b Polymerase Inh			
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG		Tier 5	PA; SP
SOVALDI ORAL TABLET 200 MG, 400 MG		Tier 5	PA; SP
Hepatitis B Treatment Agents			
adefovir oral tablet 10 mg	(Hepsera)	Tier 5	SP; QL (1 EA per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML		Tier 5	SP; QL (630 ML per 30 days)
BARACLUDE ORAL TABLET 0.5 MG, 1 MG	(entecavir)	Tier 5	SP; QL (1 EA per 1 day)
entecavir oral tablet 0.5 mg, 1 mg	(Baraclude)	Tier 5	SP; QL (1 EA per 1 day)
HEPSERA ORAL TABLET 10 MG	(adefovir)	Tier 5	SP; QL (1 EA per 1 day)
lamivudine oral tablet 100 mg		Tier 2	QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG		Tier 5	SP; QL (1 EA per 1 day)

Drug		Status	Notes
Hepatitis C Treatment Agents			
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		Tier 5	PA; SP
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML		Tier 5	PA; SP
ribavirin oral capsule 200 mg		Tier 2	
ribavirin oral tablet 200 mg		Tier 2	
Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb			
MAVYRET ORAL PELLETS IN PACKET 50-20 MG		Tier 5	PA; SP
MAVYRET ORAL TABLET 100-40 MG		Tier 5	PA; SP
ZEPATIER ORAL TABLET 50-100 MG		Tier 5	PA; SP
Inflammatory Disease			
Anti-Arthritic And Chelating Agents			
CUPRIMINE ORAL CAPSULE 250 MG	(penicillamine)	Tier 5	PA; SP
DEPEN TITRATABS ORAL TABLET 250 MG	(penicillamine)	Tier 5	PA; SP
D-PENAMINE ORAL TABLET 125 MG		Tier 5	PA; SP
penicillamine oral capsule 250 mg	(Cuprimine)	Tier 5	PA; SP
penicillamine oral tablet 250 mg	(Depen Titratabs)	Tier 5	PA; SP
Anti-Arthritic, Folate Antagonist Agents			
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML		Tier 3	QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML		Tier 4	ST (ST: Requires prior prescription for Otrexup within the past 120 days); QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML		Tier 4	ST (ST: Requires prior prescription for Otrexup within the past 120 days); QL (1 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML		Tier 4	ST (ST: Requires prior prescription for Otrexup within the past 120 days); QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML		Tier 4	ST (ST: Requires prior prescription for Otrexup within the past 120 days); QL (1.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML		Tier 4	ST (ST: Requires prior prescription for Otrexup within the past 120 days); QL (1.6 ML per 28 days)

Drug		Status	Notes
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML		Tier 4	ST (ST: Requires prior prescription for Otrexup within the past 120 days); QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML		Tier 4	ST (ST: Requires prior prescription for Otrexup within the past 120 days); QL (2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML		Tier 4	ST (ST: Requires prior prescription for Otrexup within the past 120 days); QL (2.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML		Tier 4	ST (ST: Requires prior prescription for Otrexup within the past 120 days); QL (0.6 ML per 28 days)
Anti-Flam. Interleukin-1 Receptor Antagonist			
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG		Tier 5	PA; SP
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML		Tier 5	PA; SP
Anti-Inflammatory Tumor Necrosis Factor Inhibitor			
adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml	(Hyrimoz(CF) Pen)	Tier 5	PA; SP
adalimumab-adaz subcutaneous pen injector 80 mg/0.8 ml	(Hyrimoz Pen Crohn's-UC Starter)	Tier 5	PA; SP
adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml, 20 mg/0.2 ml, 40 mg/0.4 ml	(Hyrimoz(CF))	Tier 5	PA; SP
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)		Tier 5	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)		Tier 5	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)		Tier 5	PA; SP
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)		Tier 5	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML		Tier 5	PA; SP
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)		Tier 5	PA; SP
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)		Tier 5	PA; SP

Drug		Status	Notes
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML		Tier 5	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML		Tier 5	PA; SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML		Tier 5	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML		Tier 5	PA; SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML		Tier 5	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML		Tier 5	PA; SP
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	(adalimumab-ryvk)	Tier 5	PA; SP
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML		Tier 5	PA; SP
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 80 MG/0.8 ML		Tier 5	PA; SP
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	(adalimumab-ryvk)	Tier 5	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML		Tier 5	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML		Tier 5	PA; SP
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML		Tier 5	PA; SP
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML		Tier 5	PA; SP
Anti-Inflammatory, Pyrimidine Synthesis Inhibitor			
ARAVA ORAL TABLET 10 MG, 20 MG	(leflunomide)	Tier 4	
leflunomide oral tablet 10 mg, 20 mg	(Arava)	Tier 2	
Anti-Inflammatory,Phosphodiesterase-4(Pde4) Inhib.			
OTEZLA ORAL TABLET 20 MG, 30 MG		Tier 5	PA; SP
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)		Tier 5	PA; SP

Drug		Status	Notes
Anti-Inflammatory/Antiarthritics Agents, Misc.			
DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML		Tier 4	PA; QL (3 ML per 180 days)
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION)		Tier 3	PA; QL (6 ML per 180 days)
GEL-ONE INTRA-ARTICULAR SYRINGE 30 MG/3 ML		Tier 4	PA; QL (3 ML per 180 days)
GELSYN-3 INTRA-ARTICULAR SYRINGE 16.8 MG/2 ML		Tier 4	PA; QL (6 ML per 180 days)
GENVISC 850 INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 4	PA; QL (12.5 ML per 180 days)
HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML		Tier 4	PA; QL (10 ML per 180 days)
HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 4	PA; QL (10 ML per 180 days)
HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML		Tier 4	PA; QL (6 ML per 180 days)
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML		Tier 4	PA; QL (4 ML per 180 days)
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML		Tier 4	PA; QL (8 ML per 180 days)
SUPARTZ FX INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 4	PA; QL (12.5 ML per 180 days)
SYNOJOYNT INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 4	PA; QL (6 ML per 180 days)
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML		Tier 3	PA; QL (6 ML per 180 days)
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML		Tier 3	PA; QL (6 ML per 180 days)
TRILURON INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 4	PA; QL (6 ML per 180 days)
TRIVISC INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 4	PA; QL (7.5 ML per 180 days)
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 4	PA; QL (7.5 ML per 180 days)
Antinflammatory, Sel.Costim.Mod.,T-Cell Inhibitor			
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML		Tier 5	PA; SP
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML		Tier 5	PA; SP

Drug		Status	Notes
Bradykinin B2 Receptor Antagonists			
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	(icatibant)	Tier 5	PA; SP
icatibant subcutaneous syringe 30 mg/3 ml	(Firazyr)	Tier 5	PA; SP
SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML	(icatibant)	Tier 5	PA; SP
C1 Esterase Inhibitors			
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)		Tier 5	PA; SP
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)		Tier 5	PA; SP
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT		Tier 5	PA; SP
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT		Tier 5	PA; SP
Glucocorticoids			
AGAMREE ORAL SUSPENSION 40 MG/ML		Tier 5	PA; SP
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG		Tier 5	PA; SP
BETALOAN SUIK KIT 6 MG/ML		Tier 4	
budesonide oral capsule,delayed,extend.release 3 mg		Tier 2	
budesonide oral tablet,delayed and ext.release 9 mg	(Uceris)	Tier 2	ST (ST: Requires prior prescription for Balsalazide within the past 120 days)
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	(hydrocortisone)	Tier 4	
cortisone oral tablet 25 mg		Tier 2	
deflazacort oral suspension 22.75 mg/ml	(Emflaza)	Tier 5	PA; SP
deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg	(Emflaza)	Tier 5	PA; SP
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML		Tier 4	
dexamethasone oral elixir 0.5 mg/5 ml		Tier 2	
dexamethasone oral solution 0.5 mg/5 ml		Tier 2	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg		Tier 2	
DEXONTO IONTOPHORETIC SOLUTION 0.4 %		Tier 4	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	(deflazacort)	Tier 5	PA; SP
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	(deflazacort)	Tier 5	PA; SP

Drug		Status	Notes
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML		Tier 5	PA; SP
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	(Cortef)	Tier 2	
hydrocortisone sod succinate injection recon soln 100 mg	(Solu-Cortef)	Tier 2	
JAYTHARI ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	(deflazacort)	Tier 5	PA; SP
KENALOG INJECTION SUSPENSION 40 MG/ML	(triamcinolone acetonide)	Tier 4	
KENALOG-80 INJECTION SUSPENSION 80 MG/ML		Tier 4	
MEDROL (PAK) ORAL TABLETS,DOSE PACK 4 MG	(methylprednisolone)	Tier 4	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	(methylprednisolone)	Tier 4	
MEDROL ORAL TABLET 2 MG		Tier 3	
MEDROLOAN II SUIK KIT 40 MG/ML		Tier 4	
MEDROLOAN SUIK KIT 40 MG/ML		Tier 4	
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg	(Medrol)	Tier 2	
methylprednisolone oral tablet 32 mg		Tier 2	
methylprednisolone oral tablets,dose pack 4 mg	(Medrol (Pak))	Tier 2	
ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG	(prednisolone sodium phosphate)	Tier 4	
PEDIAPRED ORAL SOLUTION 5 MG BASE/5 ML (6.7 MG/5 ML)	(prednisolone sodium phosphate)	Tier 4	
prednisolone oral solution 15 mg/5 ml		Tier 2	
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 2	
prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)	(Veripred 20)	Tier 2	
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)	(Pediapred)	Tier 2	
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	(Orapred ODT)	Tier 2	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML		Tier 3	
prednisone oral solution 5 mg/5 ml		Tier 2	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		Tier 2	

Drug		Status	Notes
prednisone oral tablets,dose pack 10 mg, 5 mg		Tier 2	
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 4	
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG		Tier 5	PA; SP
triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml	(Kenalog)	Tier 2	
TRILOAN II SUIK KIT 40 MG/ML		Tier 4	
TRILOAN SUIK KIT 40 MG/ML		Tier 4	
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG	(budesonide)	Tier 4	ST (ST: Requires prior prescription for Balsalazide within the past 120 days)
VERIPRED 20 ORAL SOLUTION 20 MG/5 ML (4 MG/ML)	(prednisolone sodium phosphate)	Tier 4	
Gold Salts			
auranofin oral capsule 3 mg	(Ridaura)	Tier 2	
RIDAURA ORAL CAPSULE 3 MG	(auranofin)	Tier 4	
Immunomodulator,B-Lymphocyte Stim(Blys)-Spec Inhib			
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML		Tier 5	PA; SP
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML		Tier 5	PA; SP
Interleukin-6 (Il-6) Receptor Inhibitors			
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML		Tier 5	PA; SP
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML		Tier 5	PA; SP
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML		Tier 5	PA; SP
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML		Tier 5	PA; SP
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML		Tier 5	PA; SP
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML		Tier 5	PA; SP
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML		Tier 5	PA; SP
Janus Kinase (Jak) Inhibitors			
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG		Tier 5	PA; SP

Drug		Status	Notes
LEQSELVI ORAL TABLET 8 MG		Tier 5	PA; SP
LITFULO ORAL CAPSULE 50 MG		Tier 5	PA; SP
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG		Tier 5	PA; SP
RINVOQ LQ ORAL SOLUTION 1 MG/ML		Tier 5	PA; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG		Tier 5	PA; SP
XELJANZ ORAL SOLUTION 1 MG/ML		Tier 5	PA; SP
XELJANZ ORAL TABLET 10 MG, 5 MG		Tier 5	PA; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG		Tier 5	PA; SP
Mineralocorticoids			
fludrocortisone oral tablet 0.1 mg		Tier 2	
Monoclonal Antibody-Human Interleukin 12/23 Inhib			
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	(ustekinumab)	Tier 5	PA; SP
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	(ustekinumab)	Tier 5	PA; SP
STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML		Tier 5	PA; SP
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML		Tier 5	PA; SP
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML		Tier 5	PA; SP
Nsaids (Cox Non-Specific Inhib)& Prostaglandin Cmb			
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC 50-200 MG-MCG	(diclofenac-misoprostol)	Tier 4	
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC 75-200 MG-MCG	(diclofenac-misoprostol)	Tier 4	
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg	(Arthrotec 50)	Tier 2	
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg	(Arthrotec 75)	Tier 2	
Nsaids, Cyclooxygenase 2 Inhibitor - Type			
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	(celecoxib)	Tier 4	

Drug		Status	Notes
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(Celebrex)	Tier 2	
Nsaids, Cyclooxygenase Inhibitor-Type			
ANAPROX DS ORAL TABLET 550 MG	(naproxen sodium)	Tier 4	
CHILDREN'S IBUPROFEN ORAL SUSPENSION 100 MG/5 ML	(ibuprofen)	Tier 2	
CHILDREN'S PROFEN IB ORAL SUSPENSION 100 MG/5 ML	(ibuprofen)	Tier 2	
DAYPRO ORAL TABLET 600 MG	(oxaprozin)	Tier 4	
diclofenac potassium oral tablet 50 mg		Tier 2	
diclofenac sodium oral tablet extended release 24 hr 100 mg		Tier 2	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg		Tier 2	
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG	(naproxen)	Tier 4	
EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG	(naproxen)	Tier 2	
etodolac oral capsule 200 mg, 300 mg		Tier 2	
etodolac oral tablet 400 mg	(Lodine)	Tier 2	
etodolac oral tablet 500 mg		Tier 2	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg		Tier 2	
FELDENE ORAL CAPSULE 20 MG	(piroxicam)	Tier 4	
flurbiprofen oral tablet 100 mg	(Lurbiro)	Tier 2	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	(ibuprofen)	Tier 2	
ibuprofen oral suspension 100 mg/5 ml	(Children's Ibuprofen)	Tier 2	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	(IBU)	Tier 2	
indomethacin oral capsule 25 mg, 50 mg		Tier 2	
indomethacin oral capsule, extended release 75 mg		Tier 2	
indomethacin rectal suppository 100 mg		Tier 2	
ketoprofen oral capsule 25 mg, 50 mg, 75 mg		Tier 2	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg		Tier 2	
ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)		Tier 2	
ketorolac injection syringe 15 mg/ml, 30 mg/ml		Tier 2	

Drug		Status	Notes
ketorolac intramuscular solution 60 mg/2 ml		Tier 2	
ketorolac intramuscular syringe 60 mg/2 ml		Tier 2	
ketorolac oral tablet 10 mg		Tier 2	QL (20 EA per 5 days)
KIPROFEN ORAL CAPSULE 25 MG	(ketoprofen)	Tier 2	
LODINE ORAL TABLET 400 MG	(etodolac)	Tier 4	
LURBIPR ORAL TABLET 100 MG	(flurbiprofen)	Tier 2	
LURBIRO ORAL TABLET 100 MG	(flurbiprofen)	Tier 2	
meclofenamate oral capsule 100 mg, 50 mg		Tier 2	
mefenamic acid oral capsule 250 mg		Tier 2	
meloxicam oral suspension 7.5 mg/5 ml		Tier 2	
meloxicam oral tablet 15 mg, 7.5 mg		Tier 2	
nabumetone oral tablet 500 mg, 750 mg		Tier 2	
NAPROSYN ORAL TABLET 500 MG	(naproxen)	Tier 4	
naproxen oral tablet 250 mg, 375 mg		Tier 2	
naproxen oral tablet 500 mg	(Naprosyn)	Tier 2	
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	(EC-Naprosyn)	Tier 2	
naproxen sodium oral tablet 275 mg		Tier 2	
naproxen sodium oral tablet 550 mg	(Anaprox DS)	Tier 2	
oxaprozin oral tablet 600 mg		Tier 2	
piroxicam oral capsule 10 mg		Tier 2	
piroxicam oral capsule 20 mg	(Feldene)	Tier 2	
sulindac oral tablet 150 mg, 200 mg		Tier 2	
tolmetin oral capsule 400 mg		Tier 2	
tolmetin oral tablet 600 mg	(Tolectin 600)	Tier 2	
TORONOVA II SUIK KIT 30 MG/ML		Tier 4	
TORONOVA SUIK KIT 30 MG/ML		Tier 4	
Plasma Kallikrein Inhibitors			
DAWNZERA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML		Tier 5	PA; QL (0.8 ML per 28 days)
EKTERLY ORAL TABLET 300 MG		Tier 5	PA; SP; QL (4 EA per 1 day)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG		Tier 5	PA; SP
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)		Tier 5	PA; SP
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)		Tier 5	PA; SP

Drug		Status	Notes
Local Anesthesia			
Local Anesthetics			
bupivacaine in nacl(pf) epidural solution 0.125 % (1,250 mcg/ml)		Tier 2	
bupivacaine in nacl(pf) epidural syringe 25 mg/10 ml (2.5mg/ml)0.25%		Tier 2	
GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 %	(lidocaine hcl)	Tier 2	
lidocaine hcl mucous membrane jelly 2 %		Tier 2	
lidocaine hcl mucous membrane jelly in applicator 2 %	(Glydo)	Tier 2	
lidocaine hcl mucous membrane solution 2 %	(Lidocaine Viscous)	Tier 2	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)		Tier 2	
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %	(lidocaine hcl)	Tier 2	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML)		Tier 4	
ropivacaine (pf)-nacl,iso-osm epidural solution 0.2 % (2 mg/ml)		Tier 2	
ropivacaine(pf)-0.9 % sodchlor epidural prefilled pump reservoir 0.2 % (2 mg/ml)		Tier 2	
ropivacaine(pf)-0.9 % sodchlor epidural solution 0.1 %, 0.15 %, 0.2 %		Tier 2	
ropivacaine(pf)-0.9 % sodchlor epidural syringe 100 mg/50 ml (2 mg/ml) 0.2 %		Tier 2	
Lower Gastrointestinal Disorders - Bowel Inflammat			
Chronic Inflam. Colon Dx, 5-A-Salicylat,Rectal Tx			
CANASA RECTAL SUPPOSITORY 1,000 MG	(mesalamine)	Tier 4	
mesalamine rectal enema 4 gram/60 ml	(sfRowasa)	Tier 2	
mesalamine rectal suppository 1,000 mg	(Canasa)	Tier 2	
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	(Rowasa)	Tier 2	
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML	(mesalamine with cleansing wipe)	Tier 4	
SFROWASA RECTAL ENEMA 4 GRAM/60 ML	(mesalamine)	Tier 4	
Drug Tx-Chronic Inflam. Colon Dx,5-Aminosalicylat			
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	(mesalamine)	Tier 4	

Drug		Status	Notes
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	(sulfasalazine)	Tier 4	
AZULFIDINE ORAL TABLET 500 MG	(sulfasalazine)	Tier 4	
balsalazide oral capsule 750 mg	(Colazal)	Tier 2	
COLAZAL ORAL CAPSULE 750 MG	(balsalazide)	Tier 4	
DIPENTUM ORAL CAPSULE 250 MG		Tier 4	ST (ST: Requires prior prescription for Lialda within the past 120 days)
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC) 1.2 GRAM	(mesalamine)	Tier 4	
mesalamine oral capsule (with del rel tablets) 400 mg		Tier 2	
mesalamine oral capsule, extended release 500 mg	(Pentasa)	Tier 2	
mesalamine oral capsule,extended release 24hr 0.375 gram	(Apriso)	Tier 2	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	(Lialda)	Tier 2	
mesalamine oral tablet,delayed release (dr/ec) 800 mg		Tier 2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG		Tier 4	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	(mesalamine)	Tier 4	
sulfasalazine oral tablet 500 mg	(Azulfidine)	Tier 2	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	(Azulfidine EN-tabs)	Tier 2	
Hemorrhoidal Prep, Anti-Infam Steroid/Local Anesth			
ANALPRAM-HC RECTAL CREAM 1-1 %, 2.5-1 %	(hydrocortisone-pramoxine)	Tier 4	
hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %	(Analpram-HC)	Tier 2	
hydrocortisone-pramoxine rectal cream 2.5-1 % (4g)		Tier 2	
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %		Tier 2	
lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)		Tier 2	
lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram), 3-2.5 % (7 gram)		Tier 2	
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %		Tier 2	

Drug		Status	Notes
PROCORT RECTAL CREAM 1.85-1.15 %		Tier 4	
PROCTOFOAM HC RECTAL FOAM 1-1 %		Tier 3	
ZYPRAM RECTAL KIT,CREAM AND TOWELETTE 2.35-1 %		Tier 4	
Ibs Agents,Mixed Opioid Recep Agonists/Antagonists			
VIBERZI ORAL TABLET 100 MG, 75 MG		Tier 3	QL (2 EA per 1 day)
Integrin Receptor Antagonist, Monoclonal Antibody			
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML		Tier 5	PA; SP
Irritable Bowel Agents,Guanylate Cylase-C Agonist			
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		Tier 3	QL (1 EA per 1 day)
TRULANCE ORAL TABLET 3 MG		Tier 3	QL (1 EA per 1 day)
Local Anorectal Nitrate Preparations			
nitroglycerin rectal ointment 0.4 % (w/w)	(Rectiv)	Tier 2	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	(nitroglycerin)	Tier 4	
Rectal Preparations			
ANUCORT-HC RECTAL SUPPOSITORY 25 MG	(hydrocortisone acetate)	Tier 2	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG	(hydrocortisone acetate)	Tier 4	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG, 30 MG	(hydrocortisone acetate)	Tier 4	
hydrocortisone acetate rectal suppository 25 mg	(Anucort-HC)	Tier 2	
hydrocortisone acetate rectal suppository 30 mg	(Hemmorex-HC)	Tier 2	
PROCTOCORT RECTAL SUPPOSITORY 30 MG	(hydrocortisone acetate)	Tier 4	
Rectal/Lower Bowel Prep.,Glucocort. (Non-Hemorr)			
budesonide rectal foam 2 mg/actuation	(Uceris)	Tier 2	
CORTENEMA RECTAL ENEMA 100 MG/60 ML	(hydrocortisone)	Tier 4	
CORTIFOAM RECTAL FOAM 10 % (80 MG)		Tier 4	
hydrocortisone rectal enema 100 mg/60 ml	(Cortenema)	Tier 2	

Drug		Status	Notes
UCERIS RECTAL FOAM 2 MG/ACTUATION	(budesonide)	Tier 4	
Lower Gastrointestinal Disorders - Other			
Ammonia Inhibitors			
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM	(sodium phenylbutyrate)	Tier 5	PA; SP
BUPHENYL ORAL TABLET 500 MG	(sodium phenylbutyrate)	Tier 5	PA; SP
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	(carglumic acid)	Tier 5	PA; SP
carglumic acid oral tablet, dispersible 200 mg	(Carbaglu)	Tier 5	PA; SP
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	(lactulose)	Tier 2	
GENERLAC ORAL SOLUTION 10 GRAM/15 ML	(lactulose)	Tier 2	
LITHOSTAT ORAL TABLET 250 MG		Tier 4	
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM		Tier 5	PA; SP
PHEBURANE ORAL GRANULES 483 MG/GRAM		Tier 5	PA; SP
RAVICTI ORAL LIQUID 1.1 GRAM/ML		Tier 5	PA; SP
sodium phenylbutyrate oral powder 0.94 gram/gram	(Buphenyl)	Tier 5	PA; SP
sodium phenylbutyrate oral tablet 500 mg	(Buphenyl)	Tier 5	PA; SP
Antidiarrheal - G.I. Chloride Channel Inhibitors			
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG		Tier 3	SP; ST (ST: Requires prior prescription for Antiretrovirals therapy within the past 120 days); QL (2 EA per 1 day)
Antidiarrheal - Tryptophan Hydroxylase Inhibitor			
XERMELO ORAL TABLET 250 MG		Tier 5	PA; SP
Antidiarrheals			
ANTI-DIARRHEAL (LOPERAMIDE) ORAL CAPSULE 2 MG	(loperamide)	Tier 2	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml		Tier 2	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	(Lomotil)	Tier 2	
IMODIUM A-D ORAL CAPSULE 2 MG	(loperamide)	Tier 2	
LOMOTIL ORAL TABLET 2.5-0.025 MG	(diphenoxylate-atropine)	Tier 4	

Drug		Status	Notes
loperamide oral capsule 2 mg	(Anti-Diarrheal (loperamide))	Tier 2	
opium tincture oral tincture 10 mg/ml (morphine)		Tier 2	
Bile Salts			
CHENODAL ORAL TABLET 250 MG		Tier 5	PA; SP
CHOLBAM ORAL CAPSULE 250 MG, 50 MG		Tier 5	PA; SP
CTEXLI ORAL TABLET 250 MG		Tier 5	PA; SP
URSO FORTE ORAL TABLET 500 MG	(ursodiol)	Tier 4	
ursodiol oral capsule 300 mg		Tier 2	
ursodiol oral tablet 250 mg		Tier 2	
ursodiol oral tablet 500 mg	(URSO Forte)	Tier 2	
Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog			
OCALIVA ORAL TABLET 10 MG, 5 MG		Tier 5	PA; SP
Ibs Agents,Sodium-Hydrogen Exchanger 3(Nhe3) Inhib			
IBSRELA ORAL TABLET 50 MG		Tier 4	PA
Ileal Bile Acid Transporter (Ibat) Inhibitor			
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG		Tier 5	PA; SP
BYLVAY ORAL PELLET 200 MCG, 600 MCG		Tier 5	PA; SP
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML		Tier 5	PA; SP
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG		Tier 5	PA; SP
Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type			
alosetron oral tablet 0.5 mg, 1 mg	(Lotronex)	Tier 2	
LOTRONEX ORAL TABLET 0.5 MG, 1 MG	(alosetron)	Tier 4	
Laxatives And Cathartics			
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	(lubiprostone)	Tier 4	QL (2 EA per 1 day)
CLEARLAX ORAL POWDER 17 GRAM/DOSE	(polyethylene glycol 3350)	Tier 2	
CLEARLAX ORAL POWDER IN PACKET 17 GRAM	(polyethylene glycol 3350)	Tier 2	
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML		Tier 1	$0 COPAY IF QUANTITY LIMITED TO 350, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (350 ML per 1 FILL)

Drug		Status	Notes
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	(lactulose)	Tier 2	
GAVILAX ORAL POWDER 17 GRAM/DOSE	(polyethylene glycol 3350)	Tier 4	
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	(peg 3350-electrolytes)	Tier 1	$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	(peg 3350-electrolytes)	Tier 1	$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-N ORAL RECON SOLN 420 GRAM	(peg-electrolyte soln)	Tier 1	$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GENTLELAX ORAL POWDER 17 GRAM/DOSE	(polyethylene glycol 3350)	Tier 2	
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	(peg 3350-electrolytes)	Tier 4	QL (4000 ML per 1 FILL)
HEALTHYLAX ORAL POWDER IN PACKET 17 GRAM	(polyethylene glycol 3350)	Tier 2	
lactulose oral solution 10 gram/15 ml	(Constulose)	Tier 2	
LAXACLEAR ORAL POWDER 17 GRAM/DOSE	(polyethylene glycol 3350)	Tier 2	
LAXATIVE PEG 3350 ORAL POWDER 17 GRAM/DOSE	(polyethylene glycol 3350)	Tier 2	
lubiprostone oral capsule 24 mcg, 8 mcg	(Amitiza)	Tier 2	QL (2 EA per 1 day)
MIRALAX ORAL POWDER 17 GRAM/DOSE	(polyethylene glycol 3350)	Tier 4	
MIX-IN LAXATIVE ORAL POWDER IN PACKET 17 GRAM	(polyethylene glycol 3350)	Tier 2	
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	(peg3350-sod sul-nacl-kcl-asb-c)	Tier 4	QL (1 EA per 1 FILL)
NATURA-LAX ORAL POWDER 17 GRAM/DOSE	(polyethylene glycol 3350)	Tier 2	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	(GaviLyte-G)	Tier 1	$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)

Drug		Status	Notes
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	(MoviPrep)	Tier 1	$0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (1 EA per 1 FILL)
peg-electrolyte soln oral recon soln 420 gram	(GaviLyte-N)	Tier 1	$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM		Tier 1	ST (ST: Requires prior prescription for Clenpiq, generic bowel prep, or Sutab within the past 120 days); $0 COPAY IF QUANTITY LIMITED TO 3, FILL OF 2 IN 365 DAYS, TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP PRODUCT, AND 45-75 YEARS OF AGE; QL (3 EA per 1 FILL)
polyethylene glycol 3350 oral powder 17 gram/dose	(ClearLax)	Tier 2	
polyethylene glycol 3350 oral powder in packet 17 gram	(ClearLax)	Tier 2	
POWDERLAX ORAL POWDER 17 GRAM/DOSE	(polyethylene glycol 3350)	Tier 2	
POWDERLAX ORAL POWDER IN PACKET 17 GRAM	(polyethylene glycol 3350)	Tier 2	
PURELAX ORAL POWDER 17 GRAM/DOSE	(polyethylene glycol 3350)	Tier 2	
PURELAX ORAL POWDER IN PACKET 17 GRAM	(polyethylene glycol 3350)	Tier 2	
SMOOTHLAX ORAL POWDER 17 GRAM/DOSE	(polyethylene glycol 3350)	Tier 2	
SMOOTHLAX ORAL POWDER IN PACKET 17 GRAM	(polyethylene glycol 3350)	Tier 2	
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	(Suprep Bowel Prep Kit)	Tier 1	$0 COPAY IF QUANTITY LIMITED TO 354, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (354 ML per 1 FILL)

Drug		Status	Notes
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM		Tier 1	ST (ST: Requires prior prescription for Clenpiq, generic bowel prep, or Sutab within the past 120 days); $0 COPAY IF QUANTITY LIMITED TO 2, FILL OF 2 IN 365 DAYS, TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP PRODUCT, AND 45-75 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 4	QL (354 ML per 1 FILL)
SUTAB ORAL TABLET 1.479-0.188-0.225 GRAM		Tier 1	$0 COPAY IF QUANTITY LIMITED TO 24, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (24 EA per 1 FILL)
Narcotic Antagonists, Peripherally-Acting			
alvimopan oral capsule 12 mg		Tier 2	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		Tier 3	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG		Tier 4	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML		Tier 4	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML		Tier 4	PA
SYMPROIC ORAL TABLET 0.2 MG		Tier 3	QL (1 EA per 1 day)
Ppar Agonist			
IQIRVO ORAL TABLET 80 MG		Tier 5	PA; SP
LIVDELZI ORAL CAPSULE 10 MG		Tier 5	PA; SP
Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs			
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG		Tier 5	PA; SP
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG		Tier 5	PA; SP
Medical Supplies			
Diabetic Supplies			
UNISTIK 3 COMFORT LANCET 28 GAUGE	(lancets)	Tier 3	
Durable Medical Equipment,Misc(Group 1)			
ACCU-CHEK FASTCLIX LANCET DRUM	(lancets)	Tier 3	

Drug		Status	Notes
ACCU-CHEK SAFE-T-PRO 23 GAUGE		Tier 3	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE		Tier 3	
ACCU-CHEK SOFTCLIX LANCETS	(lancets)	Tier 3	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE		Tier 3	
ACTI-LANCE LANCETS 28 GAUGE	(lancets)	Tier 3	
ADVANCED TRAVEL LANCETS 28 GAUGE	(lancets)	Tier 3	
ADVOCATE LANCET 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE	(lancets)	Tier 3	
ADVOCATE LANCET 23 GAUGE		Tier 3	
AGAMATRIX ULTRA-THIN LANCET 33 GAUGE	(lancets)	Tier 3	
ALTERNATE SITE LANCET 26 GAUGE	(lancets)	Tier 3	
ASSURE LANCE 25 GAUGE		Tier 3	
ASSURE LANCE 28 GAUGE	(lancets)	Tier 3	
ASSURE LANCE PLUS 21 GAUGE, 30 GAUGE	(lancets)	Tier 3	
ASSURE LANCE PLUS 25 GAUGE		Tier 3	
BD MICROTAINER LANCET 1.5 X 2 MM		Tier 3	
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE	(lancets)	Tier 3	
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 28 GAUGE	(lancets)	Tier 3	
BULLSEYE MINI SAFETY LANCETS 25 GAUGE		Tier 3	
BUTTERFLY TOUCH LANCET 30 GAUGE	(lancets)	Tier 3	
CAREONE ULTRA THIN LANCET	(lancets)	Tier 3	
CARESENS LANCETS 30 GAUGE	(lancets)	Tier 3	
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE	(lancets)	Tier 3	
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 3	
CHOSEN LANCET 30 GAUGE	(lancets)	Tier 3	
CHOSEN SAFETY LANCET 28 GAUGE	(lancets)	Tier 3	
CLEVER CHEK LANCETS 30 GAUGE	(lancets)	Tier 3	
COAGUCHEK LANCETS	(lancets)	Tier 3	
COLOR LANCETS 21 GAUGE	(lancets)	Tier 3	
COMFORT EZ LANCETS 23 GAUGE		Tier 3	
COMFORT EZ LANCETS 28 GAUGE	(lancets)	Tier 3	

Drug		Status	Notes
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE	(lancets)	Tier 3	
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE		Tier 3	
DROPLET LANCETS 30 GAUGE	(lancets)	Tier 3	
DROPSAFE ACTI-LANCE 23 GAUGE		Tier 3	
EASY COMFORT LANCETS 30 GAUGE	(lancets)	Tier 3	
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE	(lancets)	Tier 3	
EASY TOUCH LANCETS 32 GAUGE		Tier 3	
EASY TOUCH SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE	(lancets)	Tier 3	
EASY TOUCH SAFETY LANCETS 23 GAUGE, 32 GAUGE		Tier 3	
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 3	
EASY TOUCH TWIST LANCETS 32 GAUGE		Tier 3	
EASY TWIST AND CAP LANCETS 28 GAUGE	(lancets)	Tier 3	
EMBRACE LANCETS 30 GAUGE	(lancets)	Tier 3	
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE	(lancets)	Tier 3	
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 3	
E-Z JECT LANCETS 32 GAUGE		Tier 3	
E-Z JECT THIN LANCETS 28 GAUGE	(lancets)	Tier 3	
EZ SMART LANCETS 28 GAUGE	(lancets)	Tier 3	
FINGERSTIX LANCETS	(lancets)	Tier 3	
FORACARE LANCETS 30 GAUGE	(lancets)	Tier 3	
FREESTYLE LANCETS 28 GAUGE	(lancets)	Tier 3	
FREESTYLE UNISTIK 2	(lancets)	Tier 3	
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 3	
GOJJI LANCETS 30 GAUGE	(lancets)	Tier 3	
INCONTROL SUPER THIN LANCETS 30 GAUGE	(lancets)	Tier 3	
INCONTROL ULTRA THIN LANCETS 28 GAUGE	(lancets)	Tier 3	
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE	(lancets)	Tier 3	
INVACARE LANCETS 30 GAUGE	(lancets)	Tier 3	

Drug		Status	Notes
lancets	(Accu-Chek Fastclix Lancet Drum)	Tier 3	
lancets 21 gauge, 26 gauge, 30 gauge	(Advocate Lancet)	Tier 3	
lancets 28 gauge	(Acti-Lance Lancets)	Tier 3	
lancets 33 gauge	(AgaMatrix Ultra-Thin Lancet)	Tier 3	
LANCETS, SUPER THIN	(lancets)	Tier 3	
LANCETS,THIN , 28 GAUGE	(lancets)	Tier 3	
LANCETS,ULTRA THIN	(lancets)	Tier 3	
MEDISENSE THIN LANCETS 28 GAUGE	(lancets)	Tier 3	
MEDLANCE PLUS LANCETS 21 GAUGE, 30 GAUGE	(lancets)	Tier 3	
MEDLANCE PLUS LANCETS 25 GAUGE		Tier 3	
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM		Tier 3	
MICRO THIN LANCETS 33 GAUGE	(lancets)	Tier 3	
MICROLET LANCET	(lancets)	Tier 3	
MOBILE LANCETS 30 GAUGE	(lancets)	Tier 3	
MONOLET LANCETS 21 GAUGE	(lancets)	Tier 3	
MONOLET THIN LANCETS 28 GAUGE	(lancets)	Tier 3	
MYGLUCOHEALTH LANCETS 30 GAUGE	(lancets)	Tier 3	
NOVA SAFETY LANCETS 23 GAUGE		Tier 3	
NOVA SAFETY LANCETS 28 GAUGE	(lancets)	Tier 3	
NOVA SUREFLEX LANCETS	(lancets)	Tier 3	
ON CALL LANCET 30 GAUGE	(lancets)	Tier 3	
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE	(lancets)	Tier 3	
ONETOUCH DELICA SAFETY LANCET 30 GAUGE	(lancets)	Tier 3	
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE	(lancets)	Tier 3	
ON-THE-GO LANCETS 30 GAUGE	(lancets)	Tier 3	
PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE	(lancets)	Tier 3	
PIP LANCET 28 GAUGE, 30 GAUGE	(lancets)	Tier 3	
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE	(lancets)	Tier 3	
PRO COMFORT LANCET 30 GAUGE	(lancets)	Tier 3	
PRO COMFORT LANCET 31 GAUGE		Tier 3	
PRO COMFORT SAFETY LANCET 30 GAUGE	(lancets)	Tier 3	

Drug		Status	Notes
PRODIGY LANCETS 26 GAUGE, 28 GAUGE	(lancets)	Tier 3	
PRODIGY TWIST TOP LANCET 28 GAUGE	(lancets)	Tier 3	
PURE COMFORT LANCETS 30 GAUGE	(lancets)	Tier 3	
PURE COMFORT SAFETY LANCETS 30 GAUGE	(lancets)	Tier 3	
PUSH BUTTON SAFETY LANCETS 28 GAUGE	(lancets)	Tier 3	
RELIAMED LANCET 28 GAUGE, 30 GAUGE	(lancets)	Tier 3	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	(lancets)	Tier 3	
RIGHTEST GL300 LANCETS 30 GAUGE	(lancets)	Tier 3	
SAFETY LANCETS 21 GAUGE, 28 GAUGE	(lancets)	Tier 3	
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	(lancets)	Tier 3	
SAFETY-LET LANCETS 30 GAUGE	(lancets)	Tier 3	
SINGLE-LET	(lancets)	Tier 3	
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE	(lancets)	Tier 3	
SMARTEST LANCET	(lancets)	Tier 3	
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE	(lancets)	Tier 3	
STERILANCE TL 30 GAUGE	(lancets)	Tier 3	
STERILANCE TL 32 GAUGE		Tier 3	
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE	(lancets)	Tier 3	
SURE COMFORT LANCETS 18 GAUGE, 23 GAUGE		Tier 3	
SURE COMFORT LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE	(lancets)	Tier 3	
SURE-LANCE , 26 GAUGE, 28 GAUGE	(lancets)	Tier 3	
SURE-LANCE ULTRA THIN 30 GAUGE	(lancets)	Tier 3	
SURE-TOUCH LANCET	(lancets)	Tier 3	
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE	(lancets)	Tier 3	
TELCARE LANCETS 30 GAUGE	(lancets)	Tier 3	
TEMPO REFILL KIT WITH GAUZE KIT		Tier 3	
THIN LANCETS 26 GAUGE	(lancets)	Tier 3	
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE	(lancets)	Tier 3	

Drug		Status	Notes
TRUE COMFORT LANCET 30 GAUGE	(lancets)	Tier 3	
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 3	
TWIST LANCETS 30 GAUGE	(lancets)	Tier 3	
TWIST LANCETS 32 GAUGE		Tier 3	
ULTILET BASIC LANCETS 30 GAUGE	(lancets)	Tier 3	
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 3	
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 3	
ULTILET SAFETY LANCETS 23 GAUGE		Tier 3	
ULTRA THIN II LANCETS 30 GAUGE	(lancets)	Tier 3	
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE	(lancets)	Tier 3	
ULTRA THIN LANCETS 31 GAUGE		Tier 3	
ULTRA THIN PLUS LANCETS 33 GAUGE	(lancets)	Tier 3	
ULTRA TLC LANCETS	(lancets)	Tier 3	
ULTRA-CARE LANCETS 30 GAUGE	(lancets)	Tier 3	
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE	(lancets)	Tier 3	
ULTRA-THIN II LANCETS 28 GAUGE	(lancets)	Tier 3	
UNILET COMFORTOUCH LANCET , 26 GAUGE	(lancets)	Tier 3	
UNILET GP LANCET	(lancets)	Tier 3	
UNILET LANCET 28 GAUGE, 33 GAUGE	(lancets)	Tier 3	
UNILET LANCETS 30 GAUGE	(lancets)	Tier 3	
UNILET SUPER THIN LANCETS 30 GAUGE	(lancets)	Tier 3	
UNISTIK 3 EXTRA LANCET 21 GAUGE	(lancets)	Tier 3	
UNISTIK 3 GENTLE 30 GAUGE	(lancets)	Tier 3	
UNISTIK 3 NORMAL LANCET 23 GAUGE		Tier 3	
UNISTIK COMFORT LANCETS 28 GAUGE	(lancets)	Tier 3	
UNISTIK CZT LANCET 23 GAUGE		Tier 3	
UNISTIK CZT LANCET 28 GAUGE	(lancets)	Tier 3	
UNISTIK EXTRA LANCETS 21 GAUGE	(lancets)	Tier 3	
UNISTIK NORMAL LANCETS 23 GAUGE		Tier 3	
UNISTIK PRO LANCET 21 GAUGE, 28 GAUGE	(lancets)	Tier 3	

Drug		Status	Notes
UNISTIK PRO LANCET 25 GAUGE		Tier 3	
UNISTIK SAFETY 28 GAUGE, 30 GAUGE	(lancets)	Tier 3	
UNISTIK TOUCH LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE	(lancets)	Tier 3	
UNISTIK TOUCH LANCETS 23 GAUGE		Tier 3	
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 3	
VERIFINE SAFETY LANCET MINI 21 GAUGE, 28 GAUGE, 30 GAUGE	(lancets)	Tier 3	
VERIFINE SAFETY LANCET MINI 23 GAUGE		Tier 3	
VERIFINE UNIVERSAL LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 3	
VIVAGUARD LANCET 30 GAUGE	(lancets)	Tier 3	
VIVAGUARD SAFETY LANCET 28 GAUGE	(lancets)	Tier 3	
Syringes And Accessories			
insulin u-500 syringe-needle syringe 1/2 ml 31 gauge x 15/64"		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 3	
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 3	
Tissue Bulking Implants			
BARRIGEL IMPLANT GEL FOR IMPLANT IN SYRINGE 60 MG/3 ML		Tier 4	PA
Miscellaneous Agents			
Amyloidosis Agents-Transthyretin (Ttr) Suppression			
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML		Tier 5	PA; SP
Anaphylaxis Therapy Agents			
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML		Tier 3	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 3	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 2	QL (4 EA per 1 FILL)

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

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

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

Drug		Status	Notes
TABLOID ORAL TABLET 40 MG	(thioguanine)	Tier 5	SP
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG		Tier 3	
XATMEP ORAL SOLUTION 2.5 MG/ML		Tier 4	ST (ST: Requires prior prescription for Methotrexate tablets or injection solution within the past 120 days if 12 years of age and older); QL (120 ML per 60 days)
XELODA ORAL TABLET 150 MG, 500 MG	(capecitabine)	Tier 5	PA; SP
Antineoplastic Aromatase Inhibitors			
anastrozole oral tablet 1 mg	(Arimidex)	Tier 1	$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
ARIMIDEX ORAL TABLET 1 MG	(anastrozole)	Tier 4	
AROMASIN ORAL TABLET 25 MG	(exemestane)	Tier 4	
exemestane oral tablet 25 mg	(Aromasin)	Tier 1	$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
FEMARA ORAL TABLET 2.5 MG	(letrozole)	Tier 4	
letrozole oral tablet 2.5 mg	(Femara)	Tier 2	
Antineoplastic - Braf Kinase Inhibitors			
BRAFTOVI ORAL CAPSULE 75 MG		Tier 5	PA; SP
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML		Tier 5	PA; SP
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)		Tier 5	PA; SP
TAFINLAR ORAL CAPSULE 50 MG, 75 MG		Tier 5	PA; SP
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG		Tier 5	PA; SP
ZELBORAF ORAL TABLET 240 MG		Tier 5	PA; SP
Antineoplastic - Hedgehog Pathway Inhibitor			
DAURISMO ORAL TABLET 100 MG, 25 MG		Tier 5	PA; SP
ERIVEDGE ORAL CAPSULE 150 MG		Tier 5	PA; SP
ODOMZO ORAL CAPSULE 200 MG		Tier 5	PA; SP
Antineoplastic - Janus Kinase (Jak) Inhibitors			
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG		Tier 5	PA; SP; QL (2 EA per 1 day)

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

Drug	Status	Notes
Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs		
ORGOVYX ORAL TABLET 120 MG	Tier 5	PA; SP
Antineoplastic Systemic Enzyme Activators		
MODEYSO ORAL CAPSULE 125 MG	Tier 5	PA; SP; QL (20 EA per 28 days)
Antineoplastic Systemic Enzyme Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	Tier 5	PA; SP
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 5	PA; SP
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	Tier 5	PA; SP
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	Tier 5	PA; SP
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Tier 5	PA; SP
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 5	PA; SP
BOSULIF ORAL CAPSULE 100 MG, 50 MG	Tier 5	PA; SP
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Tier 5	PA; SP
BRUKINSA ORAL CAPSULE 80 MG	Tier 5	PA; SP
BRUKINSA ORAL TABLET 160 MG	Tier 5	PA; SP
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 5	PA; SP
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	Tier 5	PA; SP
CAPRELSA ORAL TABLET 100 MG, 300 MG (vandetanib)	Tier 5	PA; SP
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	Tier 5	PA; SP
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 5	PA; SP
DANZITEN ORAL TABLET 71 MG, 95 MG	Tier 5	PA; SP
dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg (Sprycel)	Tier 5	PA; SP
ENSACOVE ORAL CAPSULE 100 MG, 25 MG	Tier 5	PA; SP
erlotinib oral tablet 100 mg, 150 mg, 25 mg	Tier 5	PA; SP

Drug		Status	Notes
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG		Tier 5	PA; SP
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG		Tier 5	PA; SP
GAVRETO ORAL CAPSULE 100 MG		Tier 5	PA; SP
gefitinib oral tablet 250 mg	(Iressa)	Tier 5	PA; SP
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		Tier 5	PA; SP
GLEEVEC ORAL TABLET 100 MG, 400 MG	(imatinib)	Tier 5	PA; SP
HERNEXEOS ORAL TABLET 60 MG		Tier 5	PA; SP; QL (3 EA per 1 day)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG		Tier 5	PA; SP
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG		Tier 5	PA; SP
IBTROZI ORAL CAPSULE 200 MG		Tier 5	PA; SP
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG		Tier 5	PA; SP
imatinib oral tablet 100 mg, 400 mg	(Gleevec)	Tier 5	PA; SP
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG		Tier 5	PA; SP
IMBRUVICA ORAL SUSPENSION 70 MG/ML		Tier 5	PA; SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG		Tier 5	PA; SP
IMKELDI ORAL SOLUTION 80 MG/ML		Tier 5	PA; SP
INLYTA ORAL TABLET 1 MG, 5 MG		Tier 5	PA; SP
INREBIC ORAL CAPSULE 100 MG		Tier 5	PA; SP; QL (4 EA per 1 day)
IRESSA ORAL TABLET 250 MG	(gefitinib)	Tier 5	PA; SP
ITOVEBI ORAL TABLET 3 MG, 9 MG		Tier 5	PA; SP
IWILFIN ORAL TABLET 192 MG		Tier 5	PA; SP
JAYPIRCA ORAL TABLET 100 MG, 50 MG		Tier 5	PA; SP
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)		Tier 5	PA; SP
lapatinib oral tablet 250 mg	(Tykerb)	Tier 5	PA; SP
LAZCLUZE ORAL TABLET 240 MG, 80 MG		Tier 5	PA; SP

Drug		Status	Notes
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)		Tier 5	PA; SP
LORBRENA ORAL TABLET 100 MG, 25 MG		Tier 5	PA; SP
LYNPARZA ORAL TABLET 100 MG, 150 MG		Tier 5	PA; SP
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)		Tier 5	PA; SP
NERLYNX ORAL TABLET 40 MG		Tier 5	PA; SP
NEXAVAR ORAL TABLET 200 MG	(sorafenib)	Tier 5	PA; SP
nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg	(Tasigna)	Tier 5	PA; SP
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG		Tier 5	PA; SP
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG		Tier 5	PA; SP
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG		Tier 5	PA; SP
pazopanib oral tablet 200 mg	(Votrient)	Tier 5	PA; SP
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG		Tier 5	PA; SP
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)		Tier 5	PA; SP
QINLOCK ORAL TABLET 50 MG		Tier 5	PA; SP
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG		Tier 5	PA; SP
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG		Tier 5	PA; SP
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG		Tier 5	PA; SP
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG		Tier 5	PA; SP
ROZLYTREK ORAL PELLETS IN PACKET 50 MG		Tier 5	PA; SP
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG		Tier 5	PA; SP
RYDAPT ORAL CAPSULE 25 MG		Tier 5	PA; SP
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG		Tier 5	PA; SP

Drug		Status	Notes
sorafenib oral tablet 200 mg	(Nexavar)	Tier 5	PA; SP
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	(dasatinib)	Tier 5	PA; SP
STIVARGA ORAL TABLET 40 MG		Tier 5	PA; SP
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	(Sutent)	Tier 5	PA; SP
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	(sunitinib malate)	Tier 5	PA; SP
TABRECTA ORAL TABLET 150 MG, 200 MG		Tier 5	PA; SP
TAGRISSO ORAL TABLET 40 MG, 80 MG		Tier 5	PA; SP
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG		Tier 5	PA; SP
TARCEVA ORAL TABLET 100 MG	(erlotinib)	Tier 5	PA; SP
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	(nilotinib hcl)	Tier 5	PA; SP
TEPMETKO ORAL TABLET 225 MG		Tier 5	PA; SP
TRUQAP ORAL TABLET 160 MG, 200 MG		Tier 5	PA; SP
TUKYSA ORAL TABLET 150 MG, 50 MG		Tier 5	PA; SP
TURALIO ORAL CAPSULE 125 MG		Tier 5	PA; SP
TYKERB ORAL TABLET 250 MG	(lapatinib)	Tier 5	PA; SP
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG		Tier 5	PA; SP
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		Tier 5	PA; SP
VITRAKVI ORAL CAPSULE 100 MG, 25 MG		Tier 5	PA; SP
VITRAKVI ORAL SOLUTION 20 MG/ML		Tier 5	PA; SP
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG		Tier 5	PA; SP
VONJO ORAL CAPSULE 100 MG		Tier 5	PA; SP; QL (4 EA per 1 day)
VOTRIENT ORAL TABLET 200 MG	(pazopanib)	Tier 5	PA; SP
XALKORI ORAL CAPSULE 200 MG, 250 MG		Tier 5	PA; SP
XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG		Tier 5	PA; SP
XOSPATA ORAL TABLET 40 MG		Tier 5	PA; SP
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG		Tier 5	PA; SP

Drug	Status	Notes
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 5	PA; SP
ZYKADIA ORAL TABLET 150 MG	Tier 5	PA; SP
Antineoplastic,Histone Deacetylase Inhibitors,Hdis		
ZOLINZA ORAL CAPSULE 100 MG	Tier 5	SP
Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 5	PA; SP
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	Tier 5	PA; SP
Antineoplastic-Enzyme Inhib, Antiandrogen Comb.		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 5	PA; SP
Antineoplastic-Hypoxia Inducible Factor (Hif) Inh		
WELIREG ORAL TABLET 40 MG	Tier 5	PA; SP
Antineoplastic-Isocitrate Dehydrogenase Inhibitors		
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 5	PA; SP
REZLIDHIA ORAL CAPSULE 150 MG	Tier 5	PA; SP
TIBSOVO ORAL TABLET 250 MG	Tier 5	PA; SP
VORANIGO ORAL TABLET 10 MG, 40 MG	Tier 5	PA; SP
Antineoplastics,Miscellaneous		
etoposide oral capsule 50 mg	Tier 2	
LYSODREN ORAL TABLET 500 MG	Tier 5	SP
MATULANE ORAL CAPSULE 50 MG	Tier 5	SP
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	Tier 5	PA; SP
tretinoin (antineoplastic) oral capsule 10 mg	Tier 5	SP
Antineoplastic-Select Inhib Of Nuclear Exp (Sine)		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 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 5	PA; SP

Drug		Status	Notes
Chemotherapy Rescue/Antidote Agents			
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg		Tier 2	
mesna oral tablet 400 mg	(Mesnex)	Tier 2	
MESNEX ORAL TABLET 400 MG	(mesna)	Tier 4	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM		Tier 5	SP; QL (24 EA per 14 days)
Intrapleural Sclerosing Agents, Antineoplast. Adj.			
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM		Tier 4	
sterile talc intrapleural suspension for reconstitution 5 gram		Tier 2	
STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM		Tier 4	
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM		Tier 4	
Photoactivated, Antineopls. & Premalignant Lesions			
AMELUZ TOPICAL GEL 10 %		Tier 4	
LEVULAN TOPICAL SOLUTION 20 %		Tier 4	
Radioactive Therapeutic Agents			
sodium iodide-123 oral capsule 3.7 mbq (100 microci), 7.4 mbq (200 microci)		Tier 2	
Selective Estrogen Receptor Modulators (Serm)			
FARESTON ORAL TABLET 60 MG	(toremifene)	Tier 5	PA; SP
ORSERDU ORAL TABLET 345 MG, 86 MG		Tier 5	PA; SP
SOLTAMOX ORAL SOLUTION 20 MG/10 ML		Tier 3	
tamoxifen oral tablet 10 mg, 20 mg		Tier 1	$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
toremifene oral tablet 60 mg	(Fareston)	Tier 5	PA; SP
Selective Retinoid X Receptor Agonists (Rxr)			
bexarotene oral capsule 75 mg	(Targretin)	Tier 5	PA; SP
TARGRETIN ORAL CAPSULE 75 MG	(bexarotene)	Tier 5	PA; SP
Steroid Antineoplastics			
megestrol oral tablet 20 mg, 40 mg		Tier 2	

Drug		Status	Notes
Neurological Disease - Miscellaneous			
Agents To Treat Multiple Sclerosis			
AUBAGIO ORAL TABLET 14 MG, 7 MG	(teriflunomide)	Tier 5	PA; SP
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML		Tier 5	PA; SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML		Tier 5	PA; SP
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML		Tier 5	PA; SP
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML		Tier 5	PA; SP
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG		Tier 5	PA; SP
BETASERON SUBCUTANEOUS KIT 0.3 MG		Tier 5	PA; SP
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	(glatiramer)	Tier 5	PA; SP
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg	(Tecfidera)	Tier 4	PA; SP
fingolimod oral capsule 0.5 mg	(Gilenya)	Tier 4	PA; SP
GILENYA ORAL CAPSULE 0.25 MG		Tier 5	PA; SP
GILENYA ORAL CAPSULE 0.5 MG	(fingolimod)	Tier 5	PA; SP
glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml	(Copaxone)	Tier 4	PA; SP
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	(glatiramer)	Tier 5	PA; SP
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML		Tier 5	PA; SP
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG		Tier 5	PA; SP
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG		Tier 5	PA; SP
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG		Tier 5	PA; SP
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG		Tier 5	PA; SP
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG		Tier 5	PA; SP
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG		Tier 5	PA; SP
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG		Tier 5	PA; SP
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG		Tier 5	PA; SP

Drug		Status	Notes
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)		Tier 5	PA; SP
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)		Tier 5	PA; SP
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML		Tier 5	PA; SP
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML		Tier 5	PA; SP
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML		Tier 5	PA; SP
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)		Tier 5	PA; SP
PONVORY ORAL TABLET 20 MG		Tier 5	PA; SP
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML		Tier 5	PA; SP
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 5	PA; SP
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)		Tier 5	PA; SP
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG		Tier 5	PA; SP
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	(dimethyl fumarate)	Tier 5	PA; SP
teriflunomide oral tablet 14 mg, 7 mg	(Aubagio)	Tier 4	PA; SP
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG		Tier 5	PA; SP
Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr			
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	(dalfampridine)	Tier 5	PA; SP
dalfampridine oral tablet extended release 12 hr 10 mg	(Ampyra)	Tier 5	PA; SP
FIRDAPSE ORAL TABLET 10 MG		Tier 5	PA; SP

Drug		Status	Notes
Amyotrophic Lateral Sclerosis Agents			
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML		Tier 5	PA; SP
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML		Tier 5	PA; SP
RILUTEK ORAL TABLET 50 MG	(riluzole)	Tier 4	SP
riluzole oral tablet 50 mg	(Rilutek)	Tier 2	
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML		Tier 5	PA; SP
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML		Tier 5	PA; SP
Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib			
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		Tier 4	ST (ST: At least 2 prior prescriptions for Amitriptyline tablets, Cyclobenzaprine IR tablets, Duloxetine (20, 30, 60mg) capsules, generic Gabapentin IR tablets/capsules, or Pregabalin IR capsules within the past 365 days); QL (2 EA per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)		Tier 4	ST (ST: At least 2 prior prescriptions for Amitriptyline tablets, Cyclobenzaprine IR tablets, Duloxetine (20, 30, 60mg) capsules, generic Gabapentin IR tablets/capsules, or Pregabalin IR capsules within the past 365 days); QL (2 EA per 1 day)
Glypromate (Gpe) Analogs			
DAYBUE ORAL SOLUTION 200 MG/ML		Tier 5	PA; SP
Heat Shock Protein (Hsp) Modulating Agents			
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG		Tier 5	PA; SP
Metabolic Disease Enzyme Replacement, Mocd			
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG		Tier 5	PA; SP
Movement Disorders(Drug Therapy)			
AUSTEDO ORAL TABLET 12 MG, 9 MG		Tier 5	PA; SP; QL (4 EA per 1 day)

Drug		Status	Notes
AUSTEDO ORAL TABLET 6 MG		Tier 5	PA; SP; 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 5	PA; SP; 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 5	PA; SP
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)		Tier 5	PA; SP; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG		Tier 5	PA; SP; QL (1 EA per 1 day)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG		Tier 5	PA; SP; QL (1 EA per 1 day)
tetrabenazine oral tablet 12.5 mg, 25 mg	(Xenazine)	Tier 5	PA; SP
XENAZINE ORAL TABLET 12.5 MG, 25 MG	(tetrabenazine)	Tier 5	PA; SP
Neuropathic Agents			
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	(pregabalin)	Tier 4	ST (ST: At least 2 prior prescriptions for Divalproex, Duloxetine, Gabapentin, Pregabalin IR, a tricyclic antidepressant, Valproic Acid, or Venlafaxine within the past 365 days); QL (3 EA per 1 day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	(pregabalin)	Tier 4	ST (ST: At least 2 prior prescriptions for Divalproex, Duloxetine, Gabapentin, Pregabalin IR, a tricyclic antidepressant, Valproic Acid, or Venlafaxine within the past 365 days); QL (2 EA per 1 day)
pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg	(Lyrica CR)	Tier 2	ST (ST: At least 2 prior prescriptions for Divalproex, Duloxetine, Gabapentin, Pregabalin IR, a tricyclic antidepressant, Valproic Acid, or Venlafaxine within the past 365 days); QL (3 EA per 1 day)

Drug		Status	Notes
pregabalin oral tablet extended release 24 hr 330 mg	(Lyrica CR)	Tier 2	ST (ST: At least 2 prior prescriptions for Divalproex, Duloxetine, Gabapentin, Pregabalin IR, a tricyclic antidepressant, Valproic Acid, or Venlafaxine within the past 365 days); QL (2 EA per 1 day)
Nuclear Factor Erythroid 2-Rel. Factor 2 Activator			
SKYCLARYS ORAL CAPSULE 50 MG		Tier 5	PA; SP
Pseudobulbar Affect (Pba) Agents, Nmda Antagonists			
NUEDEXTA ORAL CAPSULE 20-10 MG		Tier 4	PA
Sphingosine 1-Phosphate (S1p) Receptor Modulator			
VELSIPITY ORAL TABLET 2 MG		Tier 5	PA; SP
ZEPOSIA ORAL CAPSULE 0.92 MG		Tier 5	PA; SP
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)		Tier 5	PA; SP
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)		Tier 5	PA; SP
Oral/Pharyngeal Disorders			
Dental Aids And Preparations			
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Periogard)	Tier 2	
ORALONE DENTAL PASTE 0.1 %	(triamcinolone acetonide)	Tier 2	
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 %	(chlorhexidine gluconate)	Tier 4	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	(chlorhexidine gluconate)	Tier 2	
triamcinolone acetonide dental paste 0.1 %	(Oralone)	Tier 2	
Nose Preparations, Miscellaneous (Rx)			
cocaine nasal solution 4 %	(Numbrino)	Tier 2	
GOPRELTO NASAL SOLUTION 4 %	(cocaine)	Tier 4	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)		Tier 2	
NUMBRINO NASAL SOLUTION 4 %	(cocaine)	Tier 2	
Periodontal Collagenase Inhibitors			
doxycycline hyclate oral tablet 20 mg		Tier 2	

Drug		Status	Notes
Other Drugs			
Abortifacient,Progesterone Receptor Antagonist-Typ			
MIFEPREX ORAL TABLET 200 MG	(mifepristone)	Tier 4	
mifepristone oral tablet 200 mg	(Mifeprex)	Tier 2	
Agents For Stomatological Use			
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %		Tier 4	
Antineoplastic - Systemic Enzyme Inhibitors Combs			
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG		Tier 5	PA; SP
Antipsychotics, Muscarinic Agonist/Antagonist Comb			
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG		Tier 4	ST (ST: Requires prior prescription for a generic atypical antipsychotic, Rexulti, or Vraylar within the past 120 days); QL (2 EA per 1 day)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG		Tier 4	ST (ST: Requires prior prescription for a generic atypical antipsychotic, Rexulti, or Vraylar within the past 120 days)
Antivenins			
ANASCORP INTRAVENOUS RECON SOLN 120 MG		Tier 4	
Appetite Stim. For Anorexia,Cachexia,Wasting Synd.			
megestrol oral suspension 400 mg/10 ml (40 mg/ml)		Tier 2	
megestrol oral suspension 625 mg/5 ml (125 mg/ml)		Tier 2	ST (ST: Requires prior prescription for Megestrol Acetate within the past 120 days)
Blood Collection Set With Local Anesthetics			
CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 %		Tier 4	
LIDO BDK KIT 21 GAUGE X 1"- 2.5 %-2.5 %		Tier 4	
Blood Testing Preparations,In-Vitro			
PRECISION XTRA B-KETONE STRIP	(ketone blood test)	Tier 3	QL (200 EA per 30 days)

Drug	Status	Notes
Cardioplegic Solutions		
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA DEL NIDO-ISOLYT S PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Tier 4	
CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM), 36 MEQ/L (POTASSIUM)	Tier 2	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA WARM INDUCT 4:1 PERFUSION SOLUTION 40 MEQ/500 ML (POTASSIUM)	Tier 4	
cardioplegic no.17(induct 4:1) perfusion solution 50 meq/500 ml (potassium)	Tier 2	
cardioplegic no.19 (maint 4:1) perfusion solution 40 meq/l (potassium)	Tier 2	
cardioplegic soln perfusion solution 16 meq/l (= k+) (Plegisol)	Tier 2	
cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)	Tier 2	
microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)	Tier 2	
PLEGISOL PERFUSION SOLUTION 16 MEQ/L (= K+) (cardioplegic soln)	Tier 4	
Cholinesterase Reactivat.&Muscarinic Antg.Antidote		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML	Tier 4	

Drug	Status	Notes
Cholinesterase Reactivating,Organophos. Antidotes		
pralidoxime intramuscular pen injector 600 mg/2 ml	Tier 4	
Condoms		
AIMSCO LATEX CONDOM DEVICE	Tier 1	$0 COPAY IF QUANTITY LIMITED TO 60
DUREX AVANTI BARE REAL FEEL	Tier 1	$0 COPAY IF QUANTITY LIMITED TO 60
DUREX EXTRA SENSITIVE CONDOM DEVICE	Tier 1	$0 COPAY IF QUANTITY LIMITED TO 60
DUREX TROPICAL CONDOM DEVICE	Tier 1	$0 COPAY IF QUANTITY LIMITED TO 60
FANTASY CONDOM DEVICE	Tier 1	$0 COPAY IF QUANTITY LIMITED TO 60
FC2 FEMALE CONDOM	Tier 1	$0 COPAY IF QUANTITY LIMITED TO 60
KIMONO LUBRICATED CONDOMS DEVICE	Tier 1	$0 COPAY IF QUANTITY LIMITED TO 60
KIMONO MICROTHIN AQUA LUBE CON DEVICE	Tier 1	$0 COPAY IF QUANTITY LIMITED TO 60
KIMONO MICROTHIN CONDOMS DEVICE	Tier 1	$0 COPAY IF QUANTITY LIMITED TO 60
KIMONO MICROTHIN LARGE CONDOMS DEVICE	Tier 1	$0 COPAY IF QUANTITY LIMITED TO 60
KIMONO TEXTURED CONDOMS DEVICE	Tier 1	$0 COPAY IF QUANTITY LIMITED TO 60
KIMONO THIN LUBRICATED CONDOMS DEVICE	Tier 1	$0 COPAY IF QUANTITY LIMITED TO 60
TROJAN ULTRA RIBBED CONDOM DEVICE	Tier 1	$0 COPAY IF QUANTITY LIMITED TO 60
TRUE COVER CONDOM DEVICE	Tier 1	$0 COPAY IF QUANTITY LIMITED TO 60
TRUSTEX LATEX CONDOM DEVICE	Tier 1	$0 COPAY IF QUANTITY LIMITED TO 60
TRUSTEX LUBRICATED CONDOMS DEVICE	Tier 1	$0 COPAY IF QUANTITY LIMITED TO 60
TRUSTEX NON-LUB CONDOMS DEVICE	Tier 1	$0 COPAY IF QUANTITY LIMITED TO 60
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	Tier 1	$0 COPAY IF QUANTITY LIMITED TO 60
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE	Tier 1	$0 COPAY IF QUANTITY LIMITED TO 60
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	Tier 1	$0 COPAY IF QUANTITY LIMITED TO 60

Drug		Status	Notes
Cystic Fibrosis - Inhaled Osmotic Agents			
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG		Tier 5	SP; ST (ST: Requires prior prescription for inhaled 7% Sodium Chloride solution within the past 120 days); QL (20 EA per 1 day); Age (Min 18 Years)
Diagnostic Preparations,Misc.			
ADVANCED DNA MEDICATED COLLECT MUCOUS MEMBRANE KIT 2 %		Tier 4	
ARIDOL BRONCHIAL CHALLENGE INHALATION CAPSULE, W/INHALATION DEVICE 0-5-10-20-40 MG		Tier 4	
kit for tc 99m-sod thiosulfate recon soln 2 mg		Tier 4	
methacholine chloride inhalation solution for nebulization 0 to 48 mg/3 ml	(Provocholine)	Tier 2	
PRO DNA COLLECTION MUCOUS MEMBRANE KIT 2 %		Tier 4	
PROVOCHOLINE INHALATION RECON SOLN 100 MG		Tier 4	
TOXICOLOGY SALIVA COLLECTION ORAL KIT 600 MG		Tier 4	
VUEBLU SOLUTION 0.5 %		Tier 4	
XENOVIEW PREPARATION GAS BLEND INHALATION GAS 1,000 ML		Tier 4	
Diluent Solutions			
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION		Tier 4	
Drugs To Treat Hereditary Tyrosinemia			
HARLIKU ORAL TABLET 2 MG		Tier 5	PA; SP
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	(Orfadin)	Tier 5	PA; SP
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG		Tier 5	PA; SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	(nitisinone)	Tier 5	PA; SP
ORFADIN ORAL SUSPENSION 4 MG/ML		Tier 5	PA; SP
Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing			
CERDELGA ORAL CAPSULE 84 MG		Tier 5	SP
miglustat oral capsule 100 mg	(Yargesa)	Tier 5	PA; SP

Drug		Status	Notes
OPFOLDA ORAL CAPSULE 65 MG		Tier 5	PA; SP
YARGESA ORAL CAPSULE 100 MG	(miglustat)	Tier 5	PA; SP
ZAVESCA ORAL CAPSULE 100 MG	(miglustat)	Tier 5	PA; SP
Environment Allergens And Irritants, Other			
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH,MEDICATED		Tier 4	
Eye Antibiotic And Nsaid Combinations			
moxifloxacin-bromfenac ophthalmic (eye) drops 0.5-0.075 %		Tier 2	
Factor Xii Inhibitors			
ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML		Tier 5	PA; SP
Fallopian Tube Ultrasound Contrast Agents			
EXEM INTRAUTERINE INFUSION FOAM IN SYRINGE		Tier 4	
Fluorescence Imaging Agents - Malignant Tissue			
GLEOLAN ORAL RECON SOLN 30 MG/ML		Tier 4	
Gastrointestinal Radiopaque Diagnostics			
diatrizoate meg-diatrizoat sod oral solution 66-10 %	(MD-Gastroview)	Tier 2	
ENTERO VU ORAL SUSPENSION 24 %		Tier 4	
E-Z DISK ORAL TABLET 700 MG		Tier 4	
E-Z-HD BARIUM ORAL SUSPENSION FOR RECONSTITUTION 98 %		Tier 4	
E-Z-PAQUE ORAL SUSPENSION FOR RECONSTITUTION 96 % (W/W)		Tier 4	
E-Z-PASTE ORAL CREAM 60 %		Tier 4	
GASTROGRAFIN ORAL SOLUTION 66-10 %	(diatrizoate meg-diatrizoat sod)	Tier 4	
GASTROMARK ORAL SUSPENSION 175 MCG/ML IRON		Tier 4	
LIQUID E-Z PAQUE ORAL SUSPENSION 60 % (W/V)		Tier 4	
LIQUID POLIBAR PLUS ORAL SUSPENSION 105 % (W/V), 58 % (W/W)		Tier 4	
MD-GASTROVIEW ORAL SOLUTION 66-10 %	(diatrizoate meg-diatrizoat sod)	Tier 2	

Drug		Status	Notes
NEULUMEX ORAL SUSPENSION 0.1 %		Tier 4	
POLIBAR ACB RECTAL ENEMA 96 %		Tier 4	
READI-CAT 2 ORAL SUSPENSION 2 % (W/V)		Tier 4	
SITZMARKS FOR KIDS ORAL CAPSULE 24 MARKERS		Tier 4	
SITZMARKS ORAL CAPSULE 24 MARKERS		Tier 4	
TAGITOL V ORAL SUSPENSION 40 % (W/V)		Tier 4	
VARIBAR HONEY ORAL SUSPENSION 40 % (W/V) 29% (W/W)		Tier 4	
VARIBAR NECTAR ORAL SUSPENSION 40 % (W/V)		Tier 4	
VARIBAR PUDDING ORAL PASTE 40 % (W/V), 30% (W/W)		Tier 4	
VARIBAR THIN HONEY ORAL SUSPENSION 40 %(W/V), 29% (W/W)(1500 CPS)		Tier 4	
VARIBAR THIN LIQUID ORAL POWDER 81 % (W/W)		Tier 4	
General Anesthetics - Benzodiazepine, Injectable			
midazolam (pf) injection solution 5 mg/ml		Tier 2	
midazolam injection solution 5 mg/ml		Tier 2	
General Anesthetics,Inhalant			
desflurane inhalation liquid 100 %	(Suprane)	Tier 2	
FORANE INHALATION LIQUID 99.9 %	(isoflurane)	Tier 4	
isoflurane inhalation liquid 99.9 %	(Terrell)	Tier 2	
sevoflurane inhalation liquid 99.97 %	(Ultane)	Tier 2	
TERRELL INHALATION LIQUID 99.9 %	(isoflurane)	Tier 2	
ULTANE INHALATION LIQUID 99.97 %	(sevoflurane)	Tier 4	
General Inhalation Agents			
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %		Tier 4	
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 7 %	(sodium chloride)	Tier 4	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	(sodium chloride)	Tier 2	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %		Tier 4	
sodium chloride inhalation solution for nebulization 0.9 %, 10 %		Tier 2	

Drug		Status	Notes
sodium chloride inhalation solution for nebulization 3 %	(NebuSal)	Tier 2	
sodium chloride inhalation solution for nebulization 7 %	(Hyper-Sal)	Tier 2	
Genetic Disorder Therapy - Hdac Inhibitor			
DUVYZAT ORAL SUSPENSION 8.86 MG/ML		Tier 5	PA; SP
Metabolic Deficiency Agents			
betaine oral powder 1 gram/scoop	(Cystadane)	Tier 5	PA; SP
CARNITOR ORAL SOLUTION 100 MG/ML	(levocarnitine (with sugar))	Tier 4	
CARNITOR ORAL TABLET 330 MG	(levocarnitine)	Tier 4	
CYSTADANE ORAL POWDER 1 GRAM/SCOOP	(betaine)	Tier 5	PA; SP
levocarnitine (with sugar) oral solution 100 mg/ml	(Carnitor)	Tier 2	
levocarnitine oral solution 100 mg/ml	(Carnitor (sugar-free))	Tier 2	
levocarnitine oral tablet 330 mg	(Carnitor)	Tier 2	
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 5	PA; SP
Metabolic Dx Enzyme Replacemt,Sev.Comb.Immune Def.			
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)		Tier 5	PA; SP
Metabolic Function Diagnostics			
METOPIRONE ORAL CAPSULE 250 MG		Tier 5	SP
Metallic Poison,Agents To Treat			
CHEMET ORAL CAPSULE 100 MG		Tier 4	
CUVRIOR ORAL TABLET 300 MG		Tier 5	PA; SP
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	(Jadenu Sprinkle)	Tier 5	PA; SP
deferasirox oral tablet 180 mg, 360 mg, 90 mg	(Jadenu)	Tier 5	PA; SP
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	(Exjade)	Tier 5	PA; SP
deferiprone oral tablet 1,000 mg, 500 mg	(Ferriprox)	Tier 5	PA; SP
deferoxamine injection recon soln 2 gram		Tier 2	PA
deferoxamine injection recon soln 500 mg	(Desferal)	Tier 2	PA

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

Drug	Status	Notes
Protein Replacement		
AQNEURSA ORAL GRANULES IN PACKET 1 GRAM	Tier 5	PA; SP
Radioactive Diagnostics, General		
XENON XE-133 INHALATION GAS 370 MBQ (10 MCI), 740 MBQ (20 MCI)	Tier 4	
Saliva Stimulant Agents		
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM	Tier 4	
Saliva Substitute Agents		
NUMOISYN MUCOUS MEMBRANE LIQUID	Tier 4	
Skin Tissue Replacement		
APLIGRAF TOPICAL DISK	Tier 4	
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 7 X 7 CM	Tier 4	
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 4	
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 4	
GRAFIX XC TOPICAL SHEET 7.5 X 15 CM	Tier 4	
MIRO3D FIBERS TOPICAL POWDER 100 MG, 500 MG, 700 MG	Tier 4	
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 4	
MIRODERM FENESTRATED PLUS TOPICAL SHEET 3 X 3 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM	Tier 4	
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 4	
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 4	
MIROTRACT TOPICAL SHEET 3 MM X 5 CM, 3 MM X 9 CM, 5 MM X 5 CM, 5 MM X 9 CM	Tier 4	
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM	Tier 4	
TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM	Tier 4	

Drug	Status	Notes
Somatostatic Agents		
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	Tier 5	PA; SP
octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml	Tier 5	SP
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml (Sandostatin)	Tier 5	SP
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	Tier 5	SP
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (octreotide acetate)	Tier 5	SP
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	Tier 5	PA; SP
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 4	
TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML	Tier 4	
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML	Tier 4	
Topical Nitric Oxide Releasing Agents		
ZELSUVMI TOPICAL GEL 10.3 %	Tier 4	PA
Treatment Of Hyperphagia In Prader-Willi Syndrome		
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 25 MG, 75 MG	Tier 5	PA; SP
Urinary Tract Radiopaque Diagnostics		
CYSTO-CONRAY II URETHRAL SOLUTION 17.2 %	Tier 4	
CYSTOGRAFIN URETHRAL SOLUTION 30 %	Tier 4	
CYSTOGRAFIN-DILUTE URETHRAL SOLUTION 18 %	Tier 4	
Wound Healing Agents, Local		
FILSUVEZ TOPICAL GEL 10 %	Tier 5	PA; SP
Other Respiratory Disorders		
Antifibrotic Therapy - Pyridone Analogs		
ESBRIET ORAL CAPSULE 267 MG (pirfenidone)	Tier 5	PA; SP
ESBRIET ORAL TABLET 267 MG, 801 MG (pirfenidone)	Tier 5	PA; SP

Drug	Status	Notes
pirfenidone oral capsule 267 mg (Esbriet)	Tier 5	PA; SP
pirfenidone oral tablet 267 mg, 801 mg (Esbriet)	Tier 5	PA; SP
pirfenidone oral tablet 534 mg	Tier 5	PA; SP
Cystic Fib.Transmemb Conduct.Reg.(Cftr)Potentiator		
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	Tier 5	PA; SP
KALYDECO ORAL TABLET 150 MG	Tier 5	PA; SP
Cystic Fibrosis-Cftr Potentiator & Corrector Comb.		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG	Tier 5	PA; SP
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	Tier 5	PA; SP
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 5	PA; SP
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	Tier 5	PA; SP
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	Tier 5	PA; SP
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	Tier 5	PA; SP
Dipeptidyl Peptidase 1 (Dpp1) Inhibitor		
BRINSUPRI ORAL TABLET 10 MG, 25 MG	Tier 5	PA; SP; QL (1 EA per 1 day)
Lung Surfactants		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML	Tier 4	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML	Tier 4	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML	Tier 4	
Mucolytics		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	Tier 2	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 5	PA; SP

Drug		Status	Notes
Pulmonary Fibrosis - Systemic Enzyme Inhibitors			
OFEV ORAL CAPSULE 100 MG, 150 MG		Tier 5	PA; SP
Pain Management - Analgesics			
Analgesic, Non-Salicylate & Barbiturate Comb.			
butalbital-acetaminophen oral tablet 50-300 mg		Tier 2	ST (ST: Requires prior prescription for generic Butalbital/acetaminophen 50mg-325mg combination product within the past 120 days); QL (6 EA per 1 day)
butalbital-acetaminophen oral tablet 50-325 mg	(Tencon)	Tier 2	
TENCON ORAL TABLET 50-325 MG	(butalbital-acetaminophen)	Tier 2	
Analgesic, Salicylate, Barbiturate,& Xanthine Cmb			
butalbital-aspirin-caffeine oral capsule 50-325-40 mg		Tier 2	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg		Tier 2	
Analgesic,Non-Salicylate,Barbiturate,&Xanthine Cmb			
butalbital-acetaminophen-caff oral capsule 50-300-40 mg	(Fioricet)	Tier 2	
butalbital-acetaminophen-caff oral capsule 50-325-40 mg		Tier 2	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg		Tier 2	
ESGIC ORAL TABLET 50-325-40 MG	(butalbital-acetaminophen-caff)	Tier 4	
FIORICET ORAL CAPSULE 50-300-40 MG	(butalbital-acetaminophen-caff)	Tier 2	
Analgesic/Antipyretics, Salicylates			
aspirin oral tablet 325 mg	(Bayer Aspirin)	Tier 1	
aspirin oral tablet,delayed release (dr/ec) 325 mg	(Bayer Aspirin)	Tier 1	
BAYER ASPIRIN ORAL TABLET 325 MG	(aspirin)	Tier 1	
BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG	(aspirin)	Tier 1	
choline,magnesium salicylate oral liquid 500 mg/5 ml		Tier 2	
diflunisal oral tablet 500 mg		Tier 2	

Drug		Status	Notes
DISALCID ORAL TABLET 500 MG, 750 MG	(salsalate)	Tier 4	
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG	(aspirin)	Tier 1	
salsalate oral tablet 500 mg, 750 mg	(Disalcid)	Tier 2	
Analgesics, Narcotic Agonist And Nsaid Combination			
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg		Tier 2	
Analgesics, Non-Narcotics			
clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)	(Duraclon (PF))	Tier 2	
clonidine (pf) epidural solution 5,000 mcg/10 ml		Tier 2	
DURACLON (PF) EPIDURAL SOLUTION 1,000 MCG/10 ML (100 MCG/ML)	(clonidine (pf))	Tier 4	
JOURNAVX ORAL TABLET 50 MG		Tier 4	PA
Analgesics,Narcotics			
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	(buprenorphine hcl)	Tier 3	ST (ST: Requires 7 consecutive days therapy of current short-acting opioid prescription); QL (2 EA per 1 day)
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg		Tier 2	
buprenorphine hcl injection solution 0.3 mg/ml		Tier 2	ST (ST: Requires 7 consecutive days therapy of current short-acting opioid prescription)
buprenorphine hcl injection syringe 0.3 mg/ml		Tier 2	ST (ST: Requires 7 consecutive days therapy of current short-acting opioid prescription)
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	(Butrans)	Tier 2	ST (ST: Requires 7 consecutive days therapy of current short-acting opioid prescription); QL (4 EA per 28 days)
butorphanol injection solution 1 mg/ml, 2 mg/ml		Tier 2	
butorphanol nasal spray,non-aerosol 10 mg/ml		Tier 2	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR	(buprenorphine)	Tier 4	ST (ST: Requires 7 consecutive days therapy of current short-acting opioid prescription); QL (4 EA per 28 days)

Drug		Status	Notes
codeine sulfate oral tablet 15 mg, 30 mg		Tier 2	QL (12 EA per 1 day); Age (Min 12 Years)
codeine sulfate oral tablet 60 mg		Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML		Tier 4	
DEMEROL INJECTION SOLUTION 50 MG/ML	(meperidine)	Tier 4	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML	(hydromorphone (pf))	Tier 4	
DILAUDID ORAL LIQUID 1 MG/ML	(hydromorphone)	Tier 4	
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG	(hydromorphone)	Tier 4	
DISKETS ORAL TABLET,SOLUBLE 40 MG	(methadone)	Tier 4	QL (1 EA per 1 day)
fentanyl (pf)-bupivacaine-nacl epidural prefilled pump reservoir 2 mcg/ml- 0.1 %, 2 mcg/ml- 0.125 %		Tier 2	
fentanyl (pf)-bupivacaine-nacl epidural syringe 2 mcg/ml- 0.125 %		Tier 2	
fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)		Tier 2	
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 2	
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg		Tier 2	PA
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour		Tier 2	PA; ST (ST: Requires 7 consecutive days therapy of current short-acting opioid prescription)
fentanyl-ropivacaine-nacl (pf) epidural prefilled pump reservoir 2-0.2 mcg/ml-%		Tier 2	
fentanyl-ropivacaine-nacl (pf) epidural solution 2-0.1 mcg/ml-%, 2-0.125 mcg/ml-%		Tier 2	
fentanyl-ropivacaine-nacl (pf) epidural syringe 100 mcg/50 ml (2 mcg/ml)-0.1%, 100 mcg/50 ml (2mcg/ml)-0.15%		Tier 2	
hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg		Tier 2	ST (ST: Requires 7 consecutive days therapy of current short-acting opioid prescription); QL (2 EA per 1 day)

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

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

Drug		Status	Notes
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG		Tier 3	ST (ST: Requires 7 consecutive days therapy of current short-acting opioid prescription); QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG		Tier 4	QL (6 EA per 1 day)
oxycodone oral capsule 5 mg		Tier 2	
oxycodone oral concentrate 20 mg/ml		Tier 2	PA
oxycodone oral solution 5 mg/5 ml		Tier 2	
oxycodone oral tablet 10 mg, 20 mg, 5 mg		Tier 2	
oxycodone oral tablet 15 mg, 30 mg	(Roxicodone)	Tier 2	
oxycodone oral tablet, oral only 10 mg, 15 mg, 30 mg, 5 mg	(RoxyBond)	Tier 2	
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 20 mg, 40 mg	(OxyContin)	Tier 2	ST (ST: Requires 7 consecutive days therapy of current short-acting opioid prescription); QL (2 EA per 1 day)
oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg	(OxyContin)	Tier 2	ST (ST: Requires 7 consecutive days therapy of current short-acting opioid prescription); QL (4 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	(oxycodone)	Tier 4	ST (ST: Requires 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 4	ST (ST: Requires 7 consecutive days therapy of current short-acting opioid prescription); QL (4 EA per 1 day)
oxymorphone oral tablet 10 mg, 5 mg		Tier 2	
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg		Tier 2	ST (ST: Requires 7 consecutive days therapy of current short-acting opioid prescription); QL (2 EA per 1 day)
oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg		Tier 2	ST (ST: Requires 7 consecutive days therapy of current short-acting opioid prescription); QL (4 EA per 1 day)
pentazocine-naloxone oral tablet 50-0.5 mg		Tier 2	

Drug		Status	Notes
QDOLO ORAL SOLUTION 5 MG/ML	(tramadol)	Tier 4	PA
ROXICODONE ORAL TABLET 15 MG, 30 MG	(oxycodone)	Tier 4	
ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG	(oxycodone)	Tier 4	
tramadol oral solution 5 mg/ml	(Qdolo)	Tier 2	PA
tramadol oral tablet 50 mg		Tier 2	QL (8 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet extended release 24 hr 100 mg		Tier 2	ST (ST: Requires 7 consecutive days therapy of current short-acting opioid prescription); QL (3 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet extended release 24 hr 200 mg, 300 mg		Tier 2	ST (ST: Requires 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 2	ST (ST: Requires 7 consecutive days therapy of current short-acting opioid prescription); QL (3 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg		Tier 2	ST (ST: Requires 7 consecutive days therapy of current short-acting opioid prescription); QL (1 EA per 1 day); Age (Min 12 Years)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG		Tier 3	ST (ST: Requires 7 consecutive days therapy of current short-acting opioid prescription); QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG		Tier 3	ST (ST: Requires 7 consecutive days therapy of current short-acting opioid prescription); QL (4 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG		Tier 3	ST (ST: Requires 7 consecutive days therapy of current short-acting opioid prescription); QL (8 EA per 1 day)

Drug		Status	Notes
Antimigraine Preparations			
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML		Tier 3	PA; QL (1 ML per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML		Tier 3	PA; QL (1.5 ML per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML		Tier 3	PA; QL (1.5 ML per 30 days)
almotriptan malate oral tablet 12.5 mg, 6.25 mg		Tier 2	ST (ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days); QL (18 EA per 30 days)
dihydroergotamine injection solution 1 mg/ml		Tier 2	QL (15 ML per 14 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	(Migranal)	Tier 2	ST (ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days); QL (8 ML per 28 days)
eletriptan oral tablet 20 mg, 40 mg	(Relpax)	Tier 2	ST (ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days); QL (18 EA per 30 days)
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)		Tier 4	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML		Tier 3	PA; QL (1 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML		Tier 3	PA; QL (1 ML per 30 days)
ERGOMAR SUBLINGUAL TABLET 2 MG		Tier 4	QL (10 EA per 7 days)
ergotamine-caffeine oral tablet 1-100 mg		Tier 2	QL (10 EA per 7 days)
FROVA ORAL TABLET 2.5 MG	(frovatriptan)	Tier 4	ST (ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days); QL (18 EA per 30 days)
frovatriptan oral tablet 2.5 mg	(Frova)	Tier 2	ST (ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days); QL (18 EA per 30 days)
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG	(sumatriptan succinate)	Tier 4	QL (18 EA per 30 days)

Drug		Status	Notes
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML	(sumatriptan succinate)	Tier 4	QL (18 ML per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML	(sumatriptan succinate)	Tier 4	QL (18 ML per 30 days)
MAXALT ORAL TABLET 10 MG	(rizatriptan)	Tier 4	QL (27 EA per 30 days)
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	(rizatriptan)	Tier 4	QL (27 EA per 30 days)
MIGRANAL NASAL SPRAY,NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML)	(dihydroergotamine)	Tier 4	ST (ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days); QL (8 ML per 28 days)
naratriptan oral tablet 1 mg, 2.5 mg		Tier 2	QL (18 EA per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG		Tier 3	PA; QL (18 EA per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG		Tier 3	PA; QL (1 EA per 1 day)
RELPAX ORAL TABLET 20 MG, 40 MG	(eletriptan)	Tier 4	ST (ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days); QL (18 EA per 30 days)
REYVOW ORAL TABLET 100 MG, 50 MG		Tier 3	PA; QL (8 EA per 30 days)
rizatriptan oral tablet 10 mg	(Maxalt)	Tier 2	QL (27 EA per 30 days)
rizatriptan oral tablet 5 mg		Tier 2	QL (27 EA per 30 days)
rizatriptan oral tablet,disintegrating 10 mg	(Maxalt-MLT)	Tier 2	QL (27 EA per 30 days)
rizatriptan oral tablet,disintegrating 5 mg		Tier 2	QL (27 EA per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation		Tier 2	QL (18 EA per 30 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation		Tier 2	QL (36 EA per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	(Imitrex)	Tier 2	QL (18 EA per 30 days)
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml	(Imitrex STATdose Refill)	Tier 2	QL (18 ML per 30 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	(Imitrex STATdose Pen)	Tier 2	QL (18 ML per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml		Tier 2	QL (18 ML per 30 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml		Tier 2	QL (18 ML per 30 days)

Drug		Status	Notes
TRUDHESA NASAL SPRAY,NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)		Tier 4	ST (ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days); QL (12 ML per 28 days); Age (Min 18 Years)
UBRELVY ORAL TABLET 100 MG, 50 MG		Tier 3	PA; QL (16 EA per 30 days)
ZAVZPRET NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION		Tier 4	PA; QL (8 EA per 30 days)
zolmitriptan nasal spray,non-aerosol 2.5 mg, 5 mg	(Zomig)	Tier 2	ST (ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days); QL (18 EA per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	(Zomig)	Tier 2	ST (ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days); QL (18 EA per 30 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg		Tier 2	ST (ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days); QL (18 EA per 30 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG, 5 MG	(zolmitriptan)	Tier 4	ST (ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days); QL (18 EA per 30 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG	(zolmitriptan)	Tier 2	ST (ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days); QL (18 EA per 30 days)
Calcitonin Gene-Related Peptide (Cgrp) Inhibitors			
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)		Tier 3	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 2	QL (6 EA per 1 day); Age (Min 12 Years)
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg		Tier 2	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 4	QL (6 EA per 1 day); Age (Min 12 Years)

Drug		Status	Notes
Narcotic & Salicylate Analgesics, Barb.& Xanthine			
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	(codeine-butalbital-asa-caff)	Tier 2	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 2	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 2	QL (150 ML per 1 day); Age (Min 12 Years)
acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml		Tier 2	Age (Min 12 Years)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg		Tier 2	QL (12 EA per 1 day); Age (Min 12 Years)
acetaminophen-codeine oral tablet 300-60 mg		Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)
benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg	(Apadaz)	Tier 2	ST (ST: Requires prior prescription for generic Norco (Hydrocodone/Acetaminophen) tablets within the past 120 days); QL (12 EA per 1 day)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	(oxycodone-acetaminophen)	Tier 2	QL (12 EA per 1 day)
hydrocodone-acetaminophen oral solution 10-300 mg/15 ml		Tier 2	QL (200 ML per 1 day)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml		Tier 2	QL (184 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg		Tier 2	QL (13 EA per 1 day)
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg		Tier 2	QL (12 EA per 1 day)
oxycodone-acetaminophen oral solution 5-325 mg/5 ml		Tier 2	QL (61 ML per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	(Endocet)	Tier 2	QL (12 EA per 1 day)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	(oxycodone-acetaminophen)	Tier 2	QL (12 EA per 1 day)
tramadol-acetaminophen oral tablet 37.5-325 mg		Tier 2	QL (10 EA per 1 day); Age (Min 12 Years)
Narcotic Withdrawal Therapy Agents			
buprenorphine hcl sublingual tablet 2 mg, 8 mg		Tier 2	QL (3 EA per 1 day)

Drug		Status	Notes
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	(Suboxone)	Tier 2	
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg		Tier 2	QL (3 EA per 1 day)
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG	(buprenorphine-naloxone)	Tier 4	
SUBOXONE SUBLINGUAL FILM 8-2 MG	(buprenorphine-naloxone)	Tier 3	
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG		Tier 3	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG		Tier 3	QL (2 EA per 1 day)
Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist			
lofexidine oral tablet 0.18 mg	(Lucemyra)	Tier 2	PA
LUCEMYRA ORAL TABLET 0.18 MG	(lofexidine)	Tier 4	PA
Skeletal Muscle Relaxant,Salicylate,Narc Analgesic			
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg		Tier 2	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 2	
trihexyphenidyl oral elixir 0.4 mg/ml		Tier 2	
trihexyphenidyl oral tablet 2 mg, 5 mg		Tier 2	
Antiparkinsonism Drugs,Other			
amantadine hcl oral capsule 100 mg		Tier 2	
amantadine hcl oral solution 50 mg/5 ml		Tier 2	
amantadine hcl oral tablet 100 mg		Tier 2	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	(apomorphine)	Tier 5	PA; SP
apomorphine subcutaneous cartridge 10 mg/ml	(APOKYN)	Tier 5	PA; SP
AZILECT ORAL TABLET 0.5 MG, 1 MG	(rasagiline)	Tier 4	QL (1 EA per 1 day)
bromocriptine oral capsule 5 mg		Tier 2	
bromocriptine oral tablet 2.5 mg		Tier 2	
carbidopa-levodopa oral tablet 10-100 mg	(Sinemet)	Tier 2	
carbidopa-levodopa oral tablet 25-100 mg	(Dhivy)	Tier 2	
carbidopa-levodopa oral tablet 25-250 mg		Tier 2	

Drug	Status	Notes
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	Tier 2	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	Tier 2	
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 2	
CREXONT ORAL CAPSULE,IR - EXTEND REL,BIPHASE 35-140 MG	Tier 4	ST (ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days); QL (4 EA per 1 day)
CREXONT ORAL CAPSULE,IR - EXTEND REL,BIPHASE 52.5-210 MG	Tier 4	ST (ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days); QL (10 EA per 1 day)
CREXONT ORAL CAPSULE,IR - EXTEND REL,BIPHASE 70-280 MG	Tier 4	ST (ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days); QL (7 EA per 1 day)
CREXONT ORAL CAPSULE,IR - EXTEND REL,BIPHASE 87.5-350 MG	Tier 4	ST (ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days); QL (6 EA per 1 day)
DHIVY ORAL TABLET 25-100 MG (carbidopa-levodopa)	Tier 4	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	Tier 5	PA; SP
entacapone oral tablet 200 mg	Tier 2	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	Tier 5	PA; SP
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 1.5 MG, 2.25 MG, 3 MG, 3.75 MG (pramipexole)	Tier 4	ST (ST: Requires prior prescription for Pramipexole IR or Ropinirole IR within the past 120 days); QL (1 EA per 1 day)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	Tier 3	ST (ST: Requires prior prescription for Pramipexole IR or Ropinirole IR within the past 120 days); QL (1 EA per 1 day)
NOURIANZ ORAL TABLET 20 MG, 40 MG	Tier 5	PA; SP

Drug		Status	Notes
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML		Tier 5	PA; SP
ONGENTYS ORAL CAPSULE 25 MG, 50 MG		Tier 4	PA
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg		Tier 2	
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 4.5 mg		Tier 2	ST (ST: Requires prior prescription for Pramipexole IR or Ropinirole IR within the past 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 2	ST (ST: Requires prior prescription for Pramipexole IR or Ropinirole IR within the past 120 days); QL (1 EA per 1 day)
rasagiline oral tablet 0.5 mg, 1 mg	(Azilect)	Tier 2	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 2	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg		Tier 2	ST (ST: Requires prior prescription for Pramipexole IR or Ropinirole IR within the past 120 days); QL (1 EA per 1 day)
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG		Tier 4	ST (ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days); QL (10 EA per 1 day)
selegiline hcl oral capsule 5 mg		Tier 2	
selegiline hcl oral tablet 5 mg		Tier 2	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	(carbidopa-levodopa)	Tier 4	
TASMAR ORAL TABLET 100 MG	(tolcapone)	Tier 4	ST (ST: Requires prior prescription for entacapone within the past 120 days); QL (3 EA per 1 day)
tolcapone oral tablet 100 mg	(Tasmar)	Tier 2	ST (ST: Requires prior prescription for entacapone within the past 120 days); QL (3 EA per 1 day)
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML		Tier 5	PA; SP

Drug		Status	Notes
XADAGO ORAL TABLET 100 MG, 50 MG		Tier 4	ST (ST: Requires prior prescription for Carbidopa/Levodopa (Duopa, Parcopa, Rytary, Sinemet IR, or Sinemet CR) within the past 120 days); QL (1 EA per 1 day)
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG		Tier 4	ST (ST: Requires prior prescription for generic Selegiline capsules or tablets within the past 120 days); QL (2 EA per 1 day)
Decarboxylase Inhibitors			
carbidopa oral tablet 25 mg	(Lodosyn)	Tier 2	
LODOSYN ORAL TABLET 25 MG	(carbidopa)	Tier 4	
Seizure Disorder			
Anticonvulsant - Benzodiazepine Type			
clobazam oral suspension 2.5 mg/ml	(Onfi)	Tier 2	QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	(Onfi)	Tier 2	QL (2 EA per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	(Klonopin)	Tier 2	
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg		Tier 2	
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg		Tier 2	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	(clonazepam)	Tier 4	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG		Tier 4	QL (10 EA per 30 days)
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)		Tier 4	QL (10 EA per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML	(clobazam)	Tier 4	QL (480 ML per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	(clobazam)	Tier 4	QL (2 EA per 1 day)
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 4	QL (10 EA per 30 days)

Drug		Status	Notes
Anticonvulsant - Cannabinoid Type			
EPIDIOLEX ORAL SOLUTION 100 MG/ML		Tier 5	SP; ST (ST: Requires prior prescription for one of the following generic anticonsulvants: Carbamazepine, Clobazam, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid derivatives, or Vigabatrin within the past 365 days)
Anticonvulsants			
APTIOM ORAL TABLET 200 MG, 400 MG	(eslicarbazepine)	Tier 4	QL (1 EA per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG	(eslicarbazepine)	Tier 4	QL (2 EA per 1 day)
BANZEL ORAL SUSPENSION 40 MG/ML	(rufinamide)	Tier 4	ST (ST: Requires prior prescription for Clobazam, Divalproex, or Valproic Acid within the past 120 days); QL (80 ML per 1 day)
BANZEL ORAL TABLET 200 MG	(rufinamide)	Tier 4	ST (ST: Requires prior prescription for Clobazam, Divalproex, or Valproic Acid within the past 120 days); QL (16 EA per 1 day)
BANZEL ORAL TABLET 400 MG	(rufinamide)	Tier 4	ST (ST: Requires prior prescription for Clobazam, Divalproex, or Valproic Acid within the past 120 days); QL (8 EA per 1 day)
BRIVIACT ORAL SOLUTION 10 MG/ML		Tier 3	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG		Tier 3	QL (2 EA per 1 day)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	(Carbatrol)	Tier 2	
carbamazepine oral suspension 100 mg/5 ml	(Tegretol)	Tier 2	
carbamazepine oral tablet 200 mg	(Tegretol)	Tier 2	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	(Tegretol XR)	Tier 2	
carbamazepine oral tablet,chewable 100 mg, 200 mg		Tier 2	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	(carbamazepine)	Tier 4	

Drug		Status	Notes
CELONTIN ORAL CAPSULE 300 MG	(methsuximide)	Tier 4	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	(divalproex)	Tier 4	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	(divalproex)	Tier 4	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	(divalproex)	Tier 4	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG		Tier 5	PA; SP
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG		Tier 5	PA; SP
DILANTIN EXTENDED ORAL CAPSULE 100 MG	(phenytoin sodium extended)	Tier 4	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	(phenytoin)	Tier 4	
DILANTIN ORAL CAPSULE 30 MG		Tier 4	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	(phenytoin)	Tier 4	
divalproex oral capsule, delayed rel sprinkle 125 mg	(Depakote Sprinkles)	Tier 2	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	(Depakote ER)	Tier 2	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	(Depakote)	Tier 2	
EPITOL ORAL TABLET 200 MG	(carbamazepine)	Tier 2	
EPRONTIA ORAL SOLUTION 25 MG/ML	(topiramate)	Tier 4	PA
eslicarbazepine oral tablet 200 mg, 400 mg	(Aptiom)	Tier 2	QL (1 EA per 1 day)
eslicarbazepine oral tablet 600 mg, 800 mg	(Aptiom)	Tier 2	QL (2 EA per 1 day)
ethosuximide oral capsule 250 mg	(Zarontin)	Tier 2	
ethosuximide oral solution 250 mg/5 ml	(Zarontin)	Tier 2	
felbamate oral suspension 600 mg/5 ml		Tier 2	
felbamate oral tablet 400 mg, 600 mg	(Felbatol)	Tier 2	
FELBATOL ORAL TABLET 400 MG, 600 MG	(felbamate)	Tier 4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML		Tier 5	PA; SP
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		Tier 3	QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	(perampanel)	Tier 4	QL (30 EA per 30 days)

Drug		Status	Notes
FYCOMPA ORAL TABLET 2 MG	(perampanel)	Tier 4	QL (120 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	(perampanel)	Tier 4	QL (60 EA per 30 days)
gabapentin oral capsule 100 mg, 300 mg, 400 mg	(Neurontin)	Tier 2	
gabapentin oral solution 250 mg/5 ml	(Neurontin)	Tier 2	
gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)		Tier 2	
gabapentin oral tablet 600 mg, 800 mg	(Neurontin)	Tier 2	
KEPPRA ORAL SOLUTION 100 MG/ML	(levetiracetam)	Tier 4	
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	(levetiracetam)	Tier 4	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	(levetiracetam)	Tier 4	
lacosamide oral solution 10 mg/ml	(Vimpat)	Tier 2	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Vimpat)	Tier 2	
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG	(lamotrigine)	Tier 4	
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)	(lamotrigine)	Tier 4	
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)	(lamotrigine)	Tier 4	
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	(lamotrigine)	Tier 4	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	(lamotrigine)	Tier 4	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	(lamotrigine)	Tier 4	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	(lamotrigine)	Tier 4	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	(lamotrigine)	Tier 4	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	(lamotrigine)	Tier 4	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	(lamotrigine)	Tier 4	

Drug		Status	Notes
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)		Tier 4	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)		Tier 4	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)		Tier 4	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Lamictal)	Tier 2	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)	(Lamictal ODT Starter (Blue))	Tier 2	
lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)	(Lamictal ODT Starter (Orange))	Tier 2	
lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)	(Lamictal ODT Starter (Green))	Tier 2	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	(Lamictal XR)	Tier 2	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	(Lamictal)	Tier 2	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	(Lamictal ODT)	Tier 2	
lamotrigine oral tablets,dose pack 25 mg (35)	(Lamictal Starter (Blue) Kit)	Tier 2	
lamotrigine oral tablets,dose pack 25 mg (42) -100 mg (7)	(Lamictal Starter (Orange) Kit)	Tier 2	
lamotrigine oral tablets,dose pack 25 mg (84) -100 mg (14)	(Lamictal Starter (Green) Kit)	Tier 2	
levetiracetam oral solution 100 mg/ml	(Keppra)	Tier 2	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	(Keppra)	Tier 2	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	(Keppra XR)	Tier 2	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	(pregabalin)	Tier 4	
LYRICA ORAL SOLUTION 20 MG/ML	(pregabalin)	Tier 4	
methsuximide oral capsule 300 mg	(Celontin)	Tier 2	
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG		Tier 4	PA

Drug		Status	Notes
MYSOLINE ORAL TABLET 250 MG, 50 MG	(primidone)	Tier 4	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG	(gabapentin)	Tier 4	
NEURONTIN ORAL SOLUTION 250 MG/5 ML	(gabapentin)	Tier 4	
NEURONTIN ORAL TABLET 600 MG, 800 MG	(gabapentin)	Tier 4	
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	(Trileptal)	Tier 2	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	Tier 2	
oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg	(Oxtellar XR)	Tier 2	ST (ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days); QL (3 EA per 1 day)
oxcarbazepine oral tablet extended release 24 hr 600 mg	(Oxtellar XR)	Tier 2	ST (ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days); QL (4 EA per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	(oxcarbazepine)	Tier 4	ST (ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days); QL (3 EA per 1 day)

Drug		Status	Notes
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	(oxcarbazepine)	Tier 4	ST (ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days); QL (4 EA per 1 day)
perampanel oral tablet 10 mg, 12 mg, 8 mg	(Fycompa)	Tier 2	QL (30 EA per 30 days)
perampanel oral tablet 2 mg	(Fycompa)	Tier 2	QL (120 EA per 30 days)
perampanel oral tablet 4 mg, 6 mg	(Fycompa)	Tier 2	QL (60 EA per 30 days)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	(phenytoin sodium extended)	Tier 4	
phenytoin oral suspension 125 mg/5 ml	(Dilantin-125)	Tier 2	
phenytoin oral tablet,chewable 50 mg	(Dilantin Infatabs)	Tier 2	
phenytoin sodium extended oral capsule 100 mg	(Dilantin Extended)	Tier 2	
phenytoin sodium extended oral capsule 200 mg, 300 mg	(Phenytek)	Tier 2	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	(Lyrica)	Tier 2	
pregabalin oral solution 20 mg/ml	(Lyrica)	Tier 2	
primidone oral tablet 125 mg		Tier 2	
primidone oral tablet 250 mg, 50 mg	(Mysoline)	Tier 2	
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG	(topiramate)	Tier 4	ST (ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days); QL (3 EA per 1 day)
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 150 MG, 200 MG	(topiramate)	Tier 4	ST (ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days); QL (2 EA per 1 day)
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 25 MG	(topiramate)	Tier 4	ST (ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days); QL (1 EA per 1 day)

Drug		Status	Notes
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 50 MG	(topiramate)	Tier 4	ST (ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days); QL (7 EA per 1 day)
ROWEEPRA ORAL TABLET 500 MG	(levetiracetam)	Tier 4	
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	(levetiracetam)	Tier 4	
rufinamide oral suspension 40 mg/ml	(Banzel)	Tier 2	ST (ST: Requires prior prescription for Clobazam, Divalproex, or Valproic Acid within the past 120 days); QL (80 ML per 1 day)
rufinamide oral tablet 200 mg	(Banzel)	Tier 2	ST (ST: Requires prior prescription for Clobazam, Divalproex, or Valproic Acid within the past 120 days); QL (16 EA per 1 day)
rufinamide oral tablet 400 mg	(Banzel)	Tier 2	ST (ST: Requires prior prescription for Clobazam, Divalproex, or Valproic Acid within the past 120 days); QL (8 EA per 1 day)
SABRIL ORAL POWDER IN PACKET 500 MG	(vigabatrin)	Tier 5	PA; SP
SABRIL ORAL TABLET 500 MG	(vigabatrin)	Tier 5	PA; SP
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	(lamotrigine)	Tier 4	
SUBVENITE STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	(lamotrigine)	Tier 4	
SUBVENITE STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	(lamotrigine)	Tier 4	
SUBVENITE STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	(lamotrigine)	Tier 4	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	(carbamazepine)	Tier 4	
TEGRETOL ORAL TABLET 200 MG	(carbamazepine)	Tier 4	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	(carbamazepine)	Tier 4	

Drug		Status	Notes
tiagabine oral tablet 12 mg, 2 mg, 4 mg		Tier 2	ST (ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days); QL (4 EA per 1 day)
tiagabine oral tablet 16 mg		Tier 2	ST (ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days); QL (3 EA per 1 day)
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG	(topiramate)	Tier 4	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	(topiramate)	Tier 4	
topiramate oral capsule, sprinkle 15 mg, 25 mg	(Topamax)	Tier 2	
topiramate oral capsule, sprinkle 50 mg		Tier 2	
topiramate oral capsule,extended release 24hr 100 mg	(Trokendi XR)	Tier 2	QL (3 EA per 1 day)
topiramate oral capsule,extended release 24hr 200 mg	(Trokendi XR)	Tier 2	QL (2 EA per 1 day)
topiramate oral capsule,extended release 24hr 25 mg	(Trokendi XR)	Tier 2	QL (8 EA per 1 day)
topiramate oral capsule,extended release 24hr 50 mg	(Trokendi XR)	Tier 2	QL (7 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 100 mg		Tier 2	ST (ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days); QL (3 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg		Tier 2	ST (ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days); QL (2 EA per 1 day)

Drug		Status	Notes
topiramate oral capsule,sprinkle,er 24hr 25 mg		Tier 2	ST (ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days); QL (1 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 50 mg		Tier 2	ST (ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days); QL (7 EA per 1 day)
topiramate oral solution 25 mg/ml	(Eprontia)	Tier 2	PA
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	Tier 2	
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)	(oxcarbazepine)	Tier 4	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	(oxcarbazepine)	Tier 4	
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	(topiramate)	Tier 4	QL (3 EA per 1 day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	(topiramate)	Tier 4	QL (2 EA per 1 day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 25 MG	(topiramate)	Tier 4	QL (8 EA per 1 day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 50 MG	(topiramate)	Tier 4	QL (7 EA per 1 day)
valproic acid (as sodium salt) oral solution 250 mg/5 ml		Tier 2	
valproic acid oral capsule 250 mg		Tier 2	
vigabatrin oral powder in packet 500 mg	(Sabril)	Tier 5	PA; SP
vigabatrin oral tablet 500 mg	(Sabril)	Tier 5	PA; SP
VIGADRONE ORAL POWDER IN PACKET 500 MG	(vigabatrin)	Tier 5	PA; SP
VIGADRONE ORAL TABLET 500 MG	(vigabatrin)	Tier 5	PA; SP
VIGAFYDE ORAL SOLUTION 100 MG/ML		Tier 5	PA; SP
VIGPODER ORAL POWDER IN PACKET 500 MG	(vigabatrin)	Tier 5	PA; SP
VIMPAT ORAL SOLUTION 10 MG/ML	(lacosamide)	Tier 4	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	(lacosamide)	Tier 4	

Drug		Status	Notes
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)		Tier 3	QL (2 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG		Tier 3	QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG		Tier 3	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 3	QL (1 EA per 1 day)
ZARONTIN ORAL CAPSULE 250 MG	(ethosuximide)	Tier 4	
ZARONTIN ORAL SOLUTION 250 MG/5 ML	(ethosuximide)	Tier 4	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	(zonisamide)	Tier 4	
ZONISADE ORAL SUSPENSION 100 MG/5 ML		Tier 4	PA
zonisamide oral capsule 100 mg, 25 mg	(Zonegran)	Tier 2	
zonisamide oral capsule 50 mg		Tier 2	
Neuroactive Steroid Gaba-A Receptor Modulator			
ZTALMY ORAL SUSPENSION 50 MG/ML		Tier 5	PA; SP
Skeletal Muscle Disorder			
Agents To Tx Periodic Paralysis - Carbon Anhyd Inh			
dichlorphenamide oral tablet 50 mg	(Keveyis)	Tier 5	PA; SP
KEVEYIS ORAL TABLET 50 MG	(dichlorphenamide)	Tier 5	PA; SP
ORMALVI ORAL TABLET 50 MG	(dichlorphenamide)	Tier 5	PA; SP
Retinoic Acid Receptor (Rar) Agonists			
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG		Tier 5	PA; SP
Skeletal Muscle Relaxants			
baclofen oral solution 10 mg/5 ml (2 mg/ml)	(Ozobax DS)	Tier 2	PA
baclofen oral solution 5 mg/5 ml	(Ozobax)	Tier 2	PA
baclofen oral suspension 25 mg/5 ml (5 mg/ml)	(Fleqsuvy)	Tier 2	PA
baclofen oral tablet 10 mg, 20 mg, 5 mg		Tier 2	
carisoprodol oral tablet 250 mg, 350 mg	(Soma)	Tier 2	
carisoprodol-aspirin oral tablet 200-325 mg		Tier 2	
chlorzoxazone oral tablet 500 mg		Tier 2	
cyclobenzaprine oral tablet 10 mg, 5 mg		Tier 2	

Drug		Status	Notes
cyclobenzaprine oral tablet 7.5 mg	(Fexmid)	Tier 2	
DANTRIUM ORAL CAPSULE 25 MG	(dantrolene)	Tier 4	
dantrolene oral capsule 100 mg, 50 mg		Tier 2	
dantrolene oral capsule 25 mg	(Dantrium)	Tier 2	
FEXMID ORAL TABLET 7.5 MG	(cyclobenzaprine)	Tier 4	
FLEQSUVY ORAL SUSPENSION 25 MG/5 ML (5 MG/ML)	(baclofen)	Tier 4	PA
metaxalone oral tablet 400 mg, 800 mg		Tier 2	
methocarbamol oral tablet 500 mg, 750 mg		Tier 2	
orphenadrine citrate oral tablet extended release 100 mg		Tier 2	
OZOBAX ORAL SOLUTION 5 MG/5 ML	(baclofen)	Tier 4	PA
SOMA ORAL TABLET 250 MG, 350 MG	(carisoprodol)	Tier 4	
tizanidine oral capsule 2 mg, 4 mg, 6 mg	(Zanaflex)	Tier 2	
tizanidine oral tablet 2 mg		Tier 2	
tizanidine oral tablet 4 mg	(Zanaflex)	Tier 2	
VANADOM ORAL TABLET 350 MG	(carisoprodol)	Tier 4	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	(tizanidine)	Tier 4	
ZANAFLEX ORAL TABLET 4 MG	(tizanidine)	Tier 4	
Smoking Cessation			
Smoking Deterrent Agents (Ganglionic Stim,Others)			
nicotine (polacrilex) buccal gum 2 mg	(Quit 2)	Tier 1	$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal gum 4 mg	(Quit 4)	Tier 1	$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal lozenge 2 mg	(Quit 2)	Tier 1	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal lozenge 4 mg	(Quit 4)	Tier 1	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER

Drug		Status	Notes
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	(Nicorette)	Tier 1	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, 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 1	$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr		Tier 1	$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML		Tier 1	$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 1	$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
QUIT 2 BUCCAL LOZENGE 2 MG	(nicotine (polacrilex))	Tier 1	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL GUM 4 MG	(nicotine (polacrilex))	Tier 1	$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL LOZENGE 4 MG	(nicotine (polacrilex))	Tier 1	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG	(nicotine (polacrilex))	Tier 1	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER

Drug		Status	Notes
Smoking Deterrent-Nicotinic Recept.Partial Agonist			
varenicline tartrate oral tablet 0.5 mg, 1 mg	(Chantix)	Tier 1	$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 IN 365 DAYS 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 1	$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, 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 1	$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
Upper Gastrointestinal Disorders - Digestive			
Gastric Enzymes			
SUCRAID ORAL SOLUTION 8,500 UNIT/ML		Tier 5	PA; SP
Pancreatic Enzymes			
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT		Tier 3	
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 4	
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 4	ST (ST: Requires prior prescription for Creon or Zenpep within the past 120 days)
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300-78,300 UNIT		Tier 4	ST (ST: Requires prior prescription for Creon or Zenpep within the past 120 days)

Drug		Status	Notes
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 3	
Upper Gastrointestinal Disorders - Spastic Disease			
Anticholinergics/Antispasmodics			
dicyclomine oral capsule 10 mg		Tier 2	
dicyclomine oral solution 10 mg/5 ml		Tier 2	
dicyclomine oral tablet 20 mg		Tier 2	
Belladonna Alkaloids			
ANASPAZ ORAL TABLET,DISINTEGRATING 0.125 MG	(hyoscyamine sulfate)	Tier 4	
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG	(hyoscyamine sulfate)	Tier 2	
hyoscyamine sulfate oral drops 0.125 mg/ml	(Hyosyne)	Tier 2	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	(Hyosyne)	Tier 2	
hyoscyamine sulfate oral tablet 0.125 mg	(Oscimin)	Tier 2	
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	(Levbid)	Tier 2	
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	(Ed-Spaz)	Tier 2	
hyoscyamine sulfate sublingual tablet 0.125 mg	(Oscimin SL)	Tier 2	
HYOSYNE ORAL DROPS 0.125 MG/ML	(hyoscyamine sulfate)	Tier 2	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML	(hyoscyamine sulfate)	Tier 2	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	(hyoscyamine sulfate)	Tier 4	
LEVSIN ORAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 4	
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 4	
methscopolamine oral tablet 2.5 mg, 5 mg		Tier 2	
NULEV ORAL TABLET,DISINTEGRATING 0.125 MG	(hyoscyamine sulfate)	Tier 4	
OSCIMIN ORAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 2	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 2	

Drug		Status	Notes
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	(hyoscyamine sulfate)	Tier 4	
SYMAX FASTABS ORAL TABLET,DISINTEGRATING 0.125 MG	(hyoscyamine sulfate)	Tier 4	
SYMAX-SL SUBLINGUAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 4	
SYMAX-SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	(hyoscyamine sulfate)	Tier 4	
Upper Gastrointestinal Disorders - Ulcer Disease			
Anticholinergics,Quaternary Ammonium			
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	(Librax (with clidinium))	Tier 2	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	(glycopyrrolate)	Tier 4	
DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG		Tier 4	ST (ST: Requires prior prescription for Glycopyrrolate 2mg within the past 120 days); QL (4 EA per 1 day); Age (Min 18 Years)
glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)	(Glyrx-PF)	Tier 2	
glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)	(Cuvposa)	Tier 2	
glycopyrrolate oral tablet 1 mg	(Robinul)	Tier 2	
glycopyrrolate oral tablet 2 mg	(Robinul Forte)	Tier 2	
GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML)	(glycopyrrolate (pf))	Tier 4	
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG	(chlordiazepoxide-clidinium)	Tier 4	
ROBINUL FORTE ORAL TABLET 2 MG	(glycopyrrolate)	Tier 4	
ROBINUL ORAL TABLET 1 MG	(glycopyrrolate)	Tier 4	
Anti-Ulcer Preparations			
CARAFATE ORAL SUSPENSION 100 MG/ML	(sucralfate)	Tier 4	
CARAFATE ORAL TABLET 1 GRAM	(sucralfate)	Tier 4	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	(misoprostol)	Tier 4	
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	Tier 2	
sucralfate oral suspension 100 mg/ml	(Carafate)	Tier 2	
sucralfate oral tablet 1 gram	(Carafate)	Tier 2	

Drug		Status	Notes
Anti-Ulcer-H.Pylori Agents			
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg		Tier 2	QL (112 EA per 10 days)
bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg	(Pylera)	Tier 2	
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)		Tier 4	
PYLERA ORAL CAPSULE 140-125-125 MG	(bismuth subcit k-metronidz-tcn)	Tier 4	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG		Tier 4	QL (168 EA per 14 days); Age (Min 18 Years)
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)		Tier 4	PA; QL (112 EA per 14 days)
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG		Tier 4	PA; QL (112 EA per 14 days)
Histamine H2-Receptor Inhibitors			
ACID CONTROLLER ORAL TABLET 20 MG	(famotidine)	Tier 2	
ACID REDUCER (CIMETIDINE) ORAL TABLET 200 MG	(cimetidine)	Tier 2	
ACID REDUCER (FAMOTIDINE) ORAL TABLET 20 MG	(famotidine)	Tier 2	
ACID-PEP ORAL TABLET 20 MG	(famotidine)	Tier 2	
cimetidine hcl oral solution 300 mg/5 ml		Tier 2	
cimetidine oral tablet 200 mg	(Acid Reducer (cimetidine))	Tier 2	
cimetidine oral tablet 300 mg, 400 mg, 800 mg		Tier 2	
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)		Tier 2	
famotidine oral tablet 20 mg	(Acid Controller)	Tier 2	
famotidine oral tablet 40 mg	(Pepcid)	Tier 2	
HEARTBURN PREVENTION ORAL TABLET 20 MG	(famotidine)	Tier 2	
HEARTBURN RELIEF (CIMETIDINE) ORAL TABLET 200 MG	(cimetidine)	Tier 2	
HEARTBURN RELIEF (FAMOTIDINE) ORAL TABLET 20 MG	(famotidine)	Tier 2	
nizatidine oral capsule 150 mg, 300 mg		Tier 2	
PEPCID AC MAXIMUM STRENGTH ORAL TABLET 20 MG	(famotidine)	Tier 4	
PEPCID AC ORAL TABLET 20 MG	(famotidine)	Tier 4	
PEPCID ORAL TABLET 20 MG, 40 MG	(famotidine)	Tier 4	
ZANTAC-360 (FAMOTIDINE) ORAL TABLET 20 MG	(famotidine)	Tier 2	

Drug		Status	Notes
Intestinal Motility Stimulants			
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY		Tier 5	PA; SP
metoclopramide hcl oral solution 5 mg/5 ml		Tier 2	
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	Tier 2	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	(prucalopride)	Tier 4	QL (1 EA per 1 day)
prucalopride oral tablet 1 mg, 2 mg	(Motegrity)	Tier 2	QL (1 EA per 1 day)
REGLAN ORAL TABLET 10 MG, 5 MG	(metoclopramide hcl)	Tier 4	
Potassium-Competitive Acid Blockers (Pcabs)			
VOQUEZNA ORAL TABLET 10 MG, 20 MG		Tier 4	PA; QL (1 EA per 1 day)
Proton-Pump Inhibitors			
ACID REDUCER (ESOMEPRAZOLE) ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	(esomeprazole magnesium)	Tier 4	QL (1 EA per 1 day)
ACID REDUCER (LANSOPRAZOLE) ORAL CAPSULE,DELAYED RELEASE(DR/EC) 15 MG	(lansoprazole)	Tier 4	
ACIPHEX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	(rabeprazole)	Tier 4	QL (1 EA per 1 day)
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 5 MG		Tier 4	ST (ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days); QL (1 EA per 1 day)
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG	(dexlansoprazole)	Tier 4	ST (ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days); QL (1 EA per 1 day)
dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg	(Dexilant)	Tier 2	ST (ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days); QL (1 EA per 1 day)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	(Acid Reducer (esomeprazole))	Tier 2	QL (1 EA per 1 day)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	(Nexium)	Tier 2	QL (2 EA per 1 day)

Drug		Status	Notes
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg	(Nexium Packet)	Tier 2	QL (1 EA per 1 day)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	(Nexium Packet)	Tier 2	QL (2 EA per 1 day)
KONVOMEP ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML		Tier 4	PA
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	(Acid Reducer (lansoprazole))	Tier 2	
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	(Prevacid)	Tier 2	
lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg	(Prevacid SoluTab)	Tier 2	ST (ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days)
NEXIUM 24HR ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	(esomeprazole magnesium)	Tier 4	QL (1 EA per 1 day)
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	(esomeprazole magnesium)	Tier 4	QL (1 EA per 1 day)
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG	(esomeprazole magnesium)	Tier 4	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 4	QL (1 EA per 1 day)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	(esomeprazole magnesium)	Tier 4	QL (2 EA per 1 day)
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg		Tier 2	
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram	(Zegerid OTC)	Tier 2	ST (ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days); QL (1 EA per 1 day)
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram		Tier 2	ST (ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days); QL (1 EA per 1 day)
omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg		Tier 2	PA

Drug		Status	Notes
pantoprazole oral granules dr for susp in packet 40 mg	(Protonix)	Tier 2	ST (ST: Requires prior prescription for Omeprazole, Pantoprazole capsule/tablets, or Prilosec suspension within the past 120 days)
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	(Protonix)	Tier 2	
PREVACID 24HR ORAL CAPSULE,DELAYED RELEASE(DR/EC) 15 MG	(lansoprazole)	Tier 4	
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	(lansoprazole)	Tier 4	
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG, 30 MG	(lansoprazole)	Tier 4	ST (ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days)
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG, 2.5 MG		Tier 4	ST (ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days)
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	(pantoprazole)	Tier 4	ST (ST: Requires prior prescription for Omeprazole, Pantoprazole capsule/tablets, or Prilosec suspension within the past 120 days)
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG, 40 MG	(pantoprazole)	Tier 4	
rabeprazole oral capsule, delayed rel sprinkle 10 mg	(AcipHex Sprinkle)	Tier 2	ST (ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days); QL (1 EA per 1 day)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	(AcipHex)	Tier 2	QL (1 EA per 1 day)
ZEGERID OTC ORAL CAPSULE 20-1.1 MG-GRAM	(omeprazole-sodium bicarbonate)	Tier 4	ST (ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days); QL (1 EA per 1 day)

Drug		Status	Notes
Urinary Tract - Functional Disorders			
Benign Prostatic Hypertrophy/Micturition Agents			
alfuzosin oral tablet extended release 24 hr 10 mg	(Uroxatral)	Tier 2	
AVODART ORAL CAPSULE 0.5 MG	(dutasteride)	Tier 4	
dutasteride oral capsule 0.5 mg	(Avodart)	Tier 2	
finasteride oral tablet 5 mg	(Proscar)	Tier 2	
FLOMAX ORAL CAPSULE 0.4 MG	(tamsulosin)	Tier 4	
PROSCAR ORAL TABLET 5 MG	(finasteride)	Tier 4	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	(silodosin)	Tier 4	
silodosin oral capsule 4 mg, 8 mg	(Rapaflo)	Tier 2	
tamsulosin oral capsule 0.4 mg	(Flomax)	Tier 2	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG	(alfuzosin)	Tier 4	
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 2	ST (ST: Requires prior prescription for Alfuzosin, Doxazosin, Finasteride 5mg, Prazosin, Silodosin, Tamsulosin, or Terazosin within the past 120 days)
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG	(dutasteride-tamsulosin)	Tier 4	ST (ST: Requires prior prescription for Alfuzosin, Doxazosin, Finasteride 5mg, Prazosin, Silodosin, Tamsulosin, or Terazosin within the past 120 days)
Cystine-Depleting Agents, Nephropathic Cystinosis			
CYSTAGON ORAL CAPSULE 150 MG, 50 MG		Tier 5	SP
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG		Tier 5	PA; SP
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG		Tier 5	PA; SP
Endothelin-Angiotensin Receptor Antagonist			
FILSPARI ORAL TABLET 200 MG, 400 MG		Tier 5	PA; SP
Kidney Stone Agents			
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG	(tiopronin)	Tier 5	SP

Drug		Status	Notes
THIOLA ORAL TABLET 100 MG	(tiopronin)	Tier 5	SP
tiopronin oral tablet 100 mg	(Thiola)	Tier 5	SP
tiopronin oral tablet,delayed release (dr/ec) 100 mg, 300 mg	(Thiola EC)	Tier 5	SP
VENXXIVA ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG	(tiopronin)	Tier 5	SP
Overactive Bladder Agents, Beta-3 Adrenergic Recep			
GEMTESA ORAL TABLET 75 MG		Tier 4	ST (ST: Requires prior prescriptions for Myrbetriq and Oxybutynin IR/XR within the past 365 days); QL (1 EA per 1 day)
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML		Tier 3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	(mirabegron)	Tier 2	QL (1 EA per 1 day)
Oxalosis Agent - Oxalate Inhibitor, Sirna Based			
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)		Tier 5	PA; SP
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML		Tier 5	PA; SP
Polycystic Kidney Disease Agent, Avp Recep. Antag			
JYNARQUE ORAL TABLET 15 MG, 30 MG	(tolvaptan (polycys kidney dis))	Tier 5	PA; SP
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	(tolvaptan (polycys kidney dis))	Tier 5	PA; SP
Urinary Ph Modifiers			
K-PHOS NO 2 ORAL TABLET 305-700 MG		Tier 4	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG		Tier 4	
ORACIT ORAL SOLUTION 490-640 MG/5 ML	(sodium citrate-citric acid)	Tier 4	
potassium citrate oral tablet extended release 10 meq (1,080 mg)	(Urocit-K 10)	Tier 2	
potassium citrate oral tablet extended release 15 meq	(Urocit-K 15)	Tier 2	
potassium citrate oral tablet extended release 5 meq (540 mg)		Tier 2	

Drug		Status	Notes
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML		Tier 4	
sodium citrate-citric acid oral solution 490-640 mg/5 ml	(Oracit)	Tier 2	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG)	(potassium citrate)	Tier 4	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ	(potassium citrate)	Tier 4	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG		Tier 4	
Urinary Tract Analgesic Agents			
ELMIRON ORAL CAPSULE 100 MG		Tier 3	PA
Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)			
phenazopyridine oral tablet 100 mg, 200 mg	(Pyridium)	Tier 2	
PYRIDIUM ORAL TABLET 100 MG, 200 MG	(phenazopyridine)	Tier 4	
Urinary Tract Antispasmodic, M(3) Selective Antag.			
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg		Tier 2	
solifenacin oral tablet 10 mg, 5 mg	(Vesicare)	Tier 2	
VESICARE LS ORAL SUSPENSION 1 MG/ML		Tier 4	PA
VESICARE ORAL TABLET 10 MG, 5 MG	(solifenacin)	Tier 4	
Urinary Tract Antispasmodic/Antiincontinence Agent			
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	(Toviaz)	Tier 2	QL (1 EA per 1 day)
flavoxate oral tablet 100 mg		Tier 2	
oxybutynin chloride oral syrup 5 mg/5 ml		Tier 2	
oxybutynin chloride oral tablet 2.5 mg, 5 mg		Tier 2	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg		Tier 2	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR		Tier 4	ST (ST: Requires prior prescriptions for Myrbetriq and Oxybutynin IR/XR within the past 365 days)
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg		Tier 2	
tolterodine oral tablet 1 mg, 2 mg		Tier 2	

Drug		Status	Notes
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	(fesoterodine)	Tier 4	QL (1 EA per 1 day)
trospium oral capsule,extended release 24hr 60 mg		Tier 2	
trospium oral tablet 20 mg		Tier 2	
Vaginal Disorders			
Vaginal Antibiotics			
CLEOCIN VAGINAL CREAM 2 %	(clindamycin phosphate)	Tier 4	
CLEOCIN VAGINAL SUPPOSITORY 100 MG		Tier 4	ST (ST: At least 2 prior prescriptions for oral Metronidazole, Clindamycin, vaginal Clindamycin cream, vaginal Metronidazole gel, or Tinidazole within the past 365 days); QL (3 EA per 30 days)
clindamycin phosphate vaginal cream 2 %	(Cleocin)	Tier 2	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %		Tier 4	ST (ST: Requires prior prescription for generic Clindamycin vaginal cream within the past 120 days)
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	(Vandazole)	Tier 2	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	(metronidazole)	Tier 4	
VANDAZOLE VAGINAL GEL 0.75 % (37.5MG/5 GRAM)	(metronidazole)	Tier 4	
Vaginal Antifungals			
GYNAZOLE-1 VAGINAL CREAM 2 %		Tier 3	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG		Tier 2	
terconazole vaginal cream 0.4 %, 0.8 %		Tier 2	
terconazole vaginal suppository 80 mg		Tier 2	
Vaginal Antiseptics			
FEM PH VAGINAL GEL 0.9-0.025 %		Tier 4	
RELAGARD VAGINAL GEL 0.9-0.025 %		Tier 4	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %		Tier 4	
Vaginal Estrogen Preparations			
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	(estradiol)	Tier 4	
estradiol vaginal cream 0.01 % (0.1 mg/gram)	(Estrace)	Tier 2	
estradiol vaginal tablet 10 mcg	(Yuvafem)	Tier 2	

Drug		Status	Notes
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)		Tier 4	ST (ST: Requires prior prescriptions Premarin cream and one of the following: Estradiol cream or vaginal tablet within the past 365 days); QL (1 EA per 90 days)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR		Tier 4	ST (ST: Requires prior prescriptions Premarin cream and one of the following: Estradiol cream or vaginal tablet within the past 365 days); QL (1 EA per 84 days)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM		Tier 3	
VAGIFEM VAGINAL TABLET 10 MCG	(estradiol)	Tier 4	
YUVAFEM VAGINAL TABLET 10 MCG	(estradiol)	Tier 2	
Vitamin And/Or Mineral Deficiency			
Fluoride Preparations			
CLINPRO 5000 DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 4	
DENTA 5000 PLUS DENTAL CREAM 1.1 %	(fluoride (sodium))	Tier 2	
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 %	(sodium fluoride-pot nitrate)	Tier 2	
DENTAGEL DENTAL GEL 1.1 %	(fluoride (sodium))	Tier 2	
fluoride (sodium) dental cream 1.1 %	(Denta 5000 Plus)	Tier 2	
fluoride (sodium) dental gel 1.1 %	(DentaGel)	Tier 2	
fluoride (sodium) dental paste 1.1 %	(Sodium Fluoride 5000 Dry Mouth)	Tier 2	
fluoride (sodium) dental solution 0.2 %	(PreviDent)	Tier 2	
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	(SoluVita)	Tier 1	$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 1	$0 COPAY IF 6 MONTHS TO 6 YEARS OF AGE
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 4	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	(sodium fluoride-pot nitrate)	Tier 4	
FLUORIMAX 5000 DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 4	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 %	(sodium fluoride-pot nitrate)	Tier 4	
FRAICHE 5000 DENTAL GEL 1.1 %	(fluoride (sodium))	Tier 4	

Drug		Status	Notes
FRAICHE 5000 PREVI DENTAL GEL 1.1-3 %		Tier 4	
JUST RIGHT 5000 DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 4	
PHOS-FLUR DENTAL SOLUTION 0.02 % (0.044 % SOD. FLUORIDE)		Tier 4	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 4	
PREVIDENT 5000 DRY MOUTH DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 4	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	(sodium fluoride-pot nitrate)	Tier 4	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 4	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	(fluoride (sodium))	Tier 4	
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %	(sodium fluoride-pot nitrate)	Tier 4	
PREVIDENT DENTAL GEL 1.1 %	(fluoride (sodium))	Tier 4	
PREVIDENT DENTAL SOLUTION 0.2 %	(fluoride (sodium))	Tier 4	
PREVIDENT KIDS DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 4	
SF 5000 PLUS DENTAL CREAM 1.1 %	(fluoride (sodium))	Tier 2	
SF DENTAL GEL 1.1 %	(fluoride (sodium))	Tier 2	
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 2	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 %	(fluoride (sodium))	Tier 2	
sodium fluoride-pot nitrate dental paste 1.1-5 %	(Denta 5000 Plus Sensitive)	Tier 2	
Folic Acid Preparations			
folic acid injection solution 5 mg/ml		Tier 2	
folic acid oral tablet 1 mg		Tier 2	
folic acid oral tablet 400 mcg	(PureVita Folic Acid)	Tier 1	
folic acid oral tablet 800 mcg		Tier 1	
PUREVITA FOLIC ACID ORAL TABLET 400 MCG	(folic acid)	Tier 1	
Iron Replacement			
CITRANATAL BLOOM ORAL TABLET 90-1-12-50 MG-MG-MCG-MG		Tier 4	
FERRALET 90 DUAL-IRON DELIVERY ORAL TABLET 90-1-12-50 MG-MG-MCG-MG		Tier 4	
FERRAPLUS 90 ORAL TABLET 90-1-12-120-50 MG-MG-MCG-MG-MG		Tier 2	

Drug	Status	Notes
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON	Tier 4	
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML	Tier 4	
Multivitamin Preparations		
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Tier 4	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG, 38 MG-1,700 MCG DFE-225 MG	Tier 4	
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG	Tier 2	
Prenatal Vitamin Preparations		
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK,TABLET AND CAP,DR 27 MG IRON-1 MG -374 MG	Tier 1	
BAL-CARE DHA ORAL COMBO PACK,TABLET AND CAP,DR 27-1-430 MG	Tier 1	
CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG	Tier 1	
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG	Tier 4	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG	Tier 4	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG	Tier 4	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG	Tier 4	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG	Tier 4	
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG	Tier 1	
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 1	
KPN ORAL TABLET 9 MG IRON- 267 MCG	Tier 1	
MINI PRENATAL ORAL TABLET 6.75 MG IRON- 200 MCG	Tier 1	

Drug	Status	Notes
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG (pnv,calcium 72-iron-folic acid)	Tier 1	
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG	Tier 1	
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG	Tier 1	
MYNATAL ORAL TABLET 90-1-50 MG	Tier 1	
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG	Tier 1	
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG	Tier 1	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG	Tier 1	
NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON- 1 MG	Tier 1	
NEO-VITAL RX ORAL TABLET 27 MG IRON- 1 MG	Tier 1	
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG	Tier 4	
OBSTETRIX DHA ORAL COMBO PACK,TABLET AND CAP,DR 29 MG IRON-1 MG -50 MG	Tier 1	
OBSTETRIX DHA PRENATAL DUO ORAL COMB PACK,TABLET DR,CAPSULE DR 29 MG IRON- 1,700 MCG DFE	Tier 1	
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC) 29 MG IRON- 1,700 MCG DFE, 29 MG IRON-1 MG -50 MG	Tier 1	
OBTREX DHA ORAL COMBO PACK,TABLET AND CAP,DR 29 MG IRON-1 MG -50 MG	Tier 4	
ONE DAILY PRENATAL ORAL COMBO PACK 28-800-440 MG-MCG-MG	Tier 1	
ONE-A-DAY PRENATAL-1 ORAL CAPSULE 27 MG IRON- 800 MCG-235 MG	Tier 1	
pnv no.95-ferrous fumarate-fa oral tablet 28 mg iron- 800 mcg (Prenatal)	Tier 1	
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG	Tier 1	
PNV-SELECT ORAL TABLET 27-1 MG	Tier 1	
PR NATAL 400 EC ORAL COMBO PACK,TABLET AND CAP,DR 29-1-400 MG	Tier 1	

Drug	Status	Notes
PR NATAL 400 ORAL COMBO PACK 29-1-400 MG	Tier 1	
PR NATAL 430 EC ORAL COMBO PACK,TABLET AND CAP,DR 29-1-430 MG	Tier 1	
PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG -430 MG	Tier 1	
PRENAISSANCE ORAL CAPSULE 29-1.25-55-325 MG	Tier 2	
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG	Tier 2	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 1	
PRENATABS FA ORAL TABLET 29-1 MG	Tier 1	
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG	Tier 1	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON- 975 MCG-200 MG, 28 MG IRON-800 MCG-200 MG	Tier 1	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG	Tier 1	
PRENATAL 19 ORAL TABLET 29 MG IRON- 1 MG	Tier 1	
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 1	
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG	Tier 1	
PRENATAL ESSENTIALS ORAL CAPSULE 6 MG IRON- 272 MCG DFE	Tier 1	
PRENATAL FORMULA ORAL TABLET 9 MG IRON- 267 MCG	Tier 1	
PRENATAL FORMULA-DHA ORAL CAPSULE 28 MG-800 MCG- 200 MG	Tier 1	
PRENATAL MULTI ORAL TABLET 27-800 MG-MCG	Tier 1	
PRENATAL MULTI-DHA (ALGAL OIL) ORAL CAPSULE 27MG IRON- 800 MCG-250 MG	Tier 1	
PRENATAL MULTI-DHA(WITH VIT K) ORAL CAPSULE 27 MG IRON-800 MCG-260 MG	Tier 1	
PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG (pnv no.95-ferrous fumarate-fa)	Tier 1	

Drug		Status	Notes
PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG		Tier 1	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	(pnv no.95-ferrous fumarate-fa)	Tier 1	
PRENATAL ORAL TABLET 28-800 MG-MCG		Tier 1	
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	(pnv,calcium 72-iron-folic acid)	Tier 1	
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG		Tier 1	
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG	(pnv,calcium 72-iron,carb-folic)	Tier 1	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG		Tier 1	
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG	(prenatal vit-iron fum-folic ac)	Tier 1	
prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg		Tier 1	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG, 27 MG IRON- 800 MCG		Tier 1	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	(pnv,calcium 72-iron-folic acid)	Tier 1	
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG	(prenatal vit-iron fum-folic ac)	Tier 1	
prenatal vit-iron fum-folic ac oral tablet 28 mg iron- 800 mcg	(Prenatal Tablet)	Tier 1	
PRENATAL WITH DHA-FOLIC ACID ORAL TABLET,CHEWABLE 400-32.5 MCG-MG		Tier 1	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG		Tier 1	
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG		Tier 1	
SE-NATAL 19 ORAL TABLET 29 MG IRON- 1 MG		Tier 1	
SIMILAC PRENATAL ORAL COMBO PACK 27 MG IRON-800 MCG-200 MG		Tier 1	
STUART ONE ORAL CAPSULE 27 MG IRON- 800 MCG-200 MG		Tier 1	
THERANATAL COMPLETE ORAL COMBO PACK 27 MG IRON- 1 MG-150 MG		Tier 1	
THERANATAL ONE ORAL CAPSULE 27 MG IRON-1000 MCG-300 MG		Tier 1	

Drug		Status	Notes
THERANATAL ORAL TABLET 27 MG IRON- 1 MG		Tier 1	
THERANATAL PLUS ORAL COMBO PACK 27 MG IRON- 1 MG-300 MG		Tier 1	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG		Tier 1	
TRICARE ORAL TABLET 27 MG IRON-1 MG		Tier 1	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG		Tier 1	
TRINATE ORAL TABLET 28 MG IRON-1 MG		Tier 1	
ULTRA PRENATAL PLUS DHA ORAL CAPSULE 27 MG-800 MCG- 250 MG-200 MG		Tier 1	
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG - 50 MG-200 MG		Tier 4	
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG		Tier 2	
WESNATAL DHA COMPLETE ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG		Tier 1	
WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG	(pnv,calcium 72-iron-folic acid)	Tier 1	
WOMEN'S PRENATAL PLUS DHA ORAL COMBO PACK 28 MG-975 MCG-200 MG		Tier 1	
Prenatal Vitamins Without Iron			
ALTRIXA OB ORAL TABLET 15 MG IRON- 1,750 MCG DFE		Tier 1	
MATERVIA ORAL CAPSULE 6.5 MG IRON- 500 MCG		Tier 1	
ONE-A-DAY PRENATAL ORAL TABLET,CHEWABLE 400 MCG- 25 MG		Tier 1	
PRENATAL GUMMIES ORAL TABLET,CHEWABLE 400 MCG-35 MG-25 MG-5 MG		Tier 1	
PRENATAL GUMMIES(ZINC CHELATE) ORAL TABLET,CHEWABLE 180 MCG-35 MG- 25 MG-5 MG		Tier 1	
PRENATAL ORAL TABLET,CHEWABLE 400 MCG		Tier 1	
THERANATAL OVAVITE ORAL COMBO PACK 18-1-125 MG-MG-UNIT		Tier 1	

Drug		Status	Notes
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON-0.33 MG		Tier 1	
Vitamin B Preparations			
B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML		Tier 2	
B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML		Tier 2	
Vitamin B1 Preparations			
thiamine hcl (vitamin b1) injection solution 100 mg/ml		Tier 2	
Vitamin B12 Preparations			
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml	(Dodex)	Tier 2	
DODEX INJECTION SOLUTION 1,000 MCG/ML	(cyanocobalamin (vitamin b-12))	Tier 2	
hydroxocobalamin intramuscular solution 1,000 mcg/ml		Tier 2	
mecobalamin (vitamin b12) injection recon soln 10,000 mcg		Tier 2	
Vitamin B6 Preparations			
pyridoxine (vitamin b6) injection solution 100 mg/ml		Tier 2	
Vitamin C Preparations			
ASCOR INTRAVENOUS SOLUTION 500 MG/ML		Tier 4	
ascorbic acid (vitamin c) injection solution 500 mg/ml		Tier 2	
Vitamin D Preparations			
calcitriol oral capsule 0.25 mcg, 0.5 mcg		Tier 2	
calcitriol oral solution 1 mcg/ml	(Rocaltrol)	Tier 2	
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	(Vitamin D2)	Tier 2	
ROCALTROL ORAL SOLUTION 1 MCG/ML	(calcitriol)	Tier 4	
VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT)	(ergocalciferol (vitamin d2))	Tier 2	

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Need Help?

If you have questions about the PDL or need help finding medications, please contact Member Services at 1-866-357-4082. This number is also listed on your 22 Health member identification card.