Individual Community Drug Formulary

April 2025

Key	
AG	Age Limits
F	Females Only
M	Males Only
OTC	Over the Counter
P	Preventive
PA	Prior Authorization
QL	Quantity Limit
Tier 4	Specialty Medication Copay
SP	Specialty Pharmacy
ST	Step Therapy

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Drug	Status	Notes
Allergy		
2Nd Gen Antihistamine & Decongestant Combinations		
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	Tier 3	ST; ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (2 EA per 1 day)
Allergenic Extracts, Therapeutics		
GRASTEK SUBLINGUAL TABLET 2,800 BAU	Tier 2	PA
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 INDX REACTIVITY, 300 INDX REACTIVITY	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 IR (3) /300 IR (6)	Tier 3	PA
PALFORZIA (LEVEL 0) ORAL CAPSULE, SPRINKLE 1 MG	Tier 4	PA; SP
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	Tier 4	PA; SP
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	Tier 4	PA; SP
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	Tier 4	PA; SP
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	Tier 4	PA; SP
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	Tier 4	PA; SP
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	Tier 4	PA; SP
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	Tier 4	PA; SP
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	Tier 4	PA; SP
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	Tier 4	PA; SP
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	Tier 4	PA; SP
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG	Tier 4	PA; SP

Drug		Status	Notes
PALFORZIA INITIAL (1-3 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3 MG		Tier 4	PA; SP
PALFORZIA INITIAL (4-17 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG		Tier 4	PA; SP
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG		Tier 4	PA; SP
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT		Tier 2	PA
Antihistamines - 1St Generation			
carbinoxamine maleate oral liquid 4 mg/5 ml		Tier 1	Age (Min 2 Years)
carbinoxamine maleate oral suspension,extended rel 12 hr 4 mg/5 ml	(Karbinal ER)	Tier 1	ST; 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 1	Age (Min 2 Years)
clemastine oral tablet 2.68 mg		Tier 1	
cyproheptadine oral syrup 2 mg/5 ml		Tier 1	
cyproheptadine oral tablet 4 mg		Tier 1	
DIPHEN ORAL ELIXIR 12.5 MG/5 ML	(diphenhydramine hcl)	Tier 1	
hydroxyzine hcl oral solution 10 mg/5 ml		Tier 1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		Tier 1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg		Tier 1	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML	(carbinoxamine maleate)	Tier 3	ST; 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)
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML	(promethazine)	Tier 3	
promethazine injection solution 25 mg/ml, 50 mg/ml	(Phenergan)	Tier 1	
promethazine oral syrup 6.25 mg/5 ml		Tier 1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg		Tier 1	
Antihistamines - 2Nd Generation			
cetirizine oral solution 1 mg/ml	(Allergy Relief (cetirizine))	Tier 1	
CLARINEX ORAL TABLET 5 MG	(desloratadine)	Tier 3	QL (1 EA per 1 day)
desloratadine oral tablet 5 mg	(Clarinex)	Tier 1	QL (1 EA per 1 day)

Drug		Status	Notes
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg		Tier 1	ST; ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (1 EA per 1 day)
levocetirizine oral solution 2.5 mg/5 ml	(Xyzal)	Tier 1	ST; ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (10 ML per 1 day)
levocetirizine oral tablet 5 mg	(24HR Allergy Relief)	Tier 1	
Nasal Antihistamine			
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)		Tier 1	QL (60 ML per 30 days)
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	(Astepro Allergy)	Tier 1	QL (60 ML per 30 days)
olopatadine nasal spray,non-aerosol 0.6 %		Tier 1	QL (30.5 GM per 30 days)
Nasal Antihistamine & Anti-Inflam. Steroid Comb.			
azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray	(Dymista)	Tier 1	ST; ST: Requires prior prescription for Fluticasone or Flunisolide (nasal formulation) within the past 120 days; QL (23 GM per 30 days)
DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY	(azelastine-fluticasone)	Tier 3	ST; ST: Requires prior prescription for Fluticasone or Flunisolide (nasal formulation) within the past 120 days; QL (23 GM per 30 days)
Nasal Anti-Inflammatory Steroids			
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)		Tier 1	QL (25 ML per 30 days)
fluticasone propionate nasal spray,suspension 50 mcg/actuation	(24 Hour Allergy Relief)	Tier 1	QL (16 GM per 30 days)
mometasone nasal spray,non-aerosol 50 mcg/actuation	(Allergy Nasal (mometasone))	Tier 1	QL (17 GM per 30 days)
OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG		Tier 3	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 2	ST; ST: Requires prior prescription for nasal Flunisolide or Fluticasone within the past 120 days; QL (6.8 GM per 30 days)

Drug		Status	Notes
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION		Tier 2	ST; ST: Requires prior prescription for nasal Flunisolide or Fluticasone within the past 120 days; QL (10.6 GM per 30 days)
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION		Tier 3	ST; ST: Requires prior prescription for Fluticasone or Flunisolide 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 1	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, 5 MG	(dronabinol)	Tier 3	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 3	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 2	QL (1 EA per 28 days)
aprepitant oral capsule 125 mg		Tier 1	QL (1 EA per 21 days)
aprepitant oral capsule 40 mg		Tier 1	QL (1 EA per 28 days)
aprepitant oral capsule 80 mg	(Emend)	Tier 1	QL (2 EA per 21 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	(Emend)	Tier 1	QL (3 EA per 21 days)
COMPAZINE ORAL TABLET 10 MG, 5 MG	(prochlorperazine maleate)	Tier 3	
COMPAZINE RECTAL SUPPOSITORY 25 MG	(prochlorperazine)	Tier 3	
COMPRO RECTAL SUPPOSITORY 25 MG	(prochlorperazine)	Tier 1	
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG	(doxylamine-pyridoxine (vit b6))	Tier 3	QL (120 EA per 30 days)
doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg	(Diclegis)	Tier 1	QL (120 EA per 30 days)

Drug		Status	Notes
EMEND ORAL CAPSULE 80 MG	(aprepitant)	Tier 3	QL (2 EA per 21 days)
EMEND ORAL CAPSULE,DOSE PACK 125 MG (1)- 80 MG (2)	(aprepitant)	Tier 3	QL (3 EA per 21 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)		Tier 2	QL (3 EA per 21 days)
granisetron hcl oral tablet 1 mg		Tier 1	ST; ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (8 EA per 30 days)
meclizine oral tablet 12.5 mg		Tier 1	
meclizine oral tablet 25 mg	(Dramamine (meclizine))	Tier 1	
ondansetron hcl oral solution 4 mg/5 ml		Tier 1	QL (50 ML per 15 days)
ondansetron hcl oral tablet 4 mg, 8 mg		Tier 1	
ondansetron oral tablet,disintegrating 4 mg, 8 mg		Tier 1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	(Compazine)	Tier 1	
prochlorperazine rectal suppository 25 mg	(Compro)	Tier 1	
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg	(Promethegan)	Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	(promethazine)	Tier 1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR		Tier 3	ST; ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (1 EA per 7 days)
scopolamine base transdermal patch 3 day 1 mg over 3 days	(Transderm-Scop)	Tier 1	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	(scopolamine base)	Tier 3	
trimethobenzamide oral capsule 300 mg		Tier 1	
VARUBI ORAL TABLET 90 MG		Tier 3	QL (2 EA per 14 days)
Asthma And Copd			
5-Lipoxygenase Inhibitors			
zileuton oral tablet, er multiphase 12 hr 600 mg		Tier 1	ST; ST: Requires prior prescriptions for Montelukast and Zafirlukast within the past 365 days; QL (2 EA per 1 day)
Anticholinergic, Orally Inhaled Short Acting			

Drug		Status	Notes
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION		Tier 2	QL (25.8 GM per 30 days)
ipratropium bromide inhalation solution 0.02 %		Tier 1	
Anticholinergics, Orally Inhaled Long Acting			
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION		Tier 3	ST; ST: Requires prior prescription for Spiriva within the past 120 days; QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION		Tier 2	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	(tiotropium bromide)	Tier 1	QL (30 EA per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION		Tier 3	ST; ST: Requires prior prescription for Spiriva within the past 120 days; QL (1 EA per 30 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML		Tier 3	ST; ST: Requires prior prescription for Lonhala Magnair within the past 120 days; QL (90 ML per 30 days)
Beta-Adrenergic Agents			
albuterol sulfate oral syrup 2 mg/5 ml		Tier 1	
albuterol sulfate oral tablet 2 mg, 4 mg		Tier 1	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg		Tier 1	
terbutaline oral tablet 2.5 mg, 5 mg		Tier 1	
Beta-Adrenergic Agents, Inhaled, Short Acting			
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	(Ventolin HFA)	Tier 1	
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml		Tier 1	
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml		Tier 1	
levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation	(Xopenex HFA)	Tier 1	
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	(albuterol sulfate)	Tier 3	ST; ST: Requires prior prescription for generic Albuterol Sulfate 90mcg HFA inhaler within the past 120 days

Drug		Status	Notes
XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	(levalbuterol tartrate)	Tier 3	
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting			
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION		Tier 2	QL (4 GM per 30 days)
Beta-Adrenergic Agents, Orally Inhaled,Long Acting			
arformoterol inhalation solution for nebulization 15 mcg/2 ml	(Brovana)	Tier 1	ST; ST: Requires prior prescription for Serevent, Striverdi, Perforomist within the past 120 days; QL (120 ML per 30 days)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	(arformoterol)	Tier 3	ST; ST: Requires prior prescription for Serevent, Striverdi, Perforomist within the past 120 days; QL (120 ML per 30 days)
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	(Perforomist)	Tier 1	QL (120 ML per 30 days)
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	(formoterol fumarate)	Tier 3	QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE		Tier 2	QL (60 EA per 30 days)
Beta-Adrenergic And Anticholinergic Combinations			
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION		Tier 2	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG		Tier 3	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 2	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION		Tier 3	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 1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION		Tier 2	QL (4 GM per 30 days)
Beta-Adrenergic And Glucocorticoid Combinations			

Drug		Status	Notes
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	(fluticasone propion-salmeterol)	Tier 3	QL (60 EA per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	(fluticasone propion-salmeterol)	Tier 2	QL (12 GM per 30 days)
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION		Tier 3	ST; ST: Requires prior prescription for Advair HFA or Breo Ellipta within the past 120 days; QL (1 EA per 30 days)
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	(fluticasone propion-salmeterol)	Tier 3	ST; ST: Requires prior prescription for Advair HFA or Breo Ellipta within the past 120 days; QL (1 EA per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION		Tier 2	QL (32.1 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate-vilanterol)	Tier 2	QL (60 EA per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE		Tier 2	QL (60 EA per 30 days)
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	(budesonide-formoterol)	Tier 1	QL (30.9 GM per 30 days)
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	(Breyna)	Tier 1	QL (30.9 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50-5 MCG/ACTUATION		Tier 3	ST; ST: Requires prior prescription for Advair HFA or Breo Ellipta within the past 120 days; QL (39 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION		Tier 3	ST; ST: Requires prior prescription for Advair HFA or Breo Ellipta within the past 120 days; 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	(AirDuo RespiClick)	Tier 3	ST; ST: Requires prior prescription for Advair HFA or Breo Ellipta within the past 120 days; QL (1 EA per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	(Wixela Inhub)	Tier 1	QL (60 EA per 30 days)

Drug		Status	Notes
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	(budesonide-formoterol)	Tier 3	QL (30.9 GM per 30 days)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	(fluticasone propion-salmeterol)	Tier 1	QL (60 EA per 30 days)
Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled			
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION		Tier 2	QL (10.7 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG		Tier 2	QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG		Tier 2	QL (2 EA per 1 day)
Glucocorticoids, Orally Inhaled			
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION		Tier 3	ST; ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (12.2 GM per 30 days)
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 232 MCG/ACTUATION		Tier 3	ST; ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (1 EA per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION		Tier 2	QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION		Tier 3	ST; ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; 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	ST; ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (1 EA per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	(Pulmicort)	Tier 1	QL (120 ML per 30 days)
fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation		Tier 1	QL (60 EA per 30 days)

Drug		Status	Notes
fluticasone propionate inhalation blister with device 250 mcg/actuation		Tier 1	QL (120 EA per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation		Tier 1	QL (12 GM per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation		Tier 1	QL (24 GM per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation		Tier 1	QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION		Tier 3	ST; ST: Requires prior prescription for Arnuity Ellipta within the past 120 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 3	QL (120 ML per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION		Tier 3	ST; ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (21.2 GM per 30 days)
Interleukin-4(Il-4) Receptor Alpha Antagonist, Mab			
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML		Tier 4	PA; SP
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML		Tier 4	PA; SP
Interleukin-5(Il-5) Receptor Alpha Antagonist, Mab			
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML		Tier 4	PA; SP
Leukotriene Receptor Antagonists			
ACCOLATE ORAL TABLET 10 MG, 20 MG	(zafirlukast)	Tier 3	
montelukast oral granules in packet 4 mg	(Singulair)	Tier 1	
montelukast oral tablet 10 mg	(Singulair)	Tier 1	
montelukast oral tablet,chewable 4 mg, 5 mg	(Singulair)	Tier 1	
SINGULAIR ORAL GRANULES IN PACKET 4 MG	(montelukast)	Tier 3	
SINGULAIR ORAL TABLET 10 MG	(montelukast)	Tier 3	
SINGULAIR ORAL TABLET,CHEWABLE 4 MG, 5 MG	(montelukast)	Tier 3	
zafirlukast oral tablet 10 mg, 20 mg	(Accolate)	Tier 1	
Mast Cell Stabilizers			
cromolyn oral concentrate 100 mg/5 ml	(Gastrocrom)	Tier 1	

Drug		Status	Notes
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML	(cromolyn)	Tier 3	
Mast Cell Stabilizers, Orally Inhaled			
cromolyn inhalation solution for nebulization 20 mg/2 ml		Tier 1	
Monoclonal Antibodies To Immunoglobulin E(Ige)			
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		Tier 4	PA; SP
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		Tier 4	PA; SP
Monoclonal Antibody - Interleukin-5 Antagonists			
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML		Tier 4	PA; SP
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML		Tier 4	PA; SP
Phosphodiesterase-4 (Pde4) Inhibitors			
DALIRESP ORAL TABLET 250 MCG, 500 MCG	(roflumilast)	Tier 3	QL (1 EA per 1 day)
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML		Tier 3	PA
roflumilast oral tablet 250 mcg, 500 mcg	(Daliresp)	Tier 1	QL (1 EA per 1 day)
Respiratory Aids,Devices,Equipment			
ACE AEROSOL CLOUD ENHANCER SPACER	(inhalational spacing device)	Tier 3	
AEROCHAMBER MECHANICAL VENT SPACER	(inhalational spacing device)	Tier 3	
AEROCHAMBER MINI SPACER	(inhalational spacing device)	Tier 3	
AEROCHAMBER MV SPACER	(inhalational spacing device)	Tier 3	
AEROCHAMBER PLUS FLOW-VU SPACER	(inhalational spacing device)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,LMSK SPACER		Tier 3	
AEROCHAMBER PLUS FLOW-VU,MMSK SPACER		Tier 3	
AEROCHAMBER PLUS FLOW-VU,SMSK SPACER		Tier 3	
AEROCHAMBER PLUS Z STAT LGMSK SPACER		Tier 3	
AEROCHAMBER PLUS Z STAT MDMSK SPACER		Tier 3	
AEROCHAMBER PLUS Z STAT SMMSK SPACER		Tier 3	

Drug		Status	Notes
AEROCHAMBER PLUS Z STAT SPACER	(inhalational spacing device)	Tier 3	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER	(inhalational spacing device)	Tier 3	
AEROTRACH PLUS SPACER	(inhalational spacing device)	Tier 3	
AEROVENT PLUS SPACER	(inhalational spacing device)	Tier 3	
BREATHERITE MDI SPACER SPACER	(inhalational spacing device)	Tier 3	
BREATHERITE SPACER-MASK, NEO. SPACER		Tier 3	
BREATHERITE SPACER-MASK,ADULT SPACER		Tier 3	
BREATHERITE SPACER-MASK,CHILD SPACER		Tier 3	
BREATHERITE SPACER-MASK,INFANT SPACER		Tier 3	
BREATHERITE SPACER-MASK,S.CHLD SPACER		Tier 3	
BREATHERITE VALVED MDI CHAMBER SPACER	(inhalational spacing device)	Tier 3	
BREATHERITE VALVED MDI SPACER SPACER	(inhalational spacing device)	Tier 3	
CLEVER CHOICE CHAMBER-LRG MASK SPACER		Tier 3	
CLEVER CHOICE CHAMBER-MED MASK SPACER		Tier 3	
CLEVER CHOICE CHAMBER-SM MASK SPACER		Tier 3	
COMFORTSEAL LARGE MASK DEVICE		Tier 3	
COMFORTSEAL MEDIUM MASK DEVICE		Tier 3	
COMFORTSEAL SMALL MASK DEVICE		Tier 3	
COMPACT SPACE CHAMBER SPACER	(inhalational spacing device)	Tier 3	
COMPACT SPACE CHAMBER-LRG MASK SPACER		Tier 3	
COMPACT SPACE CHAMBER-MED MASK SPACER		Tier 3	
COMPACT SPACE CHAMBER-SM MASK SPACER		Tier 3	
EASIVENT HOLDING CHAMBER SPACER	(inhalational spacing device)	Tier 3	
EASIVENT MASK LARGE DEVICE		Tier 3	
EASIVENT MASK MEDIUM DEVICE		Tier 3	

Drug		Status	Notes
EASIVENT MASK SMALL DEVICE		Tier 3	
FLEXICHAMBER SPACER	(inhalational spacing device)	Tier 3	
FLEXICHAMBER-LG CHILD MASK DEVICE		Tier 3	
FLEXICHAMBER-SM ADULT MASK DEVICE		Tier 3	
FLEXICHAMBER-SM CHILD MASK DEVICE		Tier 3	
INSPIRACHAMBER SPACER	(inhalational spacing device)	Tier 3	
INSPIRACHAMBER WITH MASK-LARGE SPACER		Tier 3	
INSPIRACHAMBER WITH MASK-MED SPACER		Tier 3	
INSPIRACHAMBER WITH MASK-SMALL SPACER		Tier 3	
LITE TOUCH-MEDIUM MASK DEVICE		Tier 3	
LITEAIRE MDI CHAMBER SPACER	(inhalational spacing device)	Tier 3	
LITETOUCH-LARGE MASK DEVICE		Tier 3	
LITETOUCH-SMALL MASK DEVICE		Tier 3	
MICROCHAMBER SPACER	(inhalational spacing device)	Tier 3	
MICROSPACER SPACER	(inhalational spacing device)	Tier 3	
OPTICHAMBER ADULT MASK-LARGE DEVICE		Tier 3	
OPTICHAMBER DIAMOND LG MASK SPACER		Tier 3	
OPTICHAMBER DIAMOND VHC SPACER	(inhalational spacing device)	Tier 3	
OPTICHAMBER DIAMOND-MED MSK SPACER		Tier 3	
OPTICHAMBER DIAMOND-SML MASK SPACER		Tier 3	
PFLEX INSPIRATORY TRAINER DEVICE		Tier 3	
POCKET CHAMBER SPACER	(inhalational spacing device)	Tier 3	
PRIMEAIRE SPACER	(inhalational spacing device)	Tier 3	
PROCARE SPACER WITH ADULT MASK SPACER		Tier 3	
PROCARE SPACER WITH CHILD MASK SPACER		Tier 3	
PROCHAMBER SPACER	(inhalational spacing device)	Tier 3	

Drug		Status	Notes
RITEFLO AEROCHAMBER SPACER	(inhalational spacing device)	Tier 3	
SILICONE MASK - INFANT DEVICE		Tier 3	
SPACE CHAMBER SPACER	(inhalational spacing device)	Tier 3	
SPACE CHAMBER WITH LARGE MASK SPACER		Tier 3	
SPACE CHAMBER WITH MEDIUM MASK SPACER		Tier 3	
SPACE CHAMBER WITH SMALL MASK SPACER		Tier 3	
THRESHOLD IMT TRAINER DEVICE		Tier 3	
THRESHOLD PEP DEVICE DEVICE		Tier 3	
VORTEX HOLDING CHAMBER SPACER	(inhalational spacing device)	Tier 3	
VORTEX VHC FROG MASK-CHILD SPACER		Tier 3	
VORTEX VHC LADYBUG MASK-TODDLR SPACER		Tier 3	
VORTEX VHC PEDIATRIC MASK SPACER		Tier 3	
Thymic Stromal Lymphopoietin (Tslp) Inhibitors			
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)		Tier 4	PA; SP
Xanthines			
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)		Tier 1	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	(theophylline)	Tier 1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG		Tier 2	
theophylline oral elixir 80 mg/15 ml	(Elixophyllin)	Tier 1	
theophylline oral solution 80 mg/15 ml		Tier 1	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg		Tier 1	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg		Tier 1	
Autonomic Nervous System Disorders			
Alzheimer's Therapy, Nmda Receptor Antagonists			
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg		Tier 1	ST; ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (30 EA per 30 days)

Drug		Status	Notes
memantine oral capsule,sprinkle,er 24hr 7 mg	(Namenda XR)	Tier 1	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 1	QL (300 ML per 30 days)
memantine oral tablet 10 mg, 5 mg		Tier 1	QL (60 EA per 30 days)
memantine oral tablets,dose pack 5-10 mg	(Namenda Titration Pak)	Tier 1	QL (49 EA per 28 days)
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK 5-10 MG	(memantine)	Tier 3	QL (49 EA per 28 days)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG		Tier 2	ST; 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 3	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 1	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 3	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 7-10 MG		Tier 2	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 3	PA
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG	(donepezil)	Tier 3	
donepezil oral tablet 10 mg, 23 mg, 5 mg	(Aricept)	Tier 1	
donepezil oral tablet,disintegrating 10 mg, 5 mg		Tier 1	
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	(rivastigmine)	Tier 3	QL (30 EA per 30 days)

Drug		Status	Notes
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg		Tier 1	QL (30 EA per 30 days)
galantamine oral solution 4 mg/ml		Tier 1	QL (200 ML per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg		Tier 1	QL (60 EA per 30 days)
MESTINON ORAL SYRUP 60 MG/5 ML	(pyridostigmine bromide)	Tier 3	
MESTINON ORAL TABLET 60 MG	(pyridostigmine bromide)	Tier 3	
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG	(pyridostigmine bromide)	Tier 3	
pyridostigmine bromide oral syrup 60 mg/5 ml	(Mestinon)	Tier 1	
pyridostigmine bromide oral tablet 30 mg		Tier 1	
pyridostigmine bromide oral tablet 60 mg	(Mestinon)	Tier 1	
pyridostigmine bromide oral tablet extended release 180 mg	(Mestinon Timespan)	Tier 1	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg		Tier 1	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	(Exelon Patch)	Tier 1	QL (30 EA per 30 days)
ZUNVEYL ORAL TABLET,DELAYED RELEASE (DR/EC) 10 MG, 15 MG, 5 MG		Tier 3	ST; ST: Requires prior prescription for generic Galantamine tablets or Galantamine ER capsules within the past 120 days; QL (2 EA per 1 day)
Behavioral Health - Antidepressants			
Alpha-2 Receptor Antagonist Antidepressants			
mirtazapine oral tablet 15 mg, 30 mg	(Remeron)	Tier 1	
mirtazapine oral tablet 45 mg, 7.5 mg		Tier 1	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	(Remeron SolTab)	Tier 1	
REMERON ORAL TABLET 15 MG, 30 MG	(mirtazapine)	Tier 3	
REMERON SOLTAB ORAL TABLET,DISINTEGRATING 15 MG, 30 MG, 45 MG	(mirtazapine)	Tier 3	
Antidepressant - Nmda Receptor Antagonist			
SPRAVATO NASAL SPRAY,NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)		Tier 4	PA
Antidepressant - Postpartum Depression (Ppd)			
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG		Tier 4	PA
Maois - Non-Selective & Irreversible			

Drug		Status	Notes
MARPLAN ORAL TABLET 10 MG		Tier 3	
NARDIL ORAL TABLET 15 MG	(phenelzine)	Tier 3	
PARNATE ORAL TABLET 10 MG	(tranylcypromine)	Tier 3	
phenelzine oral tablet 15 mg	(Nardil)	Tier 1	
tranylcypromine oral tablet 10 mg	(Parnate)	Tier 1	
Monoamine Oxidase(Mao) Inhibitors			
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR		Tier 3	ST; ST: Requires prior prescription for Marplan, Phenelzine, or Tranylcypromine within the past 120 days; QL (1 EA per 1 day)
Ndma Receptor Antagonist And Ndri Comb			
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG		Tier 3	ST; 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 1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	(Wellbutrin XL)	Tier 1	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	(Wellbutrin SR)	Tier 1	
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG	(bupropion hcl)	Tier 3	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	(bupropion hcl)	Tier 3	
Selective Serotonin Reuptake Inhibitor (Ssris)			
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG	(citalopram)	Tier 3	
citalopram oral solution 10 mg/5 ml		Tier 1	
citalopram oral tablet 10 mg, 20 mg, 40 mg	(Celexa)	Tier 1	
escitalopram oxalate oral solution 5 mg/5 ml		Tier 1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	(Lexapro)	Tier 1	
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	(Prozac)	Tier 1	

Drug		Status	Notes
fluoxetine oral capsule,delayed release(dr/ec) 90 mg		Tier 1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)		Tier 1	
fluoxetine oral tablet 10 mg, 20 mg, 60 mg		Tier 1	
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg		Tier 1	ST; ST: Requires prior prescription for Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, or Sertraline within the past 120 days; QL (2 EA per 1 day)
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg		Tier 1	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG	(escitalopram oxalate)	Tier 3	
paroxetine hcl oral suspension 10 mg/5 ml	(Paxil)	Tier 1	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	(Paxil)	Tier 1	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	(Paxil CR)	Tier 1	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG	(paroxetine hcl)	Tier 3	
PAXIL ORAL SUSPENSION 10 MG/5 ML	(paroxetine hcl)	Tier 3	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	(paroxetine hcl)	Tier 3	
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG	(fluoxetine)	Tier 3	
sertraline oral capsule 150 mg, 200 mg		Tier 3	QL (1 EA per 1 day)
sertraline oral concentrate 20 mg/ml	(Zoloft)	Tier 1	
sertraline oral tablet 100 mg, 25 mg, 50 mg	(Zoloft)	Tier 1	
ZOLOFT ORAL CONCENTRATE 20 MG/ML	(sertraline)	Tier 3	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG	(sertraline)	Tier 3	
Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)			
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg		Tier 1	
RALDESY ORAL SOLUTION 10 MG/ML		Tier 3	PA
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg		Tier 1	
Serotonin-Norepinephrine Reuptake-Inhib (Snris)			

Drug		Status	Notes
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 30 MG, 60 MG	(duloxetine)	Tier 3	
desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg		Tier 1	ST; ST: At least 2 prior prescriptions for generic Paroxetine HCL, Venlafaxine ER/IR, Fluoxetine, Citalopram, Sertraline, Escitalopram, Mirtazapine, or Bupropion within the past 365 days; QL (1 EA per 1 day)
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	(Pristiq)	Tier 1	
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	(Cymbalta)	Tier 1	
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG	(venlafaxine)	Tier 3	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26), 20 MG (2)- 40 MG (5)		Tier 2	QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG		Tier 2	QL (1 EA per 1 day)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG	(desvenlafaxine succinate)	Tier 3	
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	(Effexor XR)	Tier 1	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		Tier 1	
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg		Tier 1	
Ssri & 5Ht1a Partial Agonist Antidepressant			
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	(vilazodone)	Tier 3	ST; 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 1	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 2	QL (1 EA per 1 day)
Tricyclic Antidepressant/Benzodiazepine Combinatns			
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg		Tier 1	
Tricyclic Antidepressant/Phenothiazine Combinatns			
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg		Tier 1	
Tricyclic Antidepressants & Rel. Non-Sel. Ru-Inhib			
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		Tier 1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg		Tier 1	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	(clomipramine)	Tier 3	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	(Anafranil)	Tier 1	
desipramine oral tablet 10 mg, 25 mg	(Norpramin)	Tier 1	
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg		Tier 1	
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		Tier 1	
doxepin oral concentrate 10 mg/ml		Tier 1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg		Tier 1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg		Tier 1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	(desipramine)	Tier 3	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	(Pamelor)	Tier 1	
nortriptyline oral solution 10 mg/5 ml		Tier 1	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	(nortriptyline)	Tier 3	
protriptyline oral tablet 10 mg, 5 mg		Tier 1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg		Tier 1	
Behavioral Health - Other			
Adrenergics, Aromatic, Non-Catecholamine			

Drug		Status	Notes
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	(dextroamphetamine-amphetamine)	Tier 3	QL (2 EA per 1 day)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG	(dextroamphetamine-amphetamine)	Tier 3	QL (1 EA per 1 day)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 20 MG, 25 MG, 30 MG	(dextroamphetamine-amphetamine)	Tier 3	QL (2 EA per 1 day)
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG		Tier 3	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 1	PA
DESOXYN ORAL TABLET 5 MG	(methamphetamine)	Tier 3	QL (150 EA per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	(dextroamphetamine sulfate)	Tier 3	QL (60 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 10 mg	(Dexedrine Spansule)	Tier 1	QL (60 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 15 mg		Tier 1	QL (120 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 5 mg		Tier 1	QL (60 EA per 30 days)
dextroamphetamine sulfate oral solution 5 mg/5 ml	(ProCentra)	Tier 1	QL (1800 ML per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	(Zenzedi)	Tier 1	QL (180 EA per 30 days)
dextroamphetamine sulfate oral tablet 15 mg	(Zenzedi)	Tier 1	ST; ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5mg/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)
dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg	(Zenzedi)	Tier 1	ST; ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5mg/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)

Drug		Status	Notes
dextroamphetamine sulfate oral tablet 20 mg, 30 mg	(Zenzedi)	Tier 1	ST; ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5mg/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
dextroamphetamine sulfate oral tablet 5 mg	(Zenzedi)	Tier 1	QL (90 EA per 30 days)
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg	(Mydayis)	Tier 1	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	(Adderall XR)	Tier 1	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	(Adderall XR)	Tier 1	QL (2 EA per 1 day)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	(Adderall)	Tier 1	QL (2 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML		Tier 3	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 3	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 3	PA
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	(Vyvanse)	Tier 1	QL (1 EA per 1 day)
lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	(Vyvanse)	Tier 1	QL (1 EA per 1 day)
methamphetamine oral tablet 5 mg	(Desoxyn)	Tier 1	QL (150 EA per 30 days)
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	(dextroamphetamine-amphetamine)	Tier 3	QL (1 EA per 1 day)
PROCENTRA ORAL SOLUTION 5 MG/5 ML	(dextroamphetamine sulfate)	Tier 3	QL (1800 ML per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	(lisdexamfetamine)	Tier 3	QL (1 EA per 1 day)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG	(lisdexamfetamine)	Tier 2	QL (1 EA per 1 day)
VYVANSE ORAL TABLET,CHEWABLE 40 MG, 50 MG, 60 MG	(lisdexamfetamine)	Tier 3	QL (1 EA per 1 day)

Drug		Status	Notes
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR		Tier 3	ST; ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day); Age (Min 6 Years)
ZENZEDI ORAL TABLET 10 MG	(dextroamphetamine sulfate)	Tier 3	QL (180 EA per 30 days)
ZENZEDI ORAL TABLET 15 MG	(dextroamphetamine sulfate)	Tier 3	ST; ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5mg/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	(dextroamphetamine sulfate)	Tier 3	ST; ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5mg/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)
ZENZEDI ORAL TABLET 20 MG, 30 MG	(dextroamphetamine sulfate)	Tier 3	ST; ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5mg/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
ZENZEDI ORAL TABLET 5 MG	(dextroamphetamine sulfate)	Tier 3	QL (90 EA per 30 days)
Anti-Alcoholic Preparations			
acamprosate oral tablet,delayed release (dr/ec) 333 mg		Tier 1	
disulfiram oral tablet 250 mg, 500 mg		Tier 1	
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG		Tier 4	
Anti-Anxiety - Benzodiazepines			
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML		Tier 2	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	(Xanax)	Tier 1	
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	(Xanax XR)	Tier 1	
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg		Tier 1	

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

Drug	Status	Notes
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	Tier 4	PA; SP
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM	Tier 4	PA; SP
sodium oxybate oral solution 500 mg/ml (Xyrem)	Tier 4	PA; SP
XYREM ORAL SOLUTION 500 MG/ML (sodium oxybate)	Tier 4	PA; SP
XYWAV ORAL SOLUTION 0.5 GRAM/ML	Tier 4	PA; SP
Antipsych,Dopamine Antag.,Diphenylbutylpiperidines		
pimozide oral tablet 1 mg, 2 mg	Tier 1	
Antipsychotic-Atypical,D3/D2 Partial Ag-5Ht Mixed		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 2	QL (1 EA per 1 day)
Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	Tier 4	QL (2.4 ML per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	Tier 4	QL (3.2 ML per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	Tier 4	QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	Tier 4	QL (1 EA per 26 days)
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (aripiprazole)	Tier 3	
aripiprazole oral solution 1 mg/ml	Tier 1	ST; 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 1	
aripiprazole oral tablet,disintegrating 10 mg	Tier 1	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)

Drug	Status	Notes
aripiprazole oral tablet,disintegrating 15 mg	Tier 1	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)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	Tier 4	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	Tier 4	QL (3.9 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	Tier 4	QL (1.6 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	Tier 4	QL (2.4 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	Tier 4	QL (3.2 ML per 14 days)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	Tier 3	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 2	QL (1 EA per 1 day)
REXULTI ORAL TABLETS,DOSE PACK 0.5 MG (7)- 1 MG (7), 1 MG (4)- 2 MG (3)	Tier 2	QL (1 EA per 1 day)
Antipsychotics, Dopamine & Serotonin Antagonists		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Tier 4	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	
Antipsychotics,Atypical,Dopamine,& Serotonin Antag		
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg (Saphris)	Tier 1	QL (2 EA per 1 day)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 3	ST; ST: Requires prior prescription for Rexulti or Vraylar within the past 120 days; QL (1 EA per 1 day)
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg (Clozaril)	Tier 1	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	Tier 1	QL (3 EA per 1 day)
CLOZARIL ORAL TABLET 100 MG, 25 MG (clozapine)	Tier 3	

Drug	Status	Notes
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	Tier 4	QL (0.75 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML, 351 MG/2.25 ML	Tier 4	QL (1 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	Tier 4	QL (1.5 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	Tier 4	QL (0.25 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	Tier 4	QL (0.5 ML per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	ST; ST: Requires prior prescriptions for two generic atypical antipsychotics within the past 365 days; QL (2 EA per 1 day)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	Tier 3	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 3	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	Tier 4	QL (3.5 ML per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	Tier 4	QL (5 ML per 166 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG (paliperidone)	Tier 3	QL (1 EA per 1 day)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG (paliperidone)	Tier 3	QL (2 EA per 1 day)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	Tier 4	QL (0.75 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	Tier 4	QL (1 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	Tier 4	QL (1.5 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	Tier 4	QL (0.25 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	Tier 4	QL (0.5 ML per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	Tier 4	QL (88 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	Tier 4	QL (1.32 ML per 70 days)

Drug		Status	Notes
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML		Tier 4	QL (1.75 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML		Tier 4	QL (2.63 ML per 70 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	(lurasidone)	Tier 3	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	(lurasidone)	Tier 3	QL (60 EA per 30 days)
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	(Latuda)	Tier 1	QL (30 EA per 30 days)
lurasidone oral tablet 80 mg	(Latuda)	Tier 1	QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG		Tier 3	PA
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	(Zyprexa)	Tier 1	
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	(Zyprexa Zydis)	Tier 1	
paliperidone oral tablet extended release 24hr 1.5 mg		Tier 1	QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 3 mg, 9 mg	(Invega)	Tier 1	QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 6 mg	(Invega)	Tier 1	QL (2 EA per 1 day)
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG		Tier 4	QL (1 EA per 28 days)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	(Seroquel)	Tier 1	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	(Seroquel XR)	Tier 1	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	(risperidone microspheres)	Tier 4	QL (1 EA per 14 days)
RISPERDAL ORAL SOLUTION 1 MG/ML	(risperidone)	Tier 3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	(risperidone)	Tier 3	
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml	(Risperdal Consta)	Tier 4	QL (1 EA per 14 days)
risperidone oral solution 1 mg/ml	(Risperdal)	Tier 1	
risperidone oral tablet 0.25 mg		Tier 1	
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	(Risperdal)	Tier 1	
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg		Tier 1	

Drug		Status	Notes
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	(risperidone microspheres)	Tier 4	QL (1 EA per 14 days)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	(asenapine maleate)	Tier 3	QL (2 EA per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR		Tier 3	ST; ST: Requires prior prescriptions for two generic atypical antipsychotics within the past 365 days; QL (1 EA per 1 day)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	(quetiapine)	Tier 3	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	(quetiapine)	Tier 3	
SEROQUEL XR ORAL TABLET, EXT REL 24HR DOSE PACK 50 MG(3)-200 MG (1)-300 MG(11)		Tier 3	
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML		Tier 4	QL (0.28 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML		Tier 4	QL (0.35 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML		Tier 4	QL (0.42 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML		Tier 4	QL (0.56 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML		Tier 4	QL (0.7 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML		Tier 4	QL (0.14 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML		Tier 4	QL (0.21 ML per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML		Tier 3	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 1	
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	(olanzapine)	Tier 3	

Drug	Status	Notes
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	Tier 4	QL (1 EA per 14 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	Tier 4	QL (1 EA per 28 days)
ZYPREXA ZYDIS ORAL (olanzapine) TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	Tier 3	
Antipsychotics,Dopamine Antagonists, Thioxanthenes		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Antipsychotics,Dopamine Antagonists,Butyrophenones		
haloperidol lactate oral concentrate 2 mg/ml	Tier 1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Tier 1	
Antipsychotics,Dopamine Antagonst,Dihydroindolones		
molindone oral tablet 10 mg	Tier 1	QL (8 EA per 1 day)
molindone oral tablet 25 mg	Tier 1	QL (9 EA per 1 day)
molindone oral tablet 5 mg	Tier 1	
Anti-Psychotics,Phenothiazines		
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	Tier 1	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
fluphenazine hcl oral concentrate 5 mg/ml	Tier 1	
fluphenazine hcl oral elixir 2.5 mg/5 ml	Tier 1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Tier 1	
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Barbiturates		
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	Tier 1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	Tier 1	
Cholinergic And Anticholinergic Combinations		

Drug		Status	Notes
COBENFY ORAL CAPSULE 100-20 MG		Tier 3	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 3	ST; ST: Requires prior prescription for a generic atypical Antipsychotic, Rexulti, or Vraylar within the past 120 days
Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists			
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML		Tier 4	PA; SP
HETLIOZ ORAL CAPSULE 20 MG	(tasimelteon)	Tier 4	PA; SP
tasimelteon oral capsule 20 mg	(Hetlioz)	Tier 4	PA; SP
Narcolepsy And Sleep Disorder Therapy Agents			
armodafinil oral tablet 150 mg, 200 mg, 250 mg	(Nuvigil)	Tier 1	QL (1 EA per 1 day)
armodafinil oral tablet 50 mg	(Nuvigil)	Tier 1	QL (3 EA per 1 day)
modafinil oral tablet 100 mg, 200 mg	(Provigil)	Tier 1	QL (2 EA per 1 day)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG	(armodafinil)	Tier 3	QL (1 EA per 1 day)
NUVIGIL ORAL TABLET 50 MG	(armodafinil)	Tier 3	QL (3 EA per 1 day)
PROVIGIL ORAL TABLET 100 MG, 200 MG	(modafinil)	Tier 3	QL (2 EA per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG		Tier 3	PA
Narcolepsy Tx-H3-Recept.Antagonist/Inverse Agonist			
WAKIX ORAL TABLET 17.8 MG, 4.45 MG		Tier 4	PA; SP
Narcotic Antagonists			
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION		Tier 2	QL (4 EA per 30 days)
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG		Tier 3	
naloxone injection auto-injector 10 mg/0.4 ml		Tier 1	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml		Tier 1	
naloxone nasal spray,non-aerosol 4 mg/actuation	(Narcan)	Tier 1	QL (4 EA per 30 days)
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG		Tier 3	
naltrexone oral tablet 50 mg		Tier 1	

Drug		Status	Notes
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	(naloxone)	Tier 3	QL (4 EA per 30 days)
OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION		Tier 3	QL (4 EA per 30 days)
REXTOVY NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	(naloxone)	Tier 3	QL (4 EA per 30 days)
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML		Tier 3	QL (2 ML per 30 days)
Sedative-Hypnotics - Benzodiazepines			
DORAL ORAL TABLET 15 MG	(quazepam)	Tier 3	ST; 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 1	
flurazepam oral capsule 15 mg, 30 mg		Tier 1	
HALCION ORAL TABLET 0.25 MG	(triazolam)	Tier 3	
midazolam oral syrup 2 mg/ml		Tier 1	
quazepam oral tablet 15 mg	(Doral)	Tier 1	ST; 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 3	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	(Restoril)	Tier 1	
triazolam oral tablet 0.125 mg		Tier 1	
triazolam oral tablet 0.25 mg	(Halcion)	Tier 1	
Sedative-Hypnotics,Non-Barbiturate			
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG	(zolpidem)	Tier 3	QL (1 EA per 1 day)
AMBIEN ORAL TABLET 10 MG, 5 MG	(zolpidem)	Tier 3	QL (1 EA per 1 day)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		Tier 2	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 within the past 120 days; QL (1 EA per 1 day)

Drug		Status	Notes
doxepin oral tablet 3 mg, 6 mg	(Silenor)	Tier 1	ST; ST: Requires prior prescription for Doxepin solution or 10mg capsules, Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 120 days; QL (1 EA per 1 day)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	(Lunesta)	Tier 1	QL (1 EA per 1 day)
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG		Tier 3	PA
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG	(eszopiclone)	Tier 3	QL (1 EA per 1 day)
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG		Tier 1	
QUVIVIQ ORAL TABLET 25 MG, 50 MG		Tier 3	PA
SILENOR ORAL TABLET 3 MG, 6 MG	(doxepin)	Tier 3	ST; ST: Requires prior prescription for Doxepin solution or 10mg capsules, Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 120 days; QL (1 EA per 1 day)
zaleplon oral capsule 10 mg, 5 mg		Tier 1	QL (1 EA per 1 day)
zolpidem oral tablet 10 mg, 5 mg	(Ambien)	Tier 1	QL (1 EA per 1 day)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	(Ambien CR)	Tier 1	QL (1 EA per 1 day)
Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)			
NUPLAZID ORAL CAPSULE 34 MG		Tier 4	PA; SP
NUPLAZID ORAL TABLET 10 MG		Tier 4	PA; SP
Ssri &Antipsych,Atyp,Dopamine&Serotonin Antag Comb			
olanzapine-fluoxetine oral capsule 12-25 mg, 6-50 mg		Tier 1	QL (1 EA per 1 day)
olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg	(Symbyax)	Tier 1	QL (1 EA per 1 day)
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG	(olanzapine-fluoxetine)	Tier 3	QL (1 EA per 1 day)
Tx For Adhd - Selective Alpha-2A Receptor Agonist			
clonidine hcl oral tablet extended release 12 hr 0.1 mg		Tier 1	
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	(Intuniv ER)	Tier 1	
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG	(guanfacine)	Tier 3	

Drug		Status	Notes
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML		Tier 3	ST; ST: Requires prior prescription for Clonidine 0.1mg ER tablets within the past 120 days; QL (4 ML per 1 day); Age (Min 6 Years)
Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy			
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 3	ST; ST: Requires prior prescription for Methylphenidate or Relexxii 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 2	ST; ST: Requires prior prescriptions 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 3	QL (1 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG	(methylphenidate hcl)	Tier 3	QL (2 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 8.6 MG		Tier 3	ST; 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 3	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 3	ST; ST: Requires prior prescription for oral Methylphenidate CD/ER/LA 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 1	QL (1 EA per 1 day)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	(Focalin)	Tier 1	QL (2 EA per 1 day)
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG	(dexmethylphenidate)	Tier 3	QL (2 EA per 1 day)

Drug		Status	Notes
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	(dexmethylphenidate)	Tier 3	QL (1 EA per 1 day)
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG		Tier 2	ST; ST: Requires prior prescriptions 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 3	QL (1 EA per 1 day)
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 30 MG	(methylphenidate hcl)	Tier 3	QL (2 EA per 1 day)
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	(methylphenidate hcl)	Tier 1	QL (90 EA per 30 days)
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML	(methylphenidate hcl)	Tier 3	
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	(Aptensio XR)	Tier 3	ST; ST: Requires prior prescription for Methylphenidate or Relexxii within the past 120 days; QL (1 EA per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg	(Metadate CD)	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70 30 mg	(Metadate CD)	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg	(Ritalin LA)	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 30 mg	(Ritalin LA)	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 60 mg		Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	(Methylin)	Tier 1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	(Ritalin)	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 10 mg		Tier 1	QL (3 EA per 1 day)
methylphenidate hcl oral tablet extended release 20 mg	(Metadate ER)	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	(Concerta)	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral tablet extended release 24hr 36 mg	(Concerta)	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg		Tier 1	QL (90 EA per 30 days)

Drug	Status	Notes
methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr (Daytrana)	Tier 1	ST; ST: Requires prior prescription for oral Methylphenidate CD/ER/LA or Methylphenidate suspension/solution within the past 120 days; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	Tier 3	ST; ST: Requires prior prescriptions 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 3	ST; ST: Requires prior prescriptions 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 3	ST; 120mL BOTTLE; ST: Requires prior prescriptions 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 3	ST; 150mL BOTTLE; ST: Requires prior prescriptions for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (300 ML per 30 days)

Drug		Status	Notes
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)		Tier 3	ST; 180mL BOTTLE; ST: Requires prior prescriptions for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (360 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)		Tier 3	ST; 60mL BOTTLE; ST: Requires prior prescriptions 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 3	QL (1 EA per 1 day)
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 30 MG	(methylphenidate hcl)	Tier 3	QL (2 EA per 1 day)
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	(methylphenidate hcl)	Tier 3	QL (90 EA per 30 days)
Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type			
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	(Strattera)	Tier 1	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG		Tier 3	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); Age (Min 6 Years)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG		Tier 3	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); Age (Min 6 Years)

Drug		Status	Notes
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG		Tier 3	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); Age (Min 6 Years)
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	(atomoxetine)	Tier 3	
Cardiovascular Disease - Arrhythmia			
Antiarrhythmics			
amiodarone oral tablet 100 mg, 200 mg, 400 mg	(Pacerone)	Tier 1	
disopyramide phosphate oral capsule 100 mg, 150 mg	(Norpace)	Tier 1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	(Tikosyn)	Tier 1	
flecainide oral tablet 100 mg, 150 mg, 50 mg		Tier 1	
mexiletine oral capsule 150 mg, 200 mg, 250 mg		Tier 1	
MULTAQ ORAL TABLET 400 MG		Tier 2	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG		Tier 2	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 150 MG	(disopyramide phosphate)	Tier 2	
NORPACE ORAL CAPSULE 100 MG, 150 MG	(disopyramide phosphate)	Tier 3	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	(amiodarone)	Tier 1	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg		Tier 1	
propafenone oral tablet 150 mg, 225 mg, 300 mg		Tier 1	
quinidine gluconate oral tablet extended release 324 mg		Tier 1	
quinidine sulfate oral tablet 200 mg, 300 mg		Tier 1	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	(dofetilide)	Tier 3	
Cardiovascular Disease - Cardiac Stimulant			
Adrenergic Agents,Catecholamines			

Drug		Status	Notes
epinephrine injection syringe 0.1 mg/ml		Tier 1	
Digitalis Glycosides			
DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	(digoxin)	Tier 1	
digoxin oral solution 50 mcg/ml (0.05 mg/ml)		Tier 2	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(Digitek)	Tier 1	
digoxin oral tablet 62.5 mcg (0.0625 mg)	(Lanoxin)	Tier 1	PA
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	(digoxin)	Tier 3	
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	(digoxin)	Tier 3	PA
Cardiovascular Disease - Hypertension			
Ace Inhibitor/Calcium Channel Blocker Combination			
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg	(Lotrel)	Tier 1	
amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg		Tier 1	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	(amlodipine-benazepril)	Tier 3	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg		Tier 1	
Ace Inhibitor/Thiazide & Thiazide-Like Diuretic			
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	(quinapril-hydrochlorothiazide)	Tier 3	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	Tier 1	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		Tier 1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg		Tier 1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	(Vaseretic)	Tier 1	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		Tier 1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg		Tier 1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Zestoretic)	Tier 1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	(benazepril-hydrochlorothiazide)	Tier 3	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Accuretic)	Tier 1	

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

Drug		Status	Notes
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	(irbesartan-hydrochlorothiazide)	Tier 3	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	(olmesartan-hydrochlorothiazide)	Tier 3	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	(Atacand HCT)	Tier 1	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	(valsartan-hydrochlorothiazide)	Tier 3	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG		Tier 3	ST; 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 3	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	Tier 1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	(Hyzaar)	Tier 1	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	(telmisartan-hydrochlorothiazid)	Tier 3	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	(Benicar HCT)	Tier 1	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	(Micardis HCT)	Tier 1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	(Diovan HCT)	Tier 1	
Angiotensin Receptor Antgnst & Calc.Channel Blockr			
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	(Azor)	Tier 1	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	(Exforge)	Tier 1	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	(amlodipine-olmesartan)	Tier 3	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	(amlodipine-valsartan)	Tier 3	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg		Tier 1	
Antihypertensives, Ace Inhibitors			
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	(quinapril)	Tier 3	
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG	(ramipril)	Tier 3	
benazepril oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	Tier 1	
benazepril oral tablet 5 mg		Tier 1	

Drug		Status	Notes
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		Tier 1	
enalapril maleate oral solution 1 mg/ml	(Epaned)	Tier 1	ST; ST: Requires prior prescription for Enalapril tablets within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days)
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	Tier 1	
EPANED ORAL SOLUTION 1 MG/ML	(enalapril maleate)	Tier 3	ST; ST: Requires prior prescription for Enalapril tablets within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days)
fosinopril oral tablet 10 mg, 20 mg, 40 mg		Tier 1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	(Zestril)	Tier 1	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	(benazepril)	Tier 3	
moexipril oral tablet 15 mg, 7.5 mg		Tier 1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		Tier 1	
QBRELIS ORAL SOLUTION 1 MG/ML		Tier 3	ST; ST: Requires prior prescription for Lisinopril tablets within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days)
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Accupril)	Tier 1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	(Altace)	Tier 1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg		Tier 1	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	(enalapril maleate)	Tier 3	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	(lisinopril)	Tier 3	
Antihypertensives, Angiotensin Receptor Antagonist			
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	(candesartan)	Tier 3	
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG	(irbesartan)	Tier 3	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	(olmesartan)	Tier 3	
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Atacand)	Tier 1	

Drug		Status	Notes
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG	(losartan)	Tier 3	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	(valsartan)	Tier 3	
EDARBI ORAL TABLET 40 MG, 80 MG		Tier 3	ST; 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 1	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	(Avapro)	Tier 1	
losartan oral tablet 100 mg, 25 mg, 50 mg	(Cozaar)	Tier 1	
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG	(telmisartan)	Tier 3	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	(Benicar)	Tier 1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	(Micardis)	Tier 1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	Tier 1	
Antihypertensives, Miscellaneous			
DEMSER ORAL CAPSULE 250 MG	(metyrosine)	Tier 4	SP
metyrosine oral capsule 250 mg	(Demser)	Tier 4	SP
Antihypertensives, Sympatholytic			
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR	(clonidine)	Tier 3	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR	(clonidine)	Tier 3	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR	(clonidine)	Tier 3	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg		Tier 1	
clonidine transdermal patch weekly 0.1 mg/24 hr	(Catapres-TTS-1)	Tier 1	
clonidine transdermal patch weekly 0.2 mg/24 hr	(Catapres-TTS-2)	Tier 1	
clonidine transdermal patch weekly 0.3 mg/24 hr	(Catapres-TTS-3)	Tier 1	
guanfacine oral tablet 1 mg, 2 mg		Tier 1	
methyldopa oral tablet 250 mg, 500 mg		Tier 1	
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg		Tier 1	
Antihypertensives, Vasodilators			
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		Tier 1	

Drug		Status	Notes
minoxidil oral tablet 10 mg, 2.5 mg		Tier 1	
Antihypertensives,Endothelin Receptor Antagonists			
TRYVIO ORAL TABLET 12.5 MG		Tier 4	PA; SP
Beta-Adrenergic Blocking Agents			
acebutolol oral capsule 200 mg, 400 mg		Tier 1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	(Tenormin)	Tier 1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	(sotalol)	Tier 3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	(sotalol)	Tier 3	
betaxolol oral tablet 10 mg, 20 mg		Tier 1	
bisoprolol fumarate oral tablet 10 mg, 5 mg		Tier 1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	(nebivolol)	Tier 3	
CORGARD ORAL TABLET 80 MG	(nadolol)	Tier 3	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML		Tier 3	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 3	
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 200 MG, 25 MG, 50 MG		Tier 3	
LOPRESSOR ORAL TABLET 100 MG, 50 MG	(metoprolol tartrate)	Tier 3	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	(Toprol XL)	Tier 1	
metoprolol tartrate oral tablet 100 mg, 50 mg	(Lopressor)	Tier 1	
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg		Tier 1	
nadolol oral tablet 20 mg, 40 mg		Tier 1	
nadolol oral tablet 80 mg	(Corgard)	Tier 1	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Bystolic)	Tier 1	
pindolol oral tablet 10 mg, 5 mg		Tier 1	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	(Inderal LA)	Tier 1	

Drug		Status	Notes
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)		Tier 1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		Tier 1	
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG	(sotalol)	Tier 1	
sotalol oral tablet 120 mg, 160 mg, 80 mg	(Sotalol AF)	Tier 1	
sotalol oral tablet 240 mg	(Betapace)	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML		Tier 3	ST; QL: 8 BOTTLES IN 30 DAYS; ST: Requires prior prescription for Sotalol tablets within the past 120 days
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	(atenolol)	Tier 3	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		Tier 1	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	(metoprolol succinate)	Tier 3	
Beta-Adrenergic Blocking Agents/Thiazide & Related			
atenolol-chlorthalidone oral tablet 100-25 mg	(Tenoretic 100)	Tier 1	
atenolol-chlorthalidone oral tablet 50-25 mg	(Tenoretic 50)	Tier 1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg		Tier 1	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg		Tier 1	
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg		Tier 1	
TENORETIC 100 ORAL TABLET 100-25 MG	(atenolol-chlorthalidone)	Tier 3	
TENORETIC 50 ORAL TABLET 50-25 MG	(atenolol-chlorthalidone)	Tier 3	
Calcium Channel Blocking Agents			
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	(Norvasc)	Tier 1	
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	(diltiazem hcl)	Tier 3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	(diltiazem hcl)	Tier 3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	(diltiazem hcl)	Tier 3	

Drug		Status	Notes
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	(diltiazem hcl)	Tier 1	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	(levamlodipine)	Tier 3	PA
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	(DILT-XR)	Tier 1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg		Tier 1	
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(Tiadylt ER)	Tier 1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	Tier 1	
diltiazem hcl oral capsule,extended release 24hr 360 mg	(Cardizem CD)	Tier 1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	(Cardizem)	Tier 1	
diltiazem hcl oral tablet 90 mg		Tier 1	
diltiazem hcl oral tablet extended release 24 hr 120 mg	(Cardizem LA)	Tier 1	
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(Matzim LA)	Tier 1	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	(diltiazem hcl)	Tier 1	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg		Tier 1	
isradipine oral capsule 2.5 mg, 5 mg		Tier 1	
levamlodipine oral tablet 2.5 mg, 5 mg	(Conjupri)	Tier 1	PA
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	(diltiazem hcl)	Tier 1	
nicardipine oral capsule 20 mg, 30 mg		Tier 1	
nifedipine oral capsule 10 mg, 20 mg		Tier 1	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	(Procardia XL)	Tier 1	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg		Tier 1	
nimodipine oral capsule 30 mg		Tier 1	
nimodipine oral solution 60 mg/20 ml		Tier 4	PA; SP
nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg	(Sular)	Tier 1	
nisoldipine oral tablet extended release 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg		Tier 1	

Drug		Status	Notes
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	(amlodipine)	Tier 3	
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 3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	(nisoldipine)	Tier 3	
TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	(diltiazem hcl)	Tier 1	
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	(diltiazem hcl)	Tier 3	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg		Tier 1	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg		Tier 1	
verapamil oral tablet 120 mg, 40 mg, 80 mg		Tier 1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg		Tier 1	
VERELAN PM ORAL CAPSULE, 24 HR ER PELLET CT 100 MG, 200 MG, 300 MG	(verapamil)	Tier 3	
Loop Diuretics			
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg		Tier 1	
EDECRIN ORAL TABLET 25 MG	(ethacrynic acid)	Tier 3	PA
ethacrynic acid oral tablet 25 mg	(Edecrin)	Tier 1	PA
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML		Tier 4	SP
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)		Tier 1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	(Lasix)	Tier 1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	(furosemide)	Tier 3	
SOAANZ ORAL TABLET 20 MG	(torsemide)	Tier 3	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg		Tier 1	
Potassium Sparing Diuretics			
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	(spironolactone)	Tier 3	

Drug		Status	Notes
amiloride oral tablet 5 mg		Tier 1	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	(triamterene)	Tier 3	
eplerenone oral tablet 25 mg, 50 mg	(Inspra)	Tier 1	
INSPRA ORAL TABLET 25 MG, 50 MG	(eplerenone)	Tier 3	
KERENDIA ORAL TABLET 10 MG, 20 MG		Tier 3	PA
spironolactone oral tablet 100 mg, 25 mg, 50 mg	(Aldactone)	Tier 1	
triamterene oral capsule 100 mg, 50 mg	(Dyrenium)	Tier 1	
Potassium Sparing Diuretics In Combination			
amiloride-hydrochlorothiazide oral tablet 5-50 mg		Tier 1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg		Tier 1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg		Tier 1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg		Tier 1	
Pulm Anti-Htn,Soluble Guanylate Cyclase Stimulator			
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		Tier 4	PA; SP
Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib			
ADCIRCA ORAL TABLET 20 MG	(tadalafil (pulm. hypertension))	Tier 4	PA; SP
ALYQ ORAL TABLET 20 MG	(tadalafil (pulm. hypertension))	Tier 4	PA; SP
LIQREV ORAL SUSPENSION 10 MG/ML		Tier 4	PA; SP
REVATIO ORAL TABLET 20 MG	(sildenafil (pulm.hypertension))	Tier 3	PA
sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml		Tier 1	PA
sildenafil (pulm.hypertension) oral tablet 20 mg	(Revatio)	Tier 1	PA
tadalafil (pulm. hypertension) oral tablet 20 mg	(Adcirca)	Tier 4	PA; SP
Pulmonary Anti-Htn, Endothelin Receptor Antagonist			
ambrisentan oral tablet 10 mg, 5 mg	(Letairis)	Tier 4	PA; SP
bosentan oral tablet 125 mg, 62.5 mg	(Tracleer)	Tier 4	PA; SP
LETAIRIS ORAL TABLET 10 MG, 5 MG	(ambrisentan)	Tier 4	PA; SP
OPSUMIT ORAL TABLET 10 MG		Tier 4	PA; SP
TRACLEER ORAL TABLET 125 MG, 62.5 MG	(bosentan)	Tier 4	PA; SP

Drug	Status	Notes
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	Tier 4	PA; SP
Pulmonary Antihyper Agent, Actriia-Fc		
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	Tier 4	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 4	PA; SP
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	Tier 4	PA; SP
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)- 1MG	Tier 4	PA; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 4	PA; SP
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML (treprostinil sodium)	Tier 4	PA; SP
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml (Remodulin)	Tier 4	PA; SP
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG	Tier 4	PA; SP
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 4	PA; SP
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 4	PA; SP
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 4	PA; SP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 4	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 4	PA; SP
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	Tier 4	PA; SP
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	Tier 4	PA; SP

Drug		Status	Notes
Pulmonary Htn-Endothelin Recept Antg-Cgmp Pde5 Inh			
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG		Tier 4	PA; SP
Renin Inhibitor, Direct			
aliskiren oral tablet 150 mg, 300 mg	(Tekturna)	Tier 1	
TEKTURNA ORAL TABLET 150 MG, 300 MG	(aliskiren)	Tier 3	
Thiazide And Related Diuretics			
chlorthalidone oral tablet 25 mg, 50 mg		Tier 1	
DIURIL ORAL SUSPENSION 250 MG/5 ML		Tier 3	
hydrochlorothiazide oral capsule 12.5 mg		Tier 1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		Tier 1	
indapamide oral tablet 1.25 mg, 2.5 mg		Tier 1	
INZIRQO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML		Tier 3	PA
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		Tier 1	
Vasodilators, Combination			
BIDIL ORAL TABLET 20-37.5 MG	(isosorbide-hydralazine)	Tier 3	
isosorbide-hydralazine oral tablet 20-37.5 mg	(BiDil)	Tier 1	
Cardiovascular Disease - Lipid Irregularity			
Antihyperlip.Hmg Coa Reduct Inhib&Cholest.Ab.Inhib			
ezetimibe-simvastatin oral tablet 10-10 mg	(Vytorin 10-10)	Tier 1	QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-20 mg	(Vytorin 10-20)	Tier 1	QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-40 mg	(Vytorin 10-40)	Tier 1	QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-80 mg	(Vytorin 10-80)	Tier 1	PA; QL (1 EA per 1 day)
VYTORIN 10-10 ORAL TABLET 10-10 MG	(ezetimibe-simvastatin)	Tier 3	QL (1 EA per 1 day)
VYTORIN 10-20 ORAL TABLET 10-20 MG	(ezetimibe-simvastatin)	Tier 3	QL (1 EA per 1 day)
VYTORIN 10-40 ORAL TABLET 10-40 MG	(ezetimibe-simvastatin)	Tier 3	QL (1 EA per 1 day)
VYTORIN 10-80 ORAL TABLET 10-80 MG	(ezetimibe-simvastatin)	Tier 3	PA; QL (1 EA per 1 day)
Antihyperlipidemic - Apo B-100 Synthesis Inhibitor			

Drug		Status	Notes
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML		Tier 4	PA; SP
Antihyperlipidemic - Atp Citrate Lyase Inhibitor			
NEXLETOL ORAL TABLET 180 MG		Tier 2	ST; ST: Requires prior prescription for a generic statin within the past 120 days
Antihyperlipidemic - Hmg Coa Reductase Inhibitors			
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG		Tier 3	ST; ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; QL (1 EA per 1 day)
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)		Tier 3	PA
atorvastatin oral tablet 10 mg, 20 mg	(Lipitor)	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
atorvastatin oral tablet 40 mg, 80 mg	(Lipitor)	Tier 1	QL (1 EA per 1 day)
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	(rosuvastatin)	Tier 3	QL (1 EA per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG		Tier 3	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 3	PA
FLOLIPID ORAL SUSPENSION 40 MG/5 ML (8 MG/ML)		Tier 3	PA
fluvastatin oral capsule 20 mg		$0	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, AGE 40-75 YEARS, 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		$0	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, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
fluvastatin oral tablet extended release 24 hr 80 mg	(Lescol XL)	$0	ST; ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG	(fluvastatin)	Tier 3	ST; ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; QL (1 EA per 1 day)
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	(atorvastatin)	Tier 3	QL (1 EA per 1 day)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	(pitavastatin calcium)	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
lovastatin oral tablet 10 mg, 20 mg, 40 mg		$0	$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)

Drug		Status	Notes
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg		$0	$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
rosuvastatin oral tablet 10 mg, 5 mg	(Crestor)	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
rosuvastatin oral tablet 20 mg, 40 mg	(Crestor)	Tier 1	QL (1 EA per 1 day)
simvastatin oral tablet 10 mg, 20 mg, 40 mg	(Zocor)	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin oral tablet 5 mg		$0	$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin oral tablet 80 mg		Tier 1	PA; QL (1 EA per 1 day)
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	(simvastatin)	Tier 3	QL (1 EA per 1 day)
Antihyperlipidemic - Mtp Inhibitor			
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG		Tier 4	PA; SP
Antihyperlipidemic - Pcsk9 Inhibitors			
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML		Tier 3	ST; ST: Requires prior prescription for Repatha within the past 120 days
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML		Tier 2	ST; ST: Requires prior prescription for a generic statin within the past 120 days
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML		Tier 2	ST; ST: Requires prior prescription for a generic statin within the past 120 days

Drug		Status	Notes
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML		Tier 2	ST; ST: Requires prior prescription for a generic statin within the past 120 days
Antihyperlipidemic-Acly And Choles Absorp Inhib			
NEXLIZET ORAL TABLET 180-10 MG		Tier 2	ST; ST: Requires prior prescription for a generic statin within the past 120 days
Bile Salt Sequestrants			
cholestyramine (with sugar) oral powder 4 gram	(Questran)	Tier 1	
cholestyramine (with sugar) oral powder in packet 4 gram	(Questran)	Tier 1	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM		Tier 1	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM		Tier 1	
colesevelam oral powder in packet 3.75 gram	(WelChol)	Tier 1	
colesevelam oral tablet 625 mg	(WelChol)	Tier 1	
COLESTID ORAL GRANULES 5 GRAM	(colestipol)	Tier 3	
COLESTID ORAL TABLET 1 GRAM	(colestipol)	Tier 3	
colestipol oral granules 5 gram	(Colestid)	Tier 1	
colestipol oral packet 5 gram		Tier 1	
colestipol oral tablet 1 gram	(Colestid)	Tier 1	
PREVALITE ORAL POWDER 4 GRAM		Tier 1	
PREVALITE ORAL POWDER IN PACKET 4 GRAM		Tier 1	
QUESTRAN LIGHT ORAL POWDER 4 GRAM		Tier 3	
QUESTRAN ORAL POWDER 4 GRAM	(cholestyramine (with sugar))	Tier 3	
QUESTRAN ORAL POWDER IN PACKET 4 GRAM	(cholestyramine (with sugar))	Tier 3	
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	(colesevelam)	Tier 3	
WELCHOL ORAL TABLET 625 MG	(colesevelam)	Tier 3	
Lipotropics			
ezetimibe oral tablet 10 mg	(Zetia)	Tier 1	QL (1 EA per 1 day)
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg		Tier 1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	(Tricor)	Tier 1	
fenofibrate oral capsule 150 mg, 50 mg	(Lipofen)	Tier 1	

Drug		Status	Notes
fenofibrate oral tablet 120 mg, 40 mg	(Fenoglide)	Tier 1	
fenofibrate oral tablet 160 mg, 54 mg		Tier 1	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg		Tier 1	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 45 mg	(Trilipix)	Tier 1	
fenofibric acid oral tablet 105 mg, 35 mg	(Fibricor)	Tier 1	
FENOGLIDE ORAL TABLET 120 MG, 40 MG	(fenofibrate)	Tier 3	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 3	
gemfibrozil oral tablet 600 mg	(Lopid)	Tier 1	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	(fenofibrate)	Tier 3	ST; ST: Requires prior prescription for generic Fenofibrate or Gemfibrozil within the past 120 days
LOPID ORAL TABLET 600 MG	(gemfibrozil)	Tier 3	
LOVAZA ORAL CAPSULE 1 GRAM	(omega-3 acid ethyl esters)	Tier 3	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 1	
NIACOR ORAL TABLET 500 MG	(niacin)	Tier 1	
omega-3 acid ethyl esters oral capsule 1 gram	(Lovaza)	Tier 1	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 3	
TRILIPIX ORAL CAPSULE,DELAYED RELEASE(DR/EC) 135 MG, 45 MG	(fenofibric acid (choline))	Tier 3	
VASCEPA ORAL CAPSULE 0.5 GRAM	(icosapent ethyl)	Tier 1	QL (8 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM	(icosapent ethyl)	Tier 1	QL (4 EA per 1 day)
ZETIA ORAL TABLET 10 MG	(ezetimibe)	Tier 3	QL (1 EA per 1 day)
Cardiovascular Disease - Miscellaneous Agents			
Adrenergic Vasopressor Agents			
droxidopa oral capsule 100 mg, 200 mg, 300 mg	(Northera)	Tier 4	PA; SP
midodrine oral tablet 10 mg, 2.5 mg, 5 mg		Tier 1	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	(droxidopa)	Tier 4	PA; SP

Drug		Status	Notes
Angiotensin Recept-Neprilysin Inhibitor Comb(Arni)			
ENTRESTO ORAL TABLET 24-26 MG	(sacubitril-valsartan)	Tier 2	QL (6 EA per 1 day)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	(sacubitril-valsartan)	Tier 2	QL (2 EA per 1 day)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG		Tier 2	QL (8 EA per 1 day)
Antianginal & Anti-Ischemic Agents,Non-Hemodynamic			
ranolazine oral tablet extended release 12 hr 1,000 mg		Tier 1	QL (60 EA per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg		Tier 1	QL (120 EA per 30 days)
Antianginal, Heart Rate Reducing, I(F) Inhibitor			
CORLANOR ORAL SOLUTION 5 MG/5 ML		Tier 2	QL (20 ML per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	(ivabradine)	Tier 3	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 1	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 1	QL (1 EA per 1 day)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		Tier 1	QL (1 EA per 1 day)
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	(amlodipine-atorvastatin)	Tier 3	QL (1 EA per 1 day)
Cardiac Myosin Inhibitor			
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG		Tier 4	PA; SP
Protein Stabilizers			
ATTRUBY ORAL TABLET 356 MG		Tier 4	PA; SP
VYNDAMAX ORAL CAPSULE 61 MG		Tier 4	PA; SP
VYNDAQEL ORAL CAPSULE 20 MG		Tier 4	PA; SP
Soluble Guanylate Cyclase (Sgc) Stimulator			

Drug		Status	Notes
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG		Tier 3	PA
Cardiovascular Disease - Vasodilation			
Vasodilators,Coronary			
amyl nitrite inhalation solution 0.3 ml		Tier 1	
ISORDIL ORAL TABLET 40 MG	(isosorbide dinitrate)	Tier 3	
ISORDIL TITRADOSE ORAL TABLET 5 MG	(isosorbide dinitrate)	Tier 3	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		Tier 1	
isosorbide dinitrate oral tablet 40 mg	(Isordil)	Tier 1	
isosorbide dinitrate oral tablet 5 mg	(Isordil Titradose)	Tier 1	
isosorbide mononitrate oral tablet 10 mg, 20 mg		Tier 1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg		Tier 1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	(nitroglycerin)	Tier 2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	(nitroglycerin)	Tier 3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR		Tier 2	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	(Nitrostat)	Tier 1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(Nitro-Dur)	Tier 1	
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	(Nitrolingual)	Tier 1	
NITROLINGUAL TRANSLINGUAL SPRAY,NON-AEROSOL 400 MCG/SPRAY	(nitroglycerin)	Tier 3	
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	(nitroglycerin)	Tier 3	
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG	(nitroglycerin)	Tier 1	
Vasodilators,Peripheral			
ergoloid oral tablet 1 mg		Tier 1	
papaverine injection solution 30 mg/ml		Tier 1	
Contraception/Oxytocics			
Contraceptives, Intravaginal, Systemic			
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR		$0	

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

Drug		Status	Notes
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		$0	$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)	$0	$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)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
APRI ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG		$0	$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)	$0	$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)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUBRA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	$0	$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)	$0	$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)	$0	$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)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
AVIANE ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
AYUNA ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	$0	$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)	$0	$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 3	ST; ST: Requires prior prescriptions for two generic oral contraceptives within the past 365 days; QL (28 EA per 28 days)
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG		$0	$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 3	
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	$0	$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)	$0	$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)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS

Drug		Status	Notes
BRIELLYN ORAL TABLET 0.4-35 MG-MCG		$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
CAMILA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$0	$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)	$0	$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)	$0	$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		$0	$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)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
CRYSELLE (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
CYRED EQ ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
CYRED ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
DEBLITANE ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$0	$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))	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
DOLISHALE ORAL TABLET 90-20 MCG (28)	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)	(Beyaz)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)	(Safyral)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	(YAZ (28))	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	(Yasmin (28))	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ECONTRA EZ ORAL TABLET 1.5 MG	(levonorgestrel)	$0	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	(levonorgestrel)	$0	
ELINEST ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS

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

Drug		Status	Notes
JASMIEL (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
JENCYCLA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	$0	$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)	$0	$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)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
JULIE ORAL TABLET 1.5 MG	(levonorgestrel)	$0	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$0	$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)	$0	$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)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
KALLIGA ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	$0	$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)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
KELNOR 1/50 (28) ORAL TABLET 1-50 MG-MCG	(ethynodiol diac-eth estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
KURVELO (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	$0	$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)	$0	$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)	$0	$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)	$0	$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)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS

Drug		Status	Notes
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	$0	$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)	$0	$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)	$0	$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)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG		$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LESSINA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	$0	$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)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	(Balcoltra)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (28 EA per 28 days)
levonorgestrel oral tablet 1.5 mg	(After Pill)	$0	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	(Afirmelle)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	(Altavera (28))	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)	(Amethyst (28))	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(Iclevia)	$0	$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)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LEVORA-28 ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)		$0	ST; ST: Requires prior prescriptions for two generic oral contraceptives within the past 365 days; $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 3	ST; ST: Requires prior prescription for a generic contraceptive within the past 120 days
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	Tier 3	ST; ST: Requires prior prescription for a generic contraceptive within the past 120 days
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 3	ST; ST: Requires prior prescription for a generic contraceptive within the past 120 days

Drug		Status	Notes
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 3	ST; ST: Requires prior prescription for a generic contraceptive within the past 120 days
LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
LORYNA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LYLEQ ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LYZA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
MERZEE ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	$0	$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)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	$0	$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)	$0	$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)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
MILI ORAL TABLET 0.25-0.035 MG	(norgestimate-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
MINZOYA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	(levonorgest-eth.estradiol-iron)	$0	$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)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
MY CHOICE ORAL TABLET 1.5 MG	(levonorgestrel)	$0	
MY WAY ORAL TABLET 1.5 MG	(levonorgestrel)	$0	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG		$0	ST; ST: Requires prior prescriptions for two generic oral contraceptives within the past 365 days; $0 COPAY IF QUANTITY 28 IN 28 DAYS

Drug		Status	Notes
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
NEW DAY ORAL TABLET 1.5 MG	(levonorgestrel)	$0	
NEXTSTELLIS ORAL TABLET 3 MG-14.2 MG (28)		$0	ST; ST: Requires prior prescriptions for two generic oral contraceptives within the past 365 days; $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)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
NORA-BE ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$0	$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)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	(Kaitlib Fe)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
norethindrone (contraceptive) oral tablet 0.35 mg	(Camila)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	(Loestrin 1.5/30 (21))	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	(Loestrin 1/20 (21))	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	(Taytulla)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Loestrin Fe 1/20 (28-Day))	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Loestrin Fe 1.5/30 (28-Day))	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(Tilia Fe)	$0	$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)	$0	$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)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(Ortho Tri-Cyclen (28))	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg	(Estarylla)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)		$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS

Drug		Status	Notes
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
OCELLA ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
OPCICON ONE-STEP ORAL TABLET 1.5 MG	(levonorgestrel)	$0	
OPILL ORAL TABLET 0.075 MG		$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
OPTION-2 ORAL TABLET 1.5 MG	(levonorgestrel)	$0	
ORTHO MICRONOR ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 3	
ORTHO TRI-CYCLEN (28) ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	Tier 3	ST; ST: Requires prior prescription for a generic contraceptive within the past 120 days
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		Tier 3	ST; ST: Requires prior prescription for a generic contraceptive within the past 120 days
PHILITH ORAL TABLET 0.4-35 MG-MCG		$0	$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)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
PORTIA 28 ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	(l norgest/e.estradiol-e.estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7)	(drospirenone-e.estradiol-lm.fa)	Tier 3	
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
SHAROBEL ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$0	$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)	$0	$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)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)

Drug		Status	Notes
SLYND ORAL TABLET 4 MG (28)		$0	ST; ST: Requires prior prescription for generic Norethindrone 0.35mg tablets within the past 120 days; $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)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
SRONYX ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
SYEDA ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TAKE ACTION ORAL TABLET 1.5 MG	(levonorgestrel)	$0	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$0	$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)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 3	ST; ST: Requires prior prescriptions for two generic oral contraceptives within the past 365 days
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	$0	$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)	$0	$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)	$0	$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)	$0	$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)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	$0	$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)	$0	$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)	$0	$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)	$0	$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)	$0	$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)	$0	$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)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS

Drug		Status	Notes
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TULANA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG		$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	(drospirenone-e.estradiol-lm.fa)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
VALTYA ORAL TABLET 1-50 MG-MCG	(ethynodiol diac-eth estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
VESTURA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
VIENVA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	$0	$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)	$0	$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)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG		$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
VYLIBRA ORAL TABLET 0.25-0.035 MG	(norgestimate-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
WERA (28) ORAL TABLET 0.5-35 MG-MCG		$0	$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)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
XARAH FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
YASMIN (28) ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	Tier 3	
YAZ (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	Tier 3	
ZARAH ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
Contraceptives,Transdermal			
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	(Xulane)	$0	

Drug		Status	Notes
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR		$0	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradiol)	$0	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradiol)	$0	
Diaphragms/Cervical Cap			
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM		$0	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM		$0	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM		$0	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM		$0	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM		$0	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM		$0	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM		$0	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM		$0	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM		$0	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM		$0	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM		$0	
Oxytocics			
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG		Tier 3	
methylergonovine oral tablet 0.2 mg		Tier 1	QL (28 EA per 30 days)
PREPIDIL VAGINAL GEL 0.5 MG/3 G		Tier 3	
Cough And Cold			
1St Gen Antihistamine & Decongestant Combinations			
PROMETHAZINE VC ORAL SYRUP 6.25-5 MG/5 ML	(promethazine-phenylephrine)	Tier 1	
promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml	(Promethazine VC)	Tier 1	
1St Gen Antihist-Decongest-Anticholinergic Comb			
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG		Tier 1	
Antitussives,Non-Narcotic			
benzonatate oral capsule 100 mg, 200 mg		Tier 1	

Drug		Status	Notes
Narcotic Antitussive-1St Generation Antihistamine			
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml		Tier 1	QL (10 ML per 1 day); Age (Min 18 Years)
promethazine-codeine oral syrup 6.25-10 mg/5 ml		Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG		Tier 3	ST; 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 3	QL (6 EA per 1 day); Age (Min 18 Years)
hydrocodone-homatropine oral solution 5-1.5 mg/5 ml	(Hydromet)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
hydrocodone-homatropine oral tablet 5-1.5 mg	(Hycodan (with homatropine))	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
HYDROMET ORAL SOLUTION 5-1.5 MG/5 ML	(hydrocodone-homatropine)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
Non-Narc Antituss-1St Gen. Antihistamine-Decongest			
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	(brompheniramine-pseudoeph-dm)	Tier 1	
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	(Bromfed DM)	Tier 1	
Non-Narc Antitussive-1St Gen Antihistamine Comb.			
promethazine-dm oral syrup 6.25-15 mg/5 ml		Tier 1	
Nose Preparations, Vasoconstrictors (Rx)			
epinephrine hcl nasal solution 1 mg/ml		Tier 1	
Dermatology - Acne			
Acne Agents,Systemic			
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	(isotretinoin)	Tier 1	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	(isotretinoin)	Tier 1	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	(isotretinoin)	Tier 1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(Accutane)	Tier 1	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	(isotretinoin)	Tier 1	
Acne Agents,Topical			

Drug		Status	Notes
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	(clindamycin-benzoyl peroxide)	Tier 3	ST; ST: Requires prior prescription for generic Clindamycin/Benzoyl Peroxide gel within the past 120 days
ACZONE TOPICAL GEL 5 %	(dapsone)	Tier 3	
ACZONE TOPICAL GEL WITH PUMP 7.5 %	(dapsone)	Tier 3	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
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %	(Epiduo)	Tier 1	
adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %	(Epiduo Forte)	Tier 1	
ADEINZDE TOPICAL GEL 0.1-2.5-1 %		Tier 3	
ADERMICA HP TOPICAL GEL 0.05-2.5-1-2 %		Tier 3	
ADMIRAZOL HP TOPICAL CREAM 8.5-5-2 %		Tier 3	
ADMIRAZOL TOPICAL CREAM 6-5-2 %		Tier 3	
ALIXI HP TOPICAL CREAM 8.5-4 %		Tier 3	
ALIXI TOPICAL CREAM 6-4 %		Tier 3	
ALOMIRA HP TOPICAL GEL 0.1-5-1-2 %		Tier 3	
ALURIS HP TOPICAL CREAM 0.1-4 %		Tier 3	
ARTILIS TOPICAL GEL 2.5-1-4 %	(benzoyl per-clindamycin-niacin)	Tier 1	
AVIDORA HP TOPICAL CREAM 0.05-1-4 %		Tier 3	
AVIDORA TOPICAL SOLUTION 0.025-1-4 %		Tier 3	
AWANIS TOPICAL CREAM 0.025-8.5-2 %		Tier 3	

Drug		Status	Notes
AZELEX TOPICAL CREAM 20 %		Tier 3	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 3	PA
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %	(Neuac)	Tier 1	
clindamycin-benzoyl peroxide topical gel 1-5 %		Tier 1	
clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 %	(Onexton)	Tier 1	
clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %	(Acanya)	Tier 1	ST; ST: Requires prior prescription for generic Clindamycin/Benzoyl Peroxide gel within the past 120 days
dapsone topical gel 5 %	(Aczone)	Tier 1	
dapsone topical gel with pump 7.5 %	(Aczone)	Tier 1	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
DEOXIATAR TOPICAL SOLUTION 0.025-1-4 %		Tier 3	
DEOXIAVAR TOPICAL CREAM 0.05-1-4 %		Tier 3	
DIADIMAXIA TOPICAL CREAM 6-5-2 %		Tier 3	
DIAOXIA TOPICAL CREAM 6-4 %		Tier 3	
DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 %		Tier 3	
DIASAXIATAR TOPICAL GEL 0.025-8.5-2 %		Tier 3	
DIASDIMAXIA TOPICAL CREAM 8.5-5-2 %		Tier 3	
DIASOXIA TOPICAL CREAM 8.5-4 %		Tier 3	
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %	(adapalene-benzoyl peroxide)	Tier 3	

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

Drug		Status	Notes
metronidazole topical gel 1 %	(Metrogel)	Tier 1	
metronidazole topical gel with pump 1 %		Tier 1	
metronidazole topical lotion 0.75 %	(MetroLotion)	Tier 1	
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	(brimonidine)	Tier 3	
REMYDA TOPICAL GEL 0.25 %		Tier 3	
RESTIMO TOPICAL GEL 1-1 %		Tier 3	
ROSADAN TOPICAL CREAM 0.75 %	(metronidazole)	Tier 1	
ROSADAN TOPICAL GEL 0.75 %	(metronidazole)	Tier 3	
ROVIS TOPICAL GEL 0.25-1-1-4 %		Tier 3	
SOOLANTRA TOPICAL CREAM 1 %	(ivermectin)	Tier 3	ST; ST: Requires prior prescription for Finacea gel or foam within the past 120 days
Topical Antiandrogenic Agents			
WINLEVI TOPICAL CREAM 1 %		Tier 3	PA
Topical Preparations,Antibacterials			
DERMAZENE TOPICAL CREAM IN PACKET 1-1 %		Tier 3	
hydrocortisone-iodoquinol topical cream 1-1 %	(Corti-Sav)	Tier 1	
hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %	(Vytone)	Tier 1	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %		Tier 3	
IODOSORB TOPICAL GEL 0.9 %		Tier 3	
LUGOLS TOPICAL SOLUTION 5-10 %	(iodine-potassium iodide)	Tier 1	
NORMLGEL AG TOPICAL GEL 0.11 %		Tier 3	
silver nitrate topical solution 0.5 %, 25 %, 50 %		Tier 1	
STRONG IODINE TOPICAL SOLUTION 5-10 %	(iodine-potassium iodide)	Tier 1	
VYTONE TOPICAL CREAM IN PACKET 1.9-1 %	(hydrocortisone-iodoquinol-aloe)	Tier 3	
Vitamin A Derivatives			
adapalene topical cream 0.1 %	(Differin)	Tier 1	
adapalene topical gel 0.3 %		Tier 1	
adapalene topical gel with pump 0.3 %	(Differin)	Tier 1	
adapalene topical lotion 0.1 %	(Differin)	Tier 1	Age (Max 39 Years)
ALTRENO TOPICAL LOTION 0.05 %		Tier 3	
ATRALIN TOPICAL GEL 0.05 %	(tretinoin)	Tier 3	
AVITA TOPICAL CREAM 0.025 %	(tretinoin)	Tier 1	
AVITA TOPICAL GEL 0.025 %	(tretinoin)	Tier 1	

Drug		Status	Notes
DIFFERIN TOPICAL CREAM 0.1 %	(adapalene)	Tier 3	
DIFFERIN TOPICAL GEL WITH PUMP 0.3 %	(adapalene)	Tier 3	
DIFFERIN TOPICAL LOTION 0.1 %	(adapalene)	Tier 3	Age (Max 39 Years)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.1 %	(tretinoin microspheres)	Tier 3	Age (Max 39 Years)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %		Tier 3	ST; 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 3	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 3	Age (Max 39 Years)
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 %	(tretinoin)	Tier 3	
RETIN-A TOPICAL GEL 0.01 %, 0.025 %	(tretinoin)	Tier 3	
tretinoin microspheres topical gel 0.04 %, 0.1 %	(Retin-A Micro)	Tier 1	Age (Max 39 Years)
tretinoin microspheres topical gel with pump 0.04 %, 0.1 %	(Retin-A Micro Pump)	Tier 1	Age (Max 39 Years)
tretinoin microspheres topical gel with pump 0.08 %	(Retin-A Micro Pump)	Tier 1	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 1	
tretinoin topical cream 0.05 %, 0.1 %	(Retin-A)	Tier 1	
tretinoin topical gel 0.01 %	(Retin-A)	Tier 1	
tretinoin topical gel 0.025 %	(Avita)	Tier 1	
tretinoin topical gel 0.05 %	(Atralin)	Tier 1	
Vitamin A Derivatives, Topical Acne Agents			
AKLIEF TOPICAL CREAM 0.005 %		Tier 3	ST; ST: Requires prior prescription for one of the following generic topicals: Adapalene gel/cream/lotion/solution, Tazarotene, or Tretinoin within the past 120 days; Age (Max 39 Years)

Drug		Status	Notes
Dermatology - Antiinfective			
Topical Antibiotics			
BENZAMYCIN TOPICAL GEL 3-5 %	(erythromycin-benzoyl peroxide)	Tier 3	
CENTANY AT TOPICAL OINTMENT KIT 2 %		Tier 3	
CENTANY TOPICAL OINTMENT 2 %	(mupirocin)	Tier 3	QL (90 GM per 1 FILL)
CLEOCIN T TOPICAL LOTION 1 %	(clindamycin phosphate)	Tier 3	
CLEOCIN T TOPICAL SOLUTION 1 %	(clindamycin phosphate)	Tier 3	QL (180 ML per 1 FILL)
CLINDACIN ETZ TOPICAL SWAB 1 %	(clindamycin phosphate)	Tier 3	
CLINDACIN P TOPICAL SWAB 1 %	(clindamycin phosphate)	Tier 3	
CLINDACIN TOPICAL FOAM 1 %	(clindamycin phosphate)	Tier 3	
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 %	(clindamycin phosphate)	Tier 3	ST; ST: Requires prior prescription for generic Cleocin-T 1% gel within the past 120 days
clindamycin phosphate topical foam 1 %	(Clindacin)	Tier 1	
clindamycin phosphate topical gel 1 %		Tier 1	
clindamycin phosphate topical gel, once daily 1 %	(Clindagel)	Tier 1	ST; ST: Requires prior prescription for generic Cleocin-T 1% gel within the past 120 days
clindamycin phosphate topical lotion 1 %	(Cleocin T)	Tier 1	
clindamycin phosphate topical solution 1 %		Tier 1	QL (180 ML per 1 FILL)
clindamycin phosphate topical swab 1 %	(Clindacin ETZ)	Tier 1	
ERY PADS TOPICAL SWAB 2 %	(erythromycin with ethanol)	Tier 1	
ERYGEL TOPICAL GEL 2 %	(erythromycin with ethanol)	Tier 3	
erythromycin with ethanol topical gel 2 %	(Erygel)	Tier 1	
erythromycin with ethanol topical solution 2 %		Tier 1	QL (180 ML per 1 FILL)
erythromycin-benzoyl peroxide topical gel 3-5 %	(Benzamycin)	Tier 1	
EVOCLIN TOPICAL FOAM 1 %	(clindamycin phosphate)	Tier 3	
gentamicin topical cream 0.1 %		Tier 1	QL (90 GM per 1 FILL)
gentamicin topical ointment 0.1 %		Tier 1	QL (90 GM per 1 FILL)
mupirocin calcium topical cream 2 %		Tier 1	QL (90 GM per 1 FILL)
mupirocin topical ointment 2 %	(Centany)	Tier 1	QL (90 GM per 1 FILL)
XEPI TOPICAL CREAM 1 %		Tier 3	ST; ST: Requires prior prescription for Mupirocin ointment within the past 120 days
Topical Antifungal/Antiinflammatory,Steriod Agent			

Drug		Status	Notes
clotrimazole-betamethasone topical cream 1-0.05 %		Tier 1	
clotrimazole-betamethasone topical lotion 1-0.05 %		Tier 1	
Topical Antifungals			
CICLODAN KIT TOPICAL COMBO PACK 0.77 %		Tier 3	
CICLODAN KIT TOPICAL SOLUTION 8 %	(ciclopirox-ure-camph-menth-euc)	Tier 3	QL (19.8 ML per 1 FILL)
CICLODAN TOPICAL CREAM 0.77 %	(ciclopirox)	Tier 3	QL (180 GM per 1 FILL)
CICLODAN TOPICAL SOLUTION 8 %	(ciclopirox)	Tier 3	QL (19.8 ML per 1 FILL)
ciclopirox topical cream 0.77 %	(Ciclodan)	Tier 1	QL (180 GM per 1 FILL)
ciclopirox topical gel 0.77 %		Tier 1	
ciclopirox topical shampoo 1 %		Tier 1	
ciclopirox topical solution 8 %	(Ciclodan)	Tier 1	QL (19.8 ML per 1 FILL)
ciclopirox topical suspension 0.77 %	(Loprox (as olamine))	Tier 1	QL (180 ML per 1 FILL)
ciclopirox-ure-camph-menth-euc topical solution 8 %	(Ciclodan Kit)	Tier 1	QL (19.8 ML per 1 FILL)
clotrimazole topical cream 1 %	(Antifungal (clotrimazole))	Tier 1	
clotrimazole topical solution 1 %	(Athlete's Foot (clotrimazole))	Tier 1	
DAFILOR TOPICAL SHAMPOO 0.77-2 %	(ciclopirox-salicylic acid)	Tier 3	
econazole nitrate topical cream 1 %		Tier 1	QL (170 GM per 1 FILL)
ECOZA TOPICAL FOAM 1 %		Tier 3	
EXELDERM TOPICAL CREAM 1 %	(sulconazole)	Tier 2	
EXELDERM TOPICAL SOLUTION 1 %	(sulconazole)	Tier 2	
EXODERM TOPICAL LOTION 25-1 %		Tier 1	
FERVINA TOPICAL LOTION 3-5-20 %		Tier 3	
FIDILA TOPICAL SHAMPOO 2-2 %		Tier 3	
FILOMA TOPICAL SOLUTION 8-1-1 %		Tier 3	
HAXDRAX TOPICAL SHAMPOO 0.77-2 %	(ciclopirox-salicylic acid)	Tier 3	
HEXIOUNYL TOPICAL LOTION 3-5-20 %		Tier 3	
HIXDEFRIMA TOPICAL SOLUTION 8-1-1 %		Tier 3	
ketoconazole topical cream 2 %		Tier 1	QL (180 GM per 1 FILL)
ketoconazole topical shampoo 2 %		Tier 1	QL (360 ML per 1 FILL)
KETODAN KIT TOPICAL COMBO PACK 2 %		Tier 3	
KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM	(nystatin)	Tier 1	
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 %	(ciclopirox)	Tier 3	QL (180 GM per 1 FILL)

Drug		Status	Notes
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 %	(ciclopirox)	Tier 3	QL (180 ML per 1 FILL)
luliconazole topical cream 1 %	(Luzu)	Tier 1	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 3	ST; ST: Requires prior prescriptions for Ketoconazole and Clotrimazole cream within the past 365 days; QL (60 GM per 28 days)
MENTAX TOPICAL CREAM 1 %	(butenafine)	Tier 3	
miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %	(Vusion)	Tier 1	
naftifine topical cream 1 %		Tier 1	
naftifine topical cream 2 %		Tier 1	QL (180 GM per 1 FILL)
naftifine topical gel 2 %	(Naftin)	Tier 1	
NAFTIN TOPICAL GEL 2 %	(naftifine)	Tier 3	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	(nystatin)	Tier 1	
nystatin topical cream 100,000 unit/gram		Tier 1	
nystatin topical ointment 100,000 unit/gram		Tier 1	QL (90 GM per 1 FILL)
nystatin topical powder 100,000 unit/gram	(Klayesta)	Tier 1	
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%		Tier 1	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%		Tier 1	QL (180 GM per 1 FILL)
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	(nystatin)	Tier 1	
oxiconazole topical cream 1 %		Tier 1	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 %		Tier 3	
PHEDRAX TOPICAL SHAMPOO 2-2 %		Tier 3	
sulconazole topical cream 1 %	(Exelderm)	Tier 1	
sulconazole topical solution 1 %	(Exelderm)	Tier 1	
tavaborole topical solution with applicator 5 %		Tier 1	PA
VUSION TOPICAL OINTMENT 0.25-15-81.35 %	(miconazole nitrate-zinc ox-pet)	Tier 3	
Topical Antiparasitics			
ELIMITE TOPICAL CREAM 5 %	(permethrin)	Tier 3	
malathion topical lotion 0.5 %	(Ovide)	Tier 1	

Drug		Status	Notes
NATROBA TOPICAL SUSPENSION 0.9 %	(spinosad)	Tier 3	
OVIDE TOPICAL LOTION 0.5 %	(malathion)	Tier 3	
permethrin topical cream 5 %	(Elimite)	Tier 1	
spinosad topical suspension 0.9 %	(Natroba)	Tier 1	
ULESFIA TOPICAL LOTION 5 %		Tier 3	
Topical Antivirals			
acyclovir topical ointment 5 %	(Zovirax)	Tier 1	
ZOVIRAX TOPICAL OINTMENT 5 %	(acyclovir)	Tier 3	
Topical Pleuromutilin Derivatives			
ALTABAX TOPICAL OINTMENT 1 %		Tier 3	ST; ST: Requires prior prescription for Mupirocin ointment within the past 120 days
Topical Sulfonamides			
ABENOR HP TOPICAL LOTION 15-4 %		Tier 3	
AVAR LS TOPICAL CLEANSER 10-2 %	(sulfacetamide sodium-sulfur)	Tier 3	
AVAR TOPICAL CLEANSER 10-5 % (W/W)	(sulfacetamide sodium-sulfur)	Tier 3	QL (1419 GM per 1 FILL)
CLEANSING WASH TOPICAL CLEANSER 10-4-10 %	(sulfacetamide sod-sulfur-urea)	Tier 1	
mafenide acetate topical packet 50 gram	(Sulfamylon)	Tier 1	
OXIAICE TOPICAL LOTION 15-4 %		Tier 3	
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 %	(sulfacetamide sodium-sulfur)	Tier 3	
PLEXION TOPICAL CLEANSER 9.8-4.8 %	(sulfacetamide sodium-sulfur)	Tier 3	
ROSULA TOPICAL CLEANSER 10-4.5 %		Tier 3	
SILVADENE TOPICAL CREAM 1 %	(silver sulfadiazine)	Tier 3	
silver sulfadiazine topical cream 1 %	(SSD)	Tier 1	
SSD TOPICAL CREAM 1 %	(silver sulfadiazine)	Tier 1	
sulfacetamide sodium-sulfur topical cleanser 10-2 %	(Avar LS)	Tier 1	
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)	(Avar)	Tier 1	QL (1419 GM per 1 FILL)
sulfacetamide sodium-sulfur topical cleanser 8-4 %		Tier 1	
sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %	(Plexion)	Tier 1	
sulfacetamide sodium-sulfur topical cleanser 9-4 %	(Sumaxin)	Tier 1	

Drug		Status	Notes
sulfacetamide sodium-sulfur topical cleanser 9-4.5 %	(Sumadan)	Tier 1	
sulfacetamide sodium-sulfur topical pads, medicated 9.8-4.8 %	(Plexion Cleansing Cloths)	Tier 1	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %		Tier 1	QL (1419 ML per 1 FILL)
SULFAMYLON TOPICAL CREAM 85 MG/G		Tier 3	
SULFAMYLON TOPICAL PACKET 50 GRAM	(mafenide acetate)	Tier 3	
SUMADAN TOPICAL CLEANSER 9-4.5 %	(sulfacetamide sodium-sulfur)	Tier 3	
SUMAXIN TOPICAL CLEANSER 9-4 %	(sulfacetamide sodium-sulfur)	Tier 3	
Dermatology - Antiinflammatory			
Interleukin-13 (Il-13) Inhibitors, Mab			
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML		Tier 4	PA; SP
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML		Tier 4	PA; SP
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML		Tier 4	PA; SP
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML		Tier 4	PA; SP
Interleukin-31(Il-31)Receptor Alpha Antagonist,Mab			
NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG		Tier 4	PA; SP
Top. Anti-Inflam.,Phosphodiesterase-4 (Pde4) Inhib			
EUCRISA TOPICAL OINTMENT 2 %		Tier 2	ST; ST: Requires prior prescription for a topical Corticosteroid or Calcineurin Inhibitor within the past 120 days
ZORYVE TOPICAL CREAM 0.15 %		Tier 3	PA
ZORYVE TOPICAL FOAM 0.3 %		Tier 3	PA
Topical Antibiotics/Antiinflammatory,Steroidal			
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %		Tier 3	ST; ST: Requires prior prescription for generic Fluocinolone Acetonide cream/oil/ointment/solution within the past 120 days
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %		Tier 3	ST; ST: Requires prior prescription for generic Fluocinolone Acetonide cream/oil/ointment/solution within the past 120 days

Drug		Status	Notes
Topical Anti-Inflammatory Steroidal			
ACIOXIA TOPICAL GEL 0.1-0.5 %		Tier 3	
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 %		Tier 1	
ALA-CORT TOPICAL CREAM 1 %	(hydrocortisone)	Tier 1	
ALA-SCALP TOPICAL LOTION 2 %	(hydrocortisone)	Tier 1	ST; ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
alclometasone topical cream 0.05 %		Tier 1	
alclometasone topical ointment 0.05 %		Tier 1	
amcinonide topical cream 0.1 %		Tier 1	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
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	(hydrocortisone)	Tier 3	
BESER TOPICAL LOTION 0.05 %	(fluticasone propionate)	Tier 3	
betamethasone dipropionate topical cream 0.05 %		Tier 1	
betamethasone dipropionate topical lotion 0.05 %		Tier 1	
betamethasone dipropionate topical ointment 0.05 %		Tier 1	
betamethasone valerate topical cream 0.1 %		Tier 1	
betamethasone valerate topical foam 0.12 %	(Luxiq)	Tier 1	
betamethasone valerate topical lotion 0.1 %		Tier 1	
betamethasone valerate topical ointment 0.1 %		Tier 1	
betamethasone, augmented topical cream 0.05 %		Tier 1	
betamethasone, augmented topical gel 0.05 %		Tier 1	
betamethasone, augmented topical lotion 0.05 %		Tier 1	
betamethasone, augmented topical ointment 0.05 %	(Diprolene (augmented))	Tier 1	
CAPEX TOPICAL SHAMPOO 0.01 %		Tier 3	
clobetasol scalp solution 0.05 %		Tier 1	
clobetasol topical cream 0.05 %		Tier 1	

Drug		Status	Notes
clobetasol topical foam 0.05 %	(Olux)	Tier 1	
clobetasol topical gel 0.05 %		Tier 1	
clobetasol topical lotion 0.05 %	(Clobex)	Tier 1	
clobetasol topical ointment 0.05 %		Tier 1	
clobetasol topical shampoo 0.05 %	(Clobex)	Tier 1	
clobetasol topical spray,non-aerosol 0.05 %	(Clobex)	Tier 1	
clobetasol-emollient topical cream 0.05 %		Tier 1	
clobetasol-emollient topical foam 0.05 %	(Olux-E)	Tier 1	
CLOBEX TOPICAL LOTION 0.05 %	(clobetasol)	Tier 3	
CLOBEX TOPICAL SHAMPOO 0.05 %	(clobetasol)	Tier 3	
CLOBEX TOPICAL SPRAY,NON-AEROSOL 0.05 %	(clobetasol)	Tier 3	
clocortolone pivalate topical cream 0.1 %		Tier 1	ST; ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 %		Tier 3	
CLODAN TOPICAL SHAMPOO 0.05 %	(clobetasol)	Tier 3	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2		Tier 3	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 3	ST; ST: Requires prior prescription for a topical corticosteroid within the past 120 days
CORDRAN TOPICAL CREAM 0.05 %	(flurandrenolide)	Tier 3	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
CORDRAN TOPICAL LOTION 0.05 %	(flurandrenolide)	Tier 3	
CORDRAN TOPICAL OINTMENT 0.05 %	(flurandrenolide)	Tier 3	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)
DERMA-SMOOTHE/FS BODY OIL TOPICAL OIL 0.01 %	(fluocinolone)	Tier 3	
DERMA-SMOOTHE/FS SCALP OIL SCALP OIL 0.01 %	(fluocinolone and shower cap)	Tier 3	
desonide topical cream 0.05 %	(DesOwen)	Tier 1	
desonide topical gel 0.05 %		Tier 1	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
desonide topical lotion 0.05 %		Tier 1	
desonide topical ointment 0.05 %		Tier 1	
DESOWEN TOPICAL CREAM 0.05 %	(desonide)	Tier 3	
desoximetasone topical cream 0.05 %, 0.25 %	(Topicort)	Tier 1	
desoximetasone topical gel 0.05 %	(Topicort)	Tier 1	
desoximetasone topical ointment 0.05 %, 0.25 %	(Topicort)	Tier 1	
desoximetasone topical spray,non-aerosol 0.25 %	(Topicort)	Tier 1	ST; ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam and 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 3	
DYNOMA TOPICAL CREAM 0.05-4 %		Tier 3	

Drug		Status	Notes
fluocinolone and shower cap scalp oil 0.01 %	(Derma-Smoothe/FS Scalp Oil)	Tier 1	
fluocinolone topical cream 0.01 %		Tier 1	
fluocinolone topical cream 0.025 %	(Synalar)	Tier 1	
fluocinolone topical oil 0.01 %	(Derma-Smoothe/FS Body Oil)	Tier 1	
fluocinolone topical ointment 0.025 %	(Synalar)	Tier 1	
fluocinolone topical solution 0.01 %	(Synalar)	Tier 1	
fluocinonide topical cream 0.05 %		Tier 1	
fluocinonide topical cream 0.1 %	(Vanos)	Tier 1	
fluocinonide topical gel 0.05 %		Tier 1	
fluocinonide topical ointment 0.05 %		Tier 1	
fluocinonide topical solution 0.05 %		Tier 1	
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	(fluocinonide-emollient)	Tier 1	
fluocinonide-emollient topical cream 0.05 %	(Fluocinonide-E)	Tier 1	
FLUOXIA TOPICAL CREAM 0.05-4 %		Tier 3	
flurandrenolide topical cream 0.05 %	(Cordran)	Tier 1	ST; ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
flurandrenolide topical lotion 0.05 %	(Cordran)	Tier 1	
flurandrenolide topical ointment 0.05 %	(Cordran)	Tier 1	ST; 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 1	
fluticasone propionate topical lotion 0.05 %	(Beser)	Tier 1	
fluticasone propionate topical ointment 0.005 %		Tier 1	

Drug		Status	Notes
halcinonide topical cream 0.1 %	(Halog)	Tier 1	ST; ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
halcinonide topical solution 0.1 %	(Halog)	Tier 1	ST; ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
halobetasol propionate topical cream 0.05 %		Tier 1	
halobetasol propionate topical ointment 0.05 %		Tier 1	
HALOG TOPICAL CREAM 0.1 %	(halcinonide)	Tier 3	ST; ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
HALOG TOPICAL OINTMENT 0.1 %		Tier 3	ST; ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
HALOG TOPICAL SOLUTION 0.1 %	(halcinonide)	Tier 3	ST; ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
hydrocortisone butyrate topical cream 0.1 %		Tier 1	

Drug		Status	Notes
hydrocortisone butyrate topical lotion 0.1 %	(Locoid)	Tier 1	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)
hydrocortisone butyrate topical ointment 0.1 %		Tier 1	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 1	
hydrocortisone topical cream 1 %	(Ala-Cort)	Tier 1	
hydrocortisone topical cream 2.5 %		Tier 1	
hydrocortisone topical cream with perineal applicator 1 %		Tier 1	
hydrocortisone topical cream with perineal applicator 2.5 %	(Procto-Med HC)	Tier 1	
hydrocortisone topical lotion 2 %	(Ala-Scalp)	Tier 1	ST; ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
hydrocortisone topical lotion 2.5 %		Tier 1	
hydrocortisone topical ointment 1 %	(Anti-Itch (HC))	Tier 1	
hydrocortisone topical ointment 2.5 %		Tier 1	
hydrocortisone topical solution 2.5 %	(Texacort)	Tier 1	ST; ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
hydrocortisone valerate topical cream 0.2 %		Tier 1	
hydrocortisone valerate topical ointment 0.2 %		Tier 1	ST; ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days

Drug		Status	Notes
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	(triamcinolone acetonide)	Tier 3	
LOCOID LIPOCREAM TOPICAL CREAM 0.1 %	(hydrocortisone butyr-emollient)	Tier 3	
LOCOID TOPICAL LOTION 0.1 %	(hydrocortisone butyrate)	Tier 3	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 3	
mometasone topical cream 0.1 %		Tier 1	
mometasone topical ointment 0.1 %		Tier 1	
mometasone topical solution 0.1 %		Tier 1	
NUCORT TOPICAL LOTION 2 %	(hydrocortisone acet-aloe vera)	Tier 3	
OLUX TOPICAL FOAM 0.05 %	(clobetasol)	Tier 3	
OLUX-E TOPICAL FOAM 0.05 %	(clobetasol-emollient)	Tier 3	
PANDEL TOPICAL CREAM 0.1 %		Tier 3	ST; 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 1	
prednicarbate topical ointment 0.1 %		Tier 1	
PROCTOCORT TOPICAL CREAM 1 %	(hydrocortisone)	Tier 3	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	(hydrocortisone)	Tier 1	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	(hydrocortisone)	Tier 1	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	(hydrocortisone)	Tier 1	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %		Tier 2	

Drug		Status	Notes
SCALACORT TOPICAL LOTION 2 %	(hydrocortisone)	Tier 3	ST; ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %		Tier 3	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 3	QL (375 GM per 30 days)
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 %		Tier 3	QL (375 GM per 30 days)
SYNALAR TOPICAL CREAM 0.025 %	(fluocinolone)	Tier 3	
SYNALAR TOPICAL OINTMENT 0.025 %	(fluocinolone)	Tier 3	
SYNALAR TOPICAL SOLUTION 0.01 %	(fluocinolone)	Tier 3	
SYNALAR TS TOPICAL KIT 0.01 %		Tier 3	
TELIORA TOPICAL GEL 0.1-0.5 %		Tier 3	
TEXACORT TOPICAL SOLUTION 2.5 %	(hydrocortisone)	Tier 3	ST; ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
TOPICORT TOPICAL CREAM 0.05 %, 0.25 %	(desoximetasone)	Tier 3	
TOPICORT TOPICAL GEL 0.05 %	(desoximetasone)	Tier 3	
TOPICORT TOPICAL OINTMENT 0.05 %, 0.25 %	(desoximetasone)	Tier 3	
TOPICORT TOPICAL SPRAY,NON-AEROSOL 0.25 %	(desoximetasone)	Tier 3	ST; ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam and shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days
TOVET EMOLLIENT TOPICAL FOAM 0.05 %	(clobetasol-emollient)	Tier 3	
triamcinolone acetonide topical aerosol 0.147 mg/gram	(Kenalog)	Tier 1	
triamcinolone acetonide topical cream 0.025 %, 0.1 %		Tier 1	

Drug		Status	Notes
triamcinolone acetonide topical cream 0.5 %	(Triderm)	Tier 1	QL (454 GM per 30 days)
triamcinolone acetonide topical lotion 0.025 %, 0.1 %		Tier 1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %		Tier 1	
TRIDERM TOPICAL CREAM 0.1 %	(triamcinolone acetonide)	Tier 1	
TRIDERM TOPICAL CREAM 0.5 %	(triamcinolone acetonide)	Tier 1	QL (454 GM per 30 days)
VANOS TOPICAL CREAM 0.1 %	(fluocinonide)	Tier 3	
Topical Anti-Inflammatory, Nsaids			
diclofenac epolamine transdermal patch 12 hour 1.3 %	(Flector)	Tier 1	
diclofenac sodium topical gel 1 %	(Arthritis Pain (diclofenac))	Tier 1	
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	(diclofenac epolamine)	Tier 3	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %		Tier 3	ST; ST: Requires prior prescription for generic Flector patch within the past 120 days; QL (1 EA per 1 day)
Topical Janus Kinase (Jak) Inhibitors			
OPZELURA TOPICAL CREAM 1.5 %		Tier 2	PA
Dermatology - Miscellaneous			
Antiperspirants			
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	(aluminum chloride)	Tier 2	
DRYSOL TOPICAL SOLUTION 20 %	(aluminum chloride)	Tier 2	
Antiseborrheic Agents			
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 %	(sulfacetamide sodium)	Tier 2	
OVACE PLUS TOPICAL CLEANSER 10 %	(sulfacetamide sodium)	Tier 3	
OVACE PLUS TOPICAL CREAM 10 %		Tier 3	
OVACE PLUS TOPICAL LOTION 9.8 %		Tier 3	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 3	
OVACE TOPICAL CLEANSER 10 %	(sulfacetamide sodium)	Tier 3	
selenium sulfide topical lotion 2.5 %		Tier 1	
selenium sulfide topical shampoo 2.25 %, 2.3 %		Tier 1	

Drug		Status	Notes
sulfacetamide sodium topical cleanser 10 %	(Ovace)	Tier 1	
sulfacetamide sodium topical cleanser, gel 10 %	(Ovace Plus Wash)	Tier 1	
sulfacetamide sodium topical shampoo 10 %	(Ovace Plus Shampoo)	Tier 1	
sulfacetamide sodium topical shampoo 9.8 %	(Plexion NS)	Tier 1	
TERSI FOAM TOPICAL FOAM 2.25 %		Tier 3	
Antiseptics,General			
ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	Tier 2	
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	Tier 2	
alcohol swabs topical pads, medicated	(Alcohol Pads)	Tier 2	
ALCOHOL WIPES TOPICAL PADS, MEDICATED	(alcohol swabs)	Tier 2	
BD ALCOHOL SWABS TOPICAL PADS, MEDICATED	(alcohol swabs)	Tier 2	
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS, MEDICATED	(alcohol swabs)	Tier 2	
CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED	(alcohol swabs)	Tier 2	
DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	Tier 2	
EASY COMFORT ALCOHOL PAD TOPICAL PADS, MEDICATED	(alcohol swabs)	Tier 2	
EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	Tier 2	
INCONTROL ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	Tier 2	
IV PREP WIPES TOPICAL PADS, MEDICATED	(alcohol swabs)	Tier 2	
PRO COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	Tier 2	
PURE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	Tier 2	
SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	Tier 2	
SURE-PREP ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	Tier 2	
TRUE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	Tier 2	
TRUE COMFORT PRO ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	Tier 2	
ULTILET ALCOHOL SWAB TOPICAL PADS, MEDICATED	(alcohol swabs)	Tier 2	

Drug		Status	Notes
WEBCOL TOPICAL PADS, MEDICATED	(alcohol swabs)	Tier 2	
Emollients			
ammonium lactate topical cream 12 %		Tier 1	
ammonium lactate topical lotion 12 %	(AmLactin)	Tier 1	
ATRAPRO CP TOPICAL COMBO PACK,CREAM AND GEL		Tier 3	
KERASTAT TOPICAL CREAM		Tier 3	
KERASTAT TOPICAL GEL 5 %		Tier 3	
MB HYDROGEL TOPICAL KIT,CREAM AND GEL 96.53-3-0.4 -0.066 %		Tier 1	
PRESERA TOPICAL FOAM		Tier 3	
XCLAIR TOPICAL CREAM		Tier 3	
Hypertrichotic Agents, Systemic/Incl. Combinations			
LITFULO ORAL CAPSULE 50 MG		Tier 4	PA; SP
Iodine Antiseptics			
povidone-iodine ophthalmic (eye) solution 5 %	(Betadine Ophthalmic Prep)	Tier 1	
Irrigants			
acetic acid irrigation solution 0.25 %		Tier 1	
lactated ringers irrigation solution		Tier 3	
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml		Tier 1	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L		Tier 3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L		Tier 3	
ringer's irrigation solution		Tier 1	
sodium chloride irrigation solution 0.9 %	(Sterile Saline)	Tier 1	
sorbitol irrigation solution 3 %		Tier 1	
sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml		Tier 1	
TIS-U-SOL PENTALYTE IRRIGATION IRRIGATION SOLUTION 800-40-20-8.75- 6.25 MG/100 ML		Tier 3	
water for irrigation, sterile irrigation solution	(Curity Sterile Water)	Tier 1	
Irritants/Counter-Irritants			
cantharidin in acetone topical solution 0.7 %		Tier 1	
QUTENZA TOPICAL KIT 8 %		Tier 3	PA
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 %		Tier 3	PA

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

Drug		Status	Notes
SALVAX TOPICAL FOAM 6 %	(salicylic acid)	Tier 1	
SALYCIM TOPICAL CREAM 6 %	(salicylic acid)	Tier 3	
silver nitrate applicators topical stick 75-25 %		Tier 1	
silver nitrate topical solution 10 %		Tier 1	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 %	(salicylic acid)	Tier 3	
URAMAXIN GT TOPICAL GEL 45 %	(urea)	Tier 3	
URAMAXIN GT TOPICAL KIT,CREAM AND GEL 45 %		Tier 3	
URAMAXIN TOPICAL CREAM 45 %	(urea)	Tier 3	
URAMAXIN TOPICAL FOAM 20 %		Tier 3	
URAMAXIN TOPICAL GEL 45 %	(urea)	Tier 3	
UREA NAIL STICK TOPICAL SOLUTION 50 %	(urea)	Tier 1	
urea topical cream 39 %	(Uredeb)	Tier 1	
urea topical cream 40 %, 47 %		Tier 1	
urea topical cream 45 %	(Uramaxin)	Tier 1	
urea topical cream 50 %	(Ure-K)	Tier 1	
urea topical foam 35 %	(Hydro 35)	Tier 1	
urea topical gel 45 %	(CEM-Urea)	Tier 1	
UREDEB TOPICAL CREAM 39 %	(urea)	Tier 3	
VIRASAL TOPICAL FILM FORMING LIQUID W/APPL 27.5 %	(salicylic acid)	Tier 3	
WAYZEN TOPICAL GEL 40-5 %		Tier 3	
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 %		Tier 3	
XIRUN TOPICAL GEL 10-40 %		Tier 3	
XUREA TOPICAL CREAM 39 %	(urea)	Tier 3	
Oxidizing Agents			
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 %		Tier 3	
RENOVAR IRRIGATION IRRIGATION SOLUTION		Tier 3	
RENOVAR TOPICAL SOLUTION		Tier 3	
Protectives			
GENADUR (WITH LEXINAL) KIT 2,500 MCG		Tier 3	
PR CREAM TOPICAL CREAM		Tier 1	
RECEDO TOPICAL GEL		Tier 3	
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET	(white petrolatum)	Tier 1	

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

Drug		Status	Notes
ANACAINE TOPICAL OINTMENT 10 %		Tier 3	
ANASTIA TOPICAL LOTION 2.75 %		Tier 3	
CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 %		Tier 3	
CETACAINE TOPICAL AEROSOL,SPRAY 2 %-2 %-14 % (200 MG/SEC)		Tier 3	
DERMACINRX LIDOCAN TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 1	QL (90 EA per 30 days)
DERMACINRX LIDOGEL TOPICAL GEL 2.8 %		Tier 3	
DERMACINRX LIDOREX TOPICAL GEL 2.8 %		Tier 3	
ENZNONUTY TOPICAL OINTMENT 10-10-20 %		Tier 3	
ethyl chloride topical aerosol,spray 100 %		Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 %		Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 %	(lidocaine-racepinep-tetracaine)	Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 %		Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 %		Tier 3	
lidocaine hcl laryngotracheal solution 4 %		Tier 1	
lidocaine hcl topical cream 3 %	(Lidopin)	Tier 1	
lidocaine topical adhesive patch,medicated 5 %	(DermacinRx Lidocan)	Tier 1	QL (90 EA per 30 days)
lidocaine topical ointment 5 %		Tier 1	QL (240 GM per 30 days)
lidocaine-prilocaine topical cream 2.5-2.5 %		Tier 1	
lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %	(L.E.T. (lido-epineph-tetra))	Tier 1	
LIDOCAN III TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOCAN IV TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOCAN V TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 3	QL (90 EA per 30 days)
LIDOPIN TOPICAL CREAM 3 %	(lidocaine hcl)	Tier 3	
LIDOPIN TOPICAL CREAM 3.25 %		Tier 3	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %		Tier 3	

Drug	Status	Notes
LIDTOPIC TOPICAL CREAM, METERED-DOSE APPLICATOR 7.5 %	Tier 3	
NOBELA TOPICAL OINTMENT 10-10-20 %	Tier 3	
NOLIRA TOPICAL CREAM 23-7 %	Tier 3	
NUMBONEX TOPICAL LOTION 2.75 %	Tier 3	
NYNUTEY TOPICAL CREAM 23-7 %	Tier 3	
PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 %	Tier 3	
REGENECARE TOPICAL GEL 2 %	Tier 3	
TRANZAREL TOPICAL GEL 4 %	Tier 3	
Topical Preparations,Miscellaneous		
sodium chloride topical solution 0.9 % (Saljet Saline Rinse)	Tier 1	
Topical/Mucous Membr./Subcut. Enzymes		
HYQVIA HY COMPONENT SUBCUTANEOUS SOLUTION 1,600 UNIT/10 ML, 2,400 UNIT/15 ML, 200 UNIT/1.25 ML, 400 UNIT/2.5 ML, 800 UNIT/5 ML	Tier 3	
NEXOBRID POWDER COMPONENT TOPICAL POWDER	Tier 3	
NEXOBRID TOPICAL GEL 8.8 %	Tier 3	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 3	PA
Dermatology - Psoriasis/Eczema		
Antipsoriatic Agents,Systemic		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	Tier 4	SP
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML, 320 MG/2 ML	Tier 4	PA; SP
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML, 320 MG/2 ML	Tier 4	PA; SP
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	PA; SP
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 4	PA; SP
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 4	PA; SP
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	Tier 4	PA; SP
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	Tier 4	PA; SP

Drug	Status	Notes
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	Tier 1	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	Tier 4	PA; SP
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 4	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	PA; SP
SOTYKTU ORAL TABLET 6 MG	Tier 4	PA; SP
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	SP
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 4	PA; SP
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 4	PA; SP
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 4	PA; SP
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML	Tier 4	PA; SP
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 4	PA; SP
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 4	PA; SP
Antipsoriatics Agents		
calcipotriene scalp solution 0.005 %	Tier 1	ST; ST: Requires prior prescription for a topical corticosteroid within the past 120 days
calcipotriene topical cream 0.005 %	Tier 1	ST; ST: Requires prior prescription for a topical corticosteroid within the past 120 days
calcipotriene topical foam 0.005 % (Sorilux)	Tier 1	ST; ST: Requires prior prescription for a topical corticosteroid within the past 120 days
calcipotriene topical ointment 0.005 %	Tier 1	ST; ST: Requires prior prescription for a topical corticosteroid within the past 120 days
calcitriol topical ointment 3 mcg/gram (Vectical)	Tier 1	ST; ST: Requires prior prescription for a topical corticosteroid within the past 120 days
DIOOXIA TOPICAL CREAM 0.005-4 %	Tier 3	

Drug		Status	Notes
DRITHOCREME HP TOPICAL CREAM 1 %		Tier 2	ST; ST: Requires prior prescription for a topical corticosteroid within the past 120 days
DUOBRII TOPICAL LOTION 0.01-0.045 %		Tier 3	ST; ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam and 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 3	
SORILUX TOPICAL FOAM 0.005 %	(calcipotriene)	Tier 3	ST; ST: Requires prior prescription for a topical corticosteroid within the past 120 days
tazarotene topical cream 0.05 %	(Tazorac)	Tier 1	Age (Max 39 Years)
tazarotene topical cream 0.1 %	(Tazorac)	Tier 1	
tazarotene topical gel 0.05 %, 0.1 %	(Tazorac)	Tier 1	Age (Max 39 Years)
TAZORAC TOPICAL CREAM 0.05 %	(tazarotene)	Tier 3	Age (Max 39 Years)
TAZORAC TOPICAL CREAM 0.1 %	(tazarotene)	Tier 3	
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	(tazarotene)	Tier 3	Age (Max 39 Years)
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM	(calcitriol)	Tier 3	ST; ST: Requires prior prescription for a topical corticosteroid within the past 120 days
VTAMA TOPICAL CREAM 1 %		Tier 3	PA
ZITHRANOL TOPICAL SHAMPOO 1 %		Tier 3	ST; ST: Requires prior prescription for a topical corticosteroid within the past 120 days
ZORYVE TOPICAL CREAM 0.3 %		Tier 3	PA
Il-23 Receptor Antagonist, Monoclonal Antibody			
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML, 300MG/3ML(100MG /ML-200 MG/2ML)		Tier 4	PA; SP
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML, 300MG/3ML(100MG /ML-200 MG/2ML)		Tier 4	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 4	PA; SP
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	Tier 4	PA; SP
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	Tier 4	PA; SP
Topical Agents,Miscellaneous		
MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 %	Tier 3	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 3	
OMEZA TOPICAL OINTMENT IN PACKET	Tier 3	
Topical Immunosuppressive Agents		
ELIDEL TOPICAL CREAM 1 % (pimecrolimus)	Tier 3	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% ointment) within the past 120 days
HOVYN TOPICAL SOLUTION 0.1 %	Tier 3	
HYFTOR TOPICAL GEL 0.2 %	Tier 4	PA; SP
NUJO TOPICAL SOLUTION 0.1 %	Tier 3	
pimecrolimus topical cream 1 % (Elidel)	Tier 1	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% ointment) within the past 120 days
tacrolimus topical ointment 0.03 %, 0.1 %	Tier 1	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% ointment) within the past 120 days

Drug		Status	Notes
Topical Vit D Analog/Antiinflammatory, Steroidal			
calcipotriene-betamethasone topical ointment 0.005-0.064 %		Tier 1	ST; ST: Requires prior prescription for a topical corticosteroid within the past 120 days
calcipotriene-betamethasone topical suspension 0.005-0.064 %	(Taclonex)	Tier 1	ST; ST: Requires prior prescription for a topical corticosteroid within the past 120 days
ENSTILAR TOPICAL FOAM 0.005-0.064 %		Tier 3	ST; ST: Requires prior prescription for generic Taclonex ointment within the past 120 days
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	(calcipotriene-betamethasone)	Tier 3	ST; ST: Requires prior prescription for a topical corticosteroid within the past 120 days
WYNZORA TOPICAL CREAM 0.005-0.064 %		Tier 3	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 3	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 2	QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG		Tier 2	QL (1 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG		Tier 2	QL (2 EA per 1 day)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG		Tier 3	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 3	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 3	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
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	(alogliptin-metformin)	Tier 3	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 1	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 1	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 3	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 3	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, 25-15 MG, 25-30 MG, 25-45 MG	(alogliptin-pioglitazone)	Tier 3	ST; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
Antihypergly,Incretin Mimetic(Glp-1 Recep.Agonist)			
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML		Tier 2	PA; QL (0.85 ML per 7 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	(exenatide)	Tier 2	PA; QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	(exenatide)	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 3	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 2	PA; QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG		Tier 2	PA; QL (1 EA per 1 day)

Drug		Status	Notes
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML		Tier 2	PA; QL (2 ML per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	(liraglutide)	Tier 3	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 3	PA; QL (9 ML per 30 days)
Antihyperglycemc-Sod/Gluc Cotransport2(Sglt2)Inhib			
bexagliflozin oral tablet 20 mg	(Brenzavvy)	Tier 1	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)
BRENZAVVY ORAL TABLET 20 MG	(bexagliflozin)	Tier 3	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 2	QL (1 EA per 1 day)
INPEFA ORAL TABLET 200 MG		Tier 3	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 3	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)
INVOKANA ORAL TABLET 100 MG, 300 MG		Tier 3	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 2	QL (1 EA per 1 day)
STEGLATRO ORAL TABLET 15 MG, 5 MG		Tier 3	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			

Drug		Status	Notes
CYCLOSET ORAL TABLET 0.8 MG		Tier 3	ST; ST: Requires prior prescription for Glipizide/Metformin (Metaglip), Glyburide/Metformin (Glucovance), Metformin (Glucophage), or Metformin ER within the past 180 days
Antihyperglycemic - Incretin Mimetics Combination			
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML		Tier 2	PA; QL (0.5 ML per 7 days)
Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)			
acarbose oral tablet 100 mg, 25 mg, 50 mg	(Precose)	Tier 1	
miglitol oral tablet 100 mg, 25 mg, 50 mg		Tier 1	
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG	(acarbose)	Tier 3	
Antihyperglycemic, Amylin Analog-Type			
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML		Tier 2	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML		Tier 2	
Antihyperglycemic, Dpp-4 Inhibitors			
alogliptin oral tablet 12.5 mg, 25 mg	(Nesina)	Tier 3	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 3	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 2	QL (1 EA per 1 day)
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	(alogliptin)	Tier 3	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 1	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
sitagliptin oral tablet 100 mg, 25 mg, 50 mg	(Zituvio)	Tier 3	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 3	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 3	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 1	
glipizide oral tablet 10 mg, 5 mg		Tier 1	
glipizide oral tablet 2.5 mg		Tier 1	QL (2 EA per 1 day)
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	(Glucotrol XL)	Tier 1	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 2.5 MG, 5 MG	(glipizide)	Tier 3	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg		Tier 1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg		Tier 1	
nateglinide oral tablet 120 mg, 60 mg		Tier 1	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg		Tier 1	
Antihyperglycemic, Insulin-Response Enhancer (N-S)			
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	(pioglitazone)	Tier 3	
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	(Actos)	Tier 1	
Antihyperglycemic, Sglt-2 & Dpp-4 Inhibitor Comb.			
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG		Tier 2	QL (1 EA per 1 day)
QTERN ORAL TABLET 10-5 MG, 5-5 MG		Tier 3	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)

Drug		Status	Notes
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG		Tier 3	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 1	
metformin oral tablet 1,000 mg, 500 mg, 850 mg		Tier 1	
metformin oral tablet extended release 24 hr 500 mg, 750 mg		Tier 1	
RIOMET ORAL SOLUTION 500 MG/5 ML	(metformin)	Tier 3	
Antihyperglycemic,Insulin & Glp-1 Receptor Agonist			
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML		Tier 2	QL (30 ML per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)		Tier 2	QL (15 ML per 28 days)
Antihyperglycemic,Insulin-Rel Stim.& Biguanide Cmb			
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg		Tier 1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg		Tier 1	
Antihyperglycemic,Insulin-Response & Release Comb.			
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	(pioglitazone-glimepiride)	Tier 3	ST; ST: Requires prior prescription for Metformin, preferred Sulfonylura or preferred Metformin/Sulfonylura combination within the past 120 days
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	(DUETACT)	Tier 1	ST; ST: Requires prior prescription for Metformin, preferred Sulfonylura or preferred Metformin/Sulfonylura combination within the past 120 days
Antihyperglycemic-Glucocorticoid Receptor Blocker			
KORLYM ORAL TABLET 300 MG	(mifepristone)	Tier 4	PA; SP
mifepristone oral tablet 300 mg	(Korlym)	Tier 4	PA; SP

Drug		Status	Notes
Antihyperglycemic-Sglt2 Inhibitor & Biguanide Comb			
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG		Tier 3	ST; 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 3	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 3	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)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG		Tier 2	QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG		Tier 2	QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG		Tier 2	QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	(dapaglifloz propaned-metformin)	Tier 2	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 5-500 MG		Tier 2	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG		Tier 2	QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	(dapaglifloz propaned-metformin)	Tier 2	QL (2 EA per 1 day)
Antihyperglycm,Insul-Resp.Enhancer & Biguanide Cmb			
ACTOPLUS MET ORAL TABLET 15-850 MG	(pioglitazone-metformin)	Tier 3	ST; ST: Requires prior prescription for Metformin, preferred Sulfonylura or preferred Metformin/Sulfonylura combination within the past 120 days

Drug		Status	Notes
pioglitazone-metformin oral tablet 15-500 mg		Tier 1	ST; ST: Requires prior prescription for Metformin, preferred Sulfonylura or preferred Metformin/Sulfonylura combination within the past 120 days
pioglitazone-metformin oral tablet 15-850 mg	(Actoplus MET)	Tier 1	ST; ST: Requires prior prescription for Metformin, preferred Sulfonylura or preferred Metformin/Sulfonylura combination within the past 120 days
Antihypergly-Sglt-2 Inhib,Dpp-4 Inhib,Biguanide Cb			
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG		Tier 2	QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG		Tier 2	QL (2 EA per 1 day)
Blood Sugar Diagnostics			
ACCU-CHEK AVIVA PLUS TEST STRP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ACCU-CHEK GUIDE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug		Status	Notes
ACCU-CHEK SMARTVIEW TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ACCUTREND GLUCOSE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ADVANCED GLUC METER TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ADVOCATE REDI-CODE PLUS STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
AGAMATRIX AMP TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug		Status	Notes
AGAMATRIX PRESTO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ASSURE 4 STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ASSURE PLATINUM TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ASSURE PRISM MULTI STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
BIONIME RIGHTEST TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug		Status	Notes
BLOOD GLUCOSE TEST STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
BLULINK GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
BREEZE 2 TEST STRIPS STRIP		Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
CARESENS N TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
CARESENS S TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug		Status	Notes
CARETOUCH TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
CHOICEDM CLARUS STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
CLEVER CHOICE MICRO TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
CLEVER CHOICE PRO STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
CLEVER CHOICE TALK TEST STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

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

Drug		Status	Notes
DARIO BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
DIATRUE PLUS TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EASY PLUS II TEST STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EASY STEP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EASY TALK GLUCOSE TEST STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug		Status	Notes
EASY TALK PLUS II TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EASY TOUCH BLULINK TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EASY TOUCH TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EASY TRAK GLUCOSE TEST STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EASY TRAK II TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug		Status	Notes
EASYGLUCO TEST STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EASYMAX 15 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EASYMAX STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ELEMENT COMPACT TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ELEMENT TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug		Status	Notes
EMBRACE BLOOD GLUCOSE SYSTEM STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EMBRACE EVO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EMBRACE PRO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EMBRACE TALK TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EMBRACE WAVE GLUCOSE TEST STRP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug		Status	Notes
EVENCARE G2 STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EVENCARE G3 TEST STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EVENCARE MINI GLUCOSE TEST STR STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EVENCARE PROVIEW TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EVENCARE TEST STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug		Status	Notes
EVOLUTION TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EZ SMART PLUS TEST STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EZ SMART TEST STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA 6 CONNECT GLUCOSE STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, 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 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug		Status	Notes
FORA D15G STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA D20 STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA D40-G31 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA G20 STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA G30-PREMIUM V10 TEST STRP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, 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 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA GTEL GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, 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 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, 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 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug		Status	Notes
FORA V10 STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, 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 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA V12 GLUCOSE STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA V20 STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA V30A STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug		Status	Notes
FORACARE GD20 STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORACARE GD40 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FREESTYLE INSULINX STRIP	(blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP	(blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP	(blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE TEST STRIP	(blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
GE100 BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GE333 BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug		Status	Notes
GENULTIMATE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GLUCO NAVII TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GLUCOCARD 01 SENSOR PLUS STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GLUCOCARD EXPRESSION STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GLUCOCARD SHINE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug		Status	Notes
GLUCOCARD VITAL SENSOR STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GLUCOCARD VITAL TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GLUCOCOM GLUCOSE STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GM100 STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GOJJI BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug		Status	Notes
GOODLIFE AC-302 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
HARMONY GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
HEALTHPRO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
IHEALTH GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
INFINITY TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, 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 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
MICRODOT BLOOD GLUCOSE SYSTEM STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
MICRODOT XTRA BLOOD GLUCOSE STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
MYGLUCOHEALTH STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
NEUTEK 2TEK TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, 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 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ON CALL EXPRESS TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ON CALL PLUS TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ON CALL VIVID TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ONETOUCH ULTRA TEST STRIP	(blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
ONETOUCH VERIO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)

Drug		Status	Notes
OPTIUM EZ STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
OPTIUM TEST STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
OPTUMRX STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PHARMACIST CHOICE STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PIP BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug		Status	Notes
PLATINUM TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PRECISION PCX PLUS TEST STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PRECISION PCX TEST STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PRECISION POINT OF CARE TEST STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PRECISION Q-I-D TEST STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug		Status	Notes
PRECISION XTRA TEST STRIP	(blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
PREMIER TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PREMIUM V10 STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PRO VOICE V8-V9 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PRODIGY NO CODING STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug		Status	Notes
PTS PANELS EGLU TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
QUINTET AC STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
QUINTET GLUCOSE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
REFUAH PLUS STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
RELION CONFIRM-MICRO STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug		Status	Notes
RELION PRIME TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
RELION ULTIMA STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
REVEAL TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
RIGHTEST GS550 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
RIGHTEST GS700 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, 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 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
RIGHTEST MAX TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
SMART SENSE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
SMARTEST TEST STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
SOLUS V2 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug		Status	Notes
SURE-TEST EASYPLUS MINI STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
TD GOLD TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
TELCARE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
TEST N'GO TEST STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
TRUE METRIX GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug		Status	Notes
TRUE METRIX PRO TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
TRUETEST TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
TRUETRACK TEST STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ULTIMA TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ULTRATRAK STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug		Status	Notes
ULTRATRAK ULTIMATE STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
UNISTRIP1 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
VIVAGUARD INO TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
WAVESENSE JAZZ STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
WAVESENSE PRESTO STRIP	(blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, 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	PA
CEQUR SIMPLICITY INSERTER	Tier 3	PA
DEXCOM G6 RECEIVER	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 90 days)
DEXCOM G7 RECEIVER	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (3 EA per 30 days)
EVERSENSE 365 SENSOR SUBCUTANEOUS DEVICE	Tier 3	PA
EVERSENSE 365 TRANSMITTER DEVICE	Tier 3	PA
EVERSENSE E3 SENSOR-HOLDER SUBCUTANEOUS DEVICE	Tier 3	
EVERSENSE E3 SMART TRANSMITTER DEVICE	Tier 3	PA
FREESTYLE LIBRE 14 DAY READER	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)

Drug	Status	Notes
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
GUARDIAN 4 GLUCOSE SENSOR DEVICE	Tier 3	PA
GUARDIAN 4 TRANSMITTER DEVICE	Tier 3	PA
GUARDIAN CONNECT TRANSMITTER DEVICE	Tier 3	PA
GUARDIAN LINK 3 TRANSMITTER DEVICE	Tier 3	PA
GUARDIAN SENSOR 3 DEVICE	Tier 3	PA
ILET INFUSION KIT-INSET 23" COMBO PACK	Tier 3	
ILET INFUSION KIT-INSET 32" COMBO PACK	Tier 3	
ILET INFUSION-CONTACT DTCH 23" COMBO PACK	Tier 3	
ILET INSULIN PUMP	Tier 3	PA
ILET STARTER KIT CONTACT KIT	Tier 3	
ILET STARTER KIT-INSET KIT	Tier 3	
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	Tier 2	
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN	Tier 2	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	Tier 2	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	Tier 2	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN	Tier 2	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	Tier 2	
MINIMED 630G INSULIN PUMP	Tier 3	PA
MINIMED 780G INSULIN PUMP	Tier 3	PA
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	Tier 2	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	Tier 2	QL (1 EA per 365 days)

Drug	Status	Notes
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 2	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	Tier 2	QL (1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	Tier 2	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 2	QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	Tier 2	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 2	
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK	Tier 3	
TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK	Tier 3	
TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK	Tier 3	
TANDEM MOBI CARTRIDGE SUBCUTANEOUS CARTRIDGE	Tier 3	
TANDEM MOBI SYSTEM	Tier 3	PA
TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK	Tier 3	
V-GO 20 DEVICE	Tier 2	
V-GO 30 DEVICE	Tier 2	
V-GO 40 DEVICE	Tier 2	
Diabetic Ulcer Preparations,Topical		
REGRANEX TOPICAL GEL 0.01 %	Tier 2	
Hyperglycemics		
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION	Tier 3	ST; ST: Requires prior prescription for Glucagon Emergency Kit, Gvoke, or Zegalogue within the past 120 days; QL (4 EA per 1 FILL)

Drug		Status	Notes
diazoxide oral suspension 50 mg/ml	(Proglycem)	Tier 1	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	(glucagon hcl)	Tier 3	QL (4 EA per 1 FILL)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG		Tier 2	QL (4 EA per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML		Tier 2	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML		Tier 2	QL (0.8 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML		Tier 2	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML		Tier 2	QL (0.8 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML		Tier 2	QL (0.8 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML		Tier 2	QL (0.8 ML per 1 FILL)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML		Tier 2	QL (0.8 ML per 1 FILL)
PROGLYCEM ORAL SUSPENSION 50 MG/ML	(diazoxide)	Tier 3	
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML		Tier 2	QL (2.4 ML per 1 FILL)
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML		Tier 2	QL (2.4 ML per 1 FILL)
Insulins			
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	(insulin lispro)	Tier 3	ST; ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin lispro)	Tier 3	ST; ST: Requires prior prescription for 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 3	PA

Drug		Status	Notes
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML		Tier 3	ST; ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		Tier 3	ST; ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine)	Tier 3	ST; ST: Requires prior prescription for Semglee-yfgn, Toujeo, or Tresiba within the past 120 days; QL (30 ML per 28 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 3	ST; ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)		Tier 3	ST; ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)		Tier 3	ST; ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		Tier 3	ST; ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	(insulin lispro)	Tier 3	QL (30 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	(insulin lispro)	Tier 3	QL (30 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)		Tier 2	QL (12 ML per 28 days)
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)		Tier 2	QL (40 ML per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)		Tier 2	QL (30 ML per 28 days)
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	(insulin lispro protamin-lispro)	Tier 3	QL (30 ML per 28 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)		Tier 2	QL (40 ML per 28 days)

Drug		Status	Notes
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML		Tier 2	QL (30 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin lispro)	Tier 3	QL (40 ML per 28 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		Tier 2	QL (40 ML per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		Tier 2	QL (30 ML per 28 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 2	QL (30 ML per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		Tier 2	QL (40 ML per 28 days)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML		Tier 2	QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML		Tier 2	QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)		Tier 2	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 3	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 3	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 3	ST; ST: Requires prior prescription for 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 3	ST; ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
insulin aspart u-100 subcutaneous solution 100 unit/ml	(Novolog U-100 Insulin aspart)	Tier 3	ST; ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)
insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)	(Humalog Mix 75-25 KwikPen)	Tier 1	QL (30 ML per 28 days)

Drug		Status	Notes
insulin lispro subcutaneous insulin pen 100 unit/ml	(Admelog SoloStar U-100 Insulin)	Tier 1	QL (30 ML per 28 days)
insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml	(Humalog Junior KwikPen U-100)	Tier 1	QL (30 ML per 28 days)
insulin lispro subcutaneous solution 100 unit/ml	(Admelog U-100 Insulin lispro)	Tier 1	QL (40 ML per 28 days)
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 3	ST; ST: Requires prior prescription for Semglee-yfgn, Toujeo, or Tresiba within the past 120 days; QL (30 ML per 28 days)
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		Tier 3	ST; ST: Requires prior prescription for Semglee-yfgn, Toujeo, or Tresiba within the past 120 days; QL (40 ML per 28 days)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML		Tier 2	QL (30 ML per 28 days)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)		Tier 2	QL (12 ML per 28 days)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		Tier 2	QL (40 ML per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		Tier 3	ST; ST: Requires prior prescription for Humulin 70-30 within the past 120 days; QL (40 ML per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		Tier 3	ST; ST: Requires prior prescription for Humulin 70-30 within the past 120 days; QL (30 ML per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 3	ST; ST: Requires prior prescription for Humulin N within the past 120 days; QL (30 ML per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		Tier 3	ST; ST: Requires prior prescription for Humulin N within the past 120 days; QL (40 ML per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 3	ST; ST: Requires prior prescription for Humulin R within the past 120 days; QL (30 ML per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML		Tier 3	ST; ST: Requires prior prescription for Humulin R within the past 120 days; QL (40 ML per 28 days)

Drug		Status	Notes
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin aspart u-100)	Tier 3	ST; ST: Requires prior prescription for Lyumjev within the past 120 days; 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	ST; ST: Requires prior prescription for generic Humalog Mix 75-25 within the past 120 days; 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	ST; ST: Requires prior prescription for generic Humalog Mix 75-25 within the past 120 days; QL (30 ML per 28 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	(insulin aspart u-100)	Tier 3	ST; ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin aspart u-100)	Tier 3	ST; ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine-yfgn)	Tier 2	QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine-yfgn)	Tier 2	QL (30 ML per 28 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	(insulin glargine u-300 conc)	Tier 2	QL (18 ML per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc)	Tier 2	QL (13.5 ML per 28 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin degludec)	Tier 2	QL (30 ML per 28 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	(insulin degludec)	Tier 2	QL (18 ML per 28 days)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin degludec)	Tier 2	QL (40 ML per 28 days)
Urine Glucose Test Aids			
DIASTIX STRIP		Tier 2	
NO-STICK GLUCOSE STRIP		Tier 2	
Ear - General Disorders			
Ear Preparations Anti-Inflammatory			
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	(fluocinolone acetonide oil)	Tier 3	

Drug		Status	Notes
FLAC OTIC OIL OTIC (EAR) DROPS 0.01 %	(fluocinolone acetonide oil)	Tier 3	
fluocinolone acetonide oil otic (ear) drops 0.01 %	(DermOtic Oil)	Tier 1	
Ear Preparations, Misc. Anti-Infectives			
acetic acid otic (ear) solution 2 %		Tier 1	
CORTANE-B TOPICAL LOTION 1-1-0.1 %		Tier 3	
hydrocortisone-acetic acid otic (ear) drops 1-2 %		Tier 1	
Ear Preparations,Antibiotics			
CETRAXAL OTIC (EAR) DROPPERETTE 0.2 %	(ciprofloxacin hcl)	Tier 3	
ciprofloxacin hcl otic (ear) dropperette 0.2 %	(Cetraxal)	Tier 1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML		Tier 3	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%		Tier 1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%		Tier 1	
ofloxacin otic (ear) drops 0.3 %		Tier 1	
Ear Preparations,Local Anesthetics			
TYMBION INTRATYMPANIC SOLUTION 20 MG/ML (2 %)- 1:100,000		Tier 3	
Otic Preparations,Anti-Inflammatory-Antibiotics			
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %		Tier 3	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %		Tier 1	
ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)	(Otovel)	Tier 1	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	(ciprofloxacin-fluocinolone)	Tier 3	
Electrolyte Regulation			
Arginine Vasopressin (Avp) Receptor Antagonists			
SAMSCA ORAL TABLET 15 MG	(tolvaptan)	Tier 4	SP; QL (30 EA per 365 days)
SAMSCA ORAL TABLET 30 MG	(tolvaptan)	Tier 4	SP; QL (60 EA per 365 days)
tolvaptan oral tablet 15 mg	(Samsca)	Tier 4	SP; QL (30 EA per 365 days)
tolvaptan oral tablet 30 mg	(Samsca)	Tier 4	SP; QL (60 EA per 365 days)

Drug		Status	Notes
Bicarbonate Producing/Containing Agents			
VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION		Tier 3	
Electrolyte Depleters			
AURYXIA ORAL TABLET 210 MG IRON	(ferric citrate)	Tier 3	ST; ST: Requires prior prescriptions for Velphoro and one of the following: 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 1	
calcium acetate(phosphat bind) oral tablet 667 mg		Tier 1	
ferric citrate oral tablet 210 mg iron	(Auryxia)	Tier 1	ST; ST: Requires prior prescriptions for Velphoro and one of the following: 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 3	ST; ST: Requires prior prescriptions for Velphoro and one of the following: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (3 EA per 1 day)
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG	(lanthanum)	Tier 3	
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML		Tier 1	
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	(Fosrenol)	Tier 1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM		Tier 2	
RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	(sevelamer carbonate)	Tier 3	
RENVELA ORAL TABLET 800 MG	(sevelamer carbonate)	Tier 3	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	(Renvela)	Tier 1	

Drug		Status	Notes
sevelamer carbonate oral tablet 800 mg	(Renvela)	Tier 1	
sevelamer hcl oral tablet 400 mg, 800 mg		Tier 1	
sodium polystyrene sulfonate oral powder		Tier 1	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML		Tier 1	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML		Tier 3	
VELPHORO ORAL TABLET,CHEWABLE 500 MG		Tier 2	QL (6 EA per 1 day)
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM		Tier 3	PA
XPHOZAH ORAL TABLET 20 MG, 30 MG		Tier 3	ST; ST: Requires prior prescriptions for Velphoro and one of the following: 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 3	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	(potassium bicarb-citric acid)	Tier 1	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	(potassium chloride)	Tier 3	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	(potassium chloride)	Tier 3	
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	(potassium chloride)	Tier 1	
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	(potassium chloride)	Tier 1	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	(potassium chloride)	Tier 1	
KLOR-CON ORAL PACKET 20 MEQ	(potassium chloride)	Tier 3	
KLOR-CON/EF ORAL TABLET, EFFERVESCENT 25 MEQ	(potassium bicarb-citric acid)	Tier 3	
potassium chloride oral capsule, extended release 10 meq, 8 meq		Tier 1	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml		Tier 1	
potassium chloride oral packet 20 meq	(Klor-Con)	Tier 1	
potassium chloride oral tablet extended release 10 meq	(Klor-Con 10)	Tier 1	

Drug		Status	Notes
potassium chloride oral tablet extended release 15 meq, 20 meq		Tier 1	
potassium chloride oral tablet extended release 8 meq	(Klor-Con 8)	Tier 1	
potassium chloride oral tablet,er particles/crystals 10 meq	(Klor-Con M10)	Tier 1	
potassium chloride oral tablet,er particles/crystals 15 meq	(Klor-Con M15)	Tier 1	
potassium chloride oral tablet,er particles/crystals 20 meq	(Klor-Con M20)	Tier 1	
Sodium/Saline Preparations			
AQUASTAT 0.9% SODIUM CHLORIDE INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 3	
AQUASTAT SFR 0.9% SODIUM CHLOR INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 3	
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 1	
CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 1	
MONOJECT 0.9% SODIUM CHLORIDE INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 3	
MONOJECT PREFILL ADVANCED NS INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 3	
NORMAL SALINE FLUSH INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 1	
sodium chlor 0.9% bacteriostat injection solution 0.9 %		Tier 1	
sodium chloride 0.9 % (flush) injection syringe	(BD PosiFlush Normal Saline 0.9)	Tier 1	
sodium chloride 0.9 % injection solution		Tier 1	
sodium chloride injection syringe 0.9 %		Tier 1	
Endocrine Disorder - Fertility			
Drugs To Treat Impotency			
CIALIS ORAL TABLET 5 MG	(tadalafil)	Tier 3	PA
tadalafil oral tablet 2.5 mg		Tier 1	PA
tadalafil oral tablet 5 mg	(Cialis)	Tier 1	PA
Fertility Stimulating Preparations,Non-Fsh			
CLOMID ORAL TABLET 50 MG	(clomiphene citrate)	Tier 3	
clomiphene citrate oral tablet 50 mg	(Clomid)	Tier 1	
Endocrine Disorder - Other			
Adrenal Steroid Inhibitors			
ISTURISA ORAL TABLET 1 MG, 5 MG		Tier 4	PA; SP
RECORLEV ORAL TABLET 150 MG		Tier 4	PA; SP
Adrenocorticotrophic Hormones			

Drug		Status	Notes
ACTHAR INJECTION GEL 80 UNIT/ML		Tier 4	PA; SP
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML		Tier 4	PA; SP
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML		Tier 4	PA; SP
CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML, 80 UNIT/ML		Tier 4	PA; SP
Antidiuretic And Vasopressor Hormones			
DDAVP INJECTION SOLUTION 4 MCG/ML	(desmopressin)	Tier 3	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	(desmopressin)	Tier 3	
desmopressin injection solution 4 mcg/ml	(DDAVP)	Tier 1	
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)		Tier 1	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)		Tier 1	
desmopressin oral tablet 0.1 mg, 0.2 mg	(DDAVP)	Tier 1	
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG		Tier 3	QL (1 EA per 1 day)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG		Tier 3	QL (1 EA per 1 day)
Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.			
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG		Tier 4	PA; SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG		Tier 4	PA; SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG		Tier 4	PA; SP
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)		Tier 4	PA; SP
leuprolide subcutaneous kit 1 mg/0.2 ml		Tier 4	PA; SP
Bone Formation Stim. Agents - Parathyroid Hormone			
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	(teriparatide)	Tier 4	PA; SP
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	(Forteo)	Tier 4	PA; SP
teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)		Tier 4	PA; SP
Bone Formation Stimulating Agts - Pth Rel Peptides			
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)		Tier 4	PA; SP

Drug		Status	Notes
Bone Resorption Inhibitor & Vitamin D Combinations			
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT		Tier 2	
Bone Resorption Inhibitors			
ACTONEL ORAL TABLET 150 MG	(risedronate)	Tier 3	ST; 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 3	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 1	QL (75 ML per 7 days)
alendronate oral tablet 10 mg, 35 mg, 5 mg		Tier 1	
alendronate oral tablet 70 mg	(Fosamax)	Tier 1	
ATELVIA ORAL TABLET,DELAYED RELEASE (DR/EC) 35 MG	(risedronate)	Tier 3	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 1	
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation		Tier 1	
EVISTA ORAL TABLET 60 MG	(raloxifene)	Tier 3	QL (1 EA per 1 day)
FOSAMAX ORAL TABLET 70 MG	(alendronate)	Tier 3	
ibandronate oral tablet 150 mg		Tier 1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	(calcitonin (salmon))	Tier 3	
raloxifene oral tablet 60 mg	(Evista)	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
risedronate oral tablet 150 mg	(Actonel)	Tier 1	ST; ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 30 days)

Drug		Status	Notes
risedronate oral tablet 30 mg, 5 mg		Tier 1	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 1	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 1	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 4	SP; QL (2 EA per 1 day)
cinacalcet oral tablet 90 mg	(Sensipar)	Tier 4	SP; QL (4 EA per 1 day)
SENSIPAR ORAL TABLET 30 MG, 60 MG	(cinacalcet)	Tier 4	SP; QL (2 EA per 1 day)
SENSIPAR ORAL TABLET 90 MG	(cinacalcet)	Tier 4	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 4	SP
Growth Hormone Releasing Hormone (Ghrh) & Analogs			
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG		Tier 4	PA; SP
Growth Hormones			
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML		Tier 4	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)		Tier 4	PA; SP
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)		Tier 4	PA; SP
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG		Tier 4	PA; SP

Drug	Status	Notes
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)	Tier 4	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 4	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 4	PA; SP
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 4	PA; SP
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	Tier 4	PA; SP
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	Tier 4	PA; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	Tier 4	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 4	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 4	PA; SP
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	Tier 4	PA; SP
Hyperparathyroid Tx Agents - Vitamin D Analog-Type		
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	Tier 1	
paricalcitol oral capsule 1 mcg, 2 mcg (Zemplar)	Tier 1	
paricalcitol oral capsule 4 mcg	Tier 1	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	Tier 2	QL (2 EA per 1 day)
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (paricalcitol)	Tier 3	
Insulin-Like Growth Factor-1 (Igf-1) Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 4	PA; SP
Leptin Hormone Analogs		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Tier 4	SP; QL (1 EA per 1 day)

Drug	Status	Notes
Lhrh (Gnrh) Antagonist,Estrogen And Progestin Comb		
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Tier 2	PA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Tier 2	PA
Lhrh(Gnrh) Agonist Analog Pituitary Suppressants		
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	Tier 4	PA; SP
Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents		
ORILISSA ORAL TABLET 150 MG, 200 MG	Tier 2	PA
Menopausal Sympt Supp-Sel Estrogen Recep Modulator		
OSPHENA ORAL TABLET 60 MG	Tier 3	ST; ST: Requires prior prescriptions for Premarin cream and one of the following: Estradiol cream or vaginal tablet within the past 365 days; QL (1 EA per 1 day)
Natriuretic Peptides		
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	Tier 4	PA; SP
Parathyroid Hormones		
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML	Tier 4	PA; SP
Pituitary Suppressive Agents		
cabergoline oral tablet 0.5 mg	Tier 1	
CRENESSITY ORAL CAPSULE 100 MG, 50 MG	Tier 4	PA; SP
CRENESSITY ORAL SOLUTION 50 MG/ML	Tier 4	PA; SP
danazol oral capsule 100 mg, 200 mg, 50 mg	Tier 1	
Endocrine Disorder - Thyroid		
Antithyroid Preparations		
methimazole oral tablet 10 mg, 5 mg	Tier 1	
propylthiouracil oral tablet 50 mg	Tier 1	
Iodine Containing Agents		
potassium iodide oral solution 1 gram/ml (SSKI)	Tier 1	
SSKI ORAL SOLUTION 1 GRAM/ML (potassium iodide)	Tier 1	

Drug		Status	Notes
STRONG IODINE ORAL SOLUTION 5 %		Tier 1	
Thyroid Hormones			
ADTHYZA ORAL TABLET 120 MG, 15 MG, 60 MG	(thyroid (pork))	Tier 3	ST; ST: Requires prior prescription for NP Thyroid tablets within the past 120 days
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	(thyroid (pork))	Tier 3	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 3	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 3	ST; ST: Requires prior prescription for generic Liothyronine tablets within the past 120 dats
ERMEZA ORAL SOLUTION 30 MCG/ML		Tier 1	PA
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	(levothyroxine)	Tier 1	QL (2 EA per 1 day)
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	(levothyroxine)	Tier 3	ST; ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days; QL (2 EA per 1 day)
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	(Euthyrox)	Tier 1	QL (2 EA per 1 day)
levothyroxine oral tablet 300 mcg	(Levo-T)	Tier 1	QL (2 EA per 1 day)
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	(levothyroxine)	Tier 3	ST; ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days; QL (2 EA per 1 day)
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	(Cytomel)	Tier 1	
NIVA THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	(thyroid (pork))	Tier 3	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 1	

Drug		Status	Notes
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	(levothyroxine)	Tier 3	ST; 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 3	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 1	
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG		Tier 3	PA
TIROSINT-SOL ORAL SOLUTION 37.5 MCG/ML, 44 MCG/ML, 62.5 MCG/ML		Tier 3	PA
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	(levothyroxine)	Tier 3	ST; 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 1	
prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %		Tier 1	
prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %		Tier 1	
prednisolon-moxiflox-bromf(pf) ophthalmic (eye) drops 1-0.5-0.09 %		Tier 1	
Eye Antibiotic-Corticoid Combinations			
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %	(neomycin-polymyxin b-dexameth)	Tier 3	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(Neo-Polycin HC)	Tier 1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	(Maxitrol)	Tier 1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	(Maxitrol)	Tier 1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml		Tier 1	

Drug		Status	Notes
NEO-POLYCIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1%	(neomycin-bacitracin-poly-hc)	Tier 1	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %		Tier 3	
prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %		Tier 1	
prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %		Tier 1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %		Tier 2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %		Tier 3	ST; 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 1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %		Tier 3	
Eye Antihistamines			
azelastine ophthalmic (eye) drops 0.05 %		Tier 1	QL (12 ML per 30 days)
bepotastine besilate ophthalmic (eye) drops 1.5 %	(Bepreve)	Tier 1	ST; 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 3	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 1	QL (10 ML per 30 days)
olopatadine ophthalmic (eye) drops 0.1 %	(Eye Allergy Itch-Redness Rlf)	Tier 1	
olopatadine ophthalmic (eye) drops 0.2 %	(Eye Allergy Itch Relief)	Tier 1	QL (3 ML per 30 days)
Eye Antiinflammatory Agents			
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	(ketorolac)	Tier 3	
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	(ketorolac)	Tier 3	QL (20 ML per 30 days)

Drug		Status	Notes
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %		Tier 3	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 3	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 1	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 1	ST; ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (5 ML per 16 days)
bromfenac ophthalmic (eye) drops 0.09 %		Tier 1	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 3	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 1	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 1	QL (15 ML per 14 days)
DEXTENZA INTRACANALICULAR INSERT 0.4 MG		Tier 3	
diclofenac sodium ophthalmic (eye) drops 0.1 %		Tier 1	QL (10 ML per 14 days)

Drug		Status	Notes
difluprednate ophthalmic (eye) drops 0.05 %	(Durezol)	Tier 1	QL (10 ML per 14 days)
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	(difluprednate)	Tier 3	QL (10 ML per 14 days)
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		Tier 3	PA
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %		Tier 3	ST; 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 1	QL (10 ML per 14 days)
flurbiprofen sodium ophthalmic (eye) drops 0.03 %		Tier 1	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		Tier 3	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 3	QL (10 ML per 14 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %		Tier 2	QL (3.4 ML per 16 days)
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %		Tier 3	ST; 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 1	
ketorolac ophthalmic (eye) drops 0.5 %	(Acular)	Tier 1	QL (20 ML per 30 days)
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	(loteprednol etabonate)	Tier 3	QL (10 GM per 14 days)
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	(loteprednol etabonate)	Tier 3	QL (20 ML per 14 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %		Tier 2	QL (7 GM per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %		Tier 2	QL (10 GM per 14 days)
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	(Lotemax)	Tier 1	QL (10 GM per 14 days)

Drug	Status	Notes
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 % (Alrex)	Tier 1	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 1	QL (20 ML per 14 days)
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	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 3	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 3	QL (20 ML per 14 days)
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	Tier 3	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 1	QL (20 ML per 14 days)
prednisolone acetate ophthalmic (eye) drops,suspension 1 % (Pred Forte)	Tier 1	QL (20 ML per 14 days)
prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %	Tier 1	
prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %	Tier 1	
prednisolone sod ph-bromf (pf) ophthalmic (eye) drops 1-0.09 %	Tier 1	
prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %	Tier 1	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	Tier 1	QL (20 ML per 14 days)

Drug		Status	Notes
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	(bromfenac)	Tier 3	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 1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %		Tier 3	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 3	
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 %	(proparacaine)	Tier 1	
ALTACAINE OPHTHALMIC (EYE) DROPS 0.5 %	(tetracaine hcl)	Tier 1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %	(fluorescein-benoxinate)	Tier 1	
fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %		Tier 1	
fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %		Tier 1	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL 3 %		Tier 3	
proparacaine ophthalmic (eye) drops 0.5 %	(Alcaine)	Tier 1	
tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %		Tier 1	
tetracaine hcl ophthalmic (eye) drops 0.5 %	(Altacaine)	Tier 1	
Eye Sulfonamides			
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %		Tier 2	
sulfacetamide sodium ophthalmic (eye) drops 10 %		Tier 1	
sulfacetamide sodium ophthalmic (eye) ointment 10 %		Tier 1	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)		Tier 1	
Eye Vasoconstrictors (Rx Only)			
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %		Tier 1	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %		Tier 3	PA

Drug		Status	Notes
Nicotinic Recept.Partial Agonist, Alpha4beta2 Spec			
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY		Tier 2	PA
Ophthalmic (Eye) Antiparasitics			
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %		Tier 4	PA; SP
Ophthalmic Antibiotics			
AZASITE OPHTHALMIC (EYE) DROPS 1 %		Tier 3	
bacitracin ophthalmic (eye) ointment 500 unit/gram		Tier 1	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	(Polycin)	Tier 1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %		Tier 2	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %		Tier 2	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %		Tier 1	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)		Tier 1	
gatifloxacin ophthalmic (eye) drops 0.5 %		Tier 1	
gentamicin ophthalmic (eye) drops 0.3 %		Tier 1	
levofloxacin ophthalmic (eye) drops 1.5 %		Tier 1	
moxifloxacin ophthalmic (eye) drops 0.5 %	(Vigamox)	Tier 1	
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %		Tier 1	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(Neo-Polycin)	Tier 1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml		Tier 1	
NEO-POLYCIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G	(neomycin-bacitracin-polymyxin)	Tier 1	
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 %	(ofloxacin)	Tier 3	
ofloxacin ophthalmic (eye) drops 0.3 %	(Ocuflox)	Tier 1	
POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM	(bacitracin-polymyxin b)	Tier 1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml		Tier 1	
tobramycin ophthalmic (eye) drops 0.3 %		Tier 1	

Drug	Status	Notes
tobramycin-vancomycin ophthalmic (eye) drops 1-2.5 %, 1.5-5 %	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 2	
vancomycin in 0.9 % sodium chl ophthalmic (eye) drops 10 mg/ml	Tier 1	
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 % (moxifloxacin)	Tier 3	
Ophthalmic Antifungal Agents		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	Tier 3	
Ophthalmic Anti-Inflammatory Immunomodulator-Type		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	Tier 3	ST; ST: Requires prior prescriptions for Restasis and Xiidra within the past 365 days; QL (60 EA per 30 days)
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 %	Tier 1	
cyclosporine ophthalmic (eye) dropperette 0.05 % (Restasis)	Tier 1	QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Tier 2	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (cyclosporine)	Tier 1	QL (60 EA per 30 days)
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 4	PA; SP
VEVYE OPHTHALMIC (EYE) DROPS 0.1 %	Tier 3	PA
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	Tier 2	QL (60 EA per 30 days)
Ophthalmic Human Nerve Growth Factor (Hngf)		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	Tier 4	PA; SP
Ophthalmic Mast Cell Stabilizers		
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	Tier 2	ST; ST: Requires prior prescription for Cromolyn 4% ophthalmic drops within the past 120 days; QL (40 ML per 30 days)
cromolyn ophthalmic (eye) drops 4 %	Tier 1	QL (50 ML per 30 days)
Ophthalmic Preparations, Miscellaneous		
RYZUMVI OPHTHALMIC (EYE) DROPPERETTE 0.75 %	Tier 3	
Eye - Glaucoma		

Drug		Status	Notes
Carbonic Anhydrase Inhibitors			
acetazolamide oral capsule, extended release 500 mg		Tier 1	
acetazolamide oral tablet 125 mg, 250 mg		Tier 1	
methazolamide oral tablet 25 mg, 50 mg		Tier 1	
Miotics/Other Intraoc. Pressure Reducers			
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %, 0.15 %	(brimonidine)	Tier 3	
apraclonidine ophthalmic (eye) drops 0.5 %		Tier 1	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	(brinzolamide)	Tier 3	
betaxolol ophthalmic (eye) drops 0.5 %		Tier 1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %		Tier 3	
BETIMOL OPHTHALMIC (EYE) DROPS 0.5 %	(timolol)	Tier 3	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		Tier 3	
bimatoprost (pf) ophthalmic (eye) drops 0.01 %		Tier 1	
bimatoprost ophthalmic (eye) drops 0.03 %		Tier 1	QL (1 ML per 12 days)
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %	(Alphagan P)	Tier 1	
brimonidine ophthalmic (eye) drops 0.2 %		Tier 1	
brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %		Tier 1	
brimonidine-dorzolamide ophthalmic (eye) drops 0.1-2 %		Tier 1	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	(Combigan)	Tier 1	
brinzolamide ophthalmic (eye) drops,suspension 1 %	(Azopt)	Tier 1	
carteolol ophthalmic (eye) drops 1 %		Tier 1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	(brimonidine-timolol)	Tier 3	
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	(dorzolamide-timolol (pf))	Tier 3	ST; 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 3	
dorzolamide (pf) ophthalmic (eye) drops 2 %		Tier 1	

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

Drug		Status	Notes
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	(Zioptan (PF))	Tier 1	QL (1 EA per 1 day)
timol-brimon-dorzol-bimato(pf) ophthalmic (eye) drops 0.5 %-0.15 %- 2 %-0.01 %		Tier 1	
timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %	(Timoptic Ocudose (PF))	Tier 1	QL (2 EA per 1 day)
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %		Tier 1	
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	(Istalol)	Tier 1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %		Tier 1	
timolol ophthalmic (eye) drops 0.5 %	(Betimol)	Tier 1	
timolol-bimatoprost (pf) ophthalmic (eye) drops 0.5-0.01 %		Tier 1	
timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %		Tier 1	
timolol-dorzolam-bimatopro(pf) ophthalmic (eye) drops 0.5-2-0.01 %		Tier 1	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 %	(timolol maleate (pf))	Tier 3	QL (2 EA per 1 day)
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	(travoprost)	Tier 3	QL (2.5 ML per 25 days)
travoprost ophthalmic (eye) drops 0.004 %	(Travatan Z)	Tier 1	QL (2.5 ML per 25 days)
VUITY OPHTHALMIC (EYE) DROPS 1.25 %		Tier 3	PA
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %		Tier 3	ST; ST: Requires prior prescriptions for generic Prostaglandin Analog and Lumigan within the past 365 days; QL (2.5 ML per 25 days)
XALATAN OPHTHALMIC (EYE) DROPS 0.005 %	(latanoprost)	Tier 3	
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %		Tier 3	ST; ST: Requires prior prescriptions for 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 3	QL (1 EA per 1 day)
Mydriatics			
atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %		Tier 1	
atropine ophthalmic (eye) drops 1 %	(Isopto Atropine)	Tier 1	

Drug		Status	Notes
atropine ophthalmic (eye) ointment 1 %		Tier 1	
atropine sulfate (pf) ophthalmic (eye) dropperette 1 %		Tier 1	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 %	(cyclopentolate)	Tier 3	
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %		Tier 3	
cyclopentolate ophthalmic (eye) drops 1 %	(Cyclogyl)	Tier 1	
cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %		Tier 1	
cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %-0.5 %, 1 %-1 %-2.5 %- 0.5 %		Tier 1	
cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %-2.5 %-0.4 %		Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 %	(homatropine hbr)	Tier 1	
ISOPTO ATROPINE OPHTHALMIC (EYE) DROPS 1 %	(atropine)	Tier 3	
MYDCOMBI OPHTHALMIC (EYE) CARTRIDGE 2.5-1 %		Tier 3	
MYDRIACYL OPHTHALMIC (EYE) DROPS 1 %	(tropicamide)	Tier 3	
phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %		Tier 1	
tropicamide ophthalmic (eye) drops 0.5 %		Tier 1	
tropicamide ophthalmic (eye) drops 1 %	(Mydriacyl)	Tier 1	
Ophthalmic Antifibrotic Agents			
mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml		Tier 4	SP
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG		Tier 3	
Eye - Miscellaneous			
Agents For Corneal Collagen Cross-Linking			
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %		Tier 4	SP
PHOTREXA OPHTHALMIC (EYE) DROPS 0.146 %		Tier 4	
PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS 0.146 %		Tier 4	
Artificial Tears			

Drug		Status	Notes
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 %		Tier 3	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %		Tier 2	
Eye Mydriatic And Nsaid Combinations			
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 %	(tropic-proparacai-pe-ketor-wat)	Tier 1	
Eye Preparations, Miscellaneous (Otc)			
GELFILM OPHTHALMIC (EYE) FILM		Tier 3	
Ophthalmic Cystine Depleting Agents			
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %		Tier 4	PA; SP
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %		Tier 4	PA; SP
Fluid Replacement			
Nucleic Acid/Nucleotide Supplements			
XURIDEN ORAL GRANULES IN PACKET 2 GRAM		Tier 4	PA; SP
Gout And Related Diseases			
Colchicine			
colchicine oral capsule 0.6 mg	(Mitigare)	Tier 1	QL (2 EA per 1 day)
colchicine oral tablet 0.6 mg	(Colcrys)	Tier 1	QL (4 EA per 1 day)
COLCRYS ORAL TABLET 0.6 MG	(colchicine)	Tier 3	QL (4 EA per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML		Tier 3	ST; 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 3	QL (2 EA per 1 day)
Hyperuricemia Tx - Purine Inhibitors			
allopurinol oral tablet 100 mg	(Zyloprim)	Tier 1	
allopurinol oral tablet 300 mg		Tier 1	
febuxostat oral tablet 40 mg, 80 mg	(Uloric)	Tier 1	ST; 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 3	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 3	
Uricosuric Agents			
probenecid oral tablet 500 mg		Tier 1	
probenecid-colchicine oral tablet 500-0.5 mg		Tier 1	

Drug		Status	Notes
Uricosuric And Xanthine Oxidase Inhibitor Comb.			
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG		Tier 3	ST; ST: Requires prior prescription for Allopurinol within the past 120 days; QL (1 EA per 1 day)
Hematological Disorders			
Agents To Tx Thrombotic Thrombocytopenic Purpura			
CABLIVI INJECTION KIT 11 MG		Tier 4	PA; SP
CABLIVI INJECTION RECON SOLN 11 MG		Tier 4	PA; SP
Anticoagulants,Coumarin Type			
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	(warfarin)	Tier 1	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(Jantoven)	Tier 1	
Antifibrinolytic Agents			
AMICAR ORAL SOLUTION 250 MG/ML (25 %)	(aminocaproic acid)	Tier 3	
AMICAR ORAL TABLET 1,000 MG, 500 MG	(aminocaproic acid)	Tier 3	
aminocaproic acid oral solution 250 mg/ml (25 %)	(Amicar)	Tier 1	
aminocaproic acid oral tablet 1,000 mg, 500 mg	(Amicar)	Tier 1	
tranexamic acid oral tablet 650 mg		Tier 1	
Citrates As Anticoagulants			
anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml		Tier 1	
citric-sod citrat-sod phos-dex solution 0.327-2.63 gram/100 ml		Tier 1	
REGIOCIT (EUA) SOLUTION 5.03-5.29 GRAM/L		Tier 3	
sodium citrate in 0.9 % nacl solution 0.5 %		Tier 1	
sodium citrate intra-catheter solution 4 %		Tier 1	
sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)		Tier 1	
sodium citrate solution 4 gram /100 ml (4 %)		Tier 1	
Complement (C3) Inhibitors			
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML		Tier 4	PA; SP
Direct Factor Xa Inhibitors			

Drug	Status	Notes
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	Tier 2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	Tier 2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	Tier 2	QL (74 EA per 30 days)
rivaroxaban oral tablet 2.5 mg (Xarelto)	Tier 1	QL (2 EA per 1 day)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	Tier 3	ST; 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 2	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	Tier 2	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG	Tier 2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG	Tier 2	QL (2 EA per 1 day)
XARELTO ORAL TABLET 2.5 MG (rivaroxaban)	Tier 2	QL (2 EA per 1 day)
Hematinics,Other		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 4	PA; 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 4	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 4	PA; SP
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	Tier 4	PA; 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 4	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 4	PA; SP

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

Drug	Status	Notes
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)
heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)	Tier 1	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	Tier 1	
heparin (porcine) injection syringe 5,000 unit/ml	Tier 1	
heparin, porcine (pf) injection solution 1,000 unit/ml	Tier 1	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml	Tier 1	
heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml	Tier 1	
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 4	PA; SP
TAVNEOS ORAL CAPSULE 10 MG	Tier 4	PA; SP
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)	Tier 4	PA; SP
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML	Tier 4	PA; SP
Hypoxia Inducible Factor Prolyl Hydroxylase Inh.		
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	PA
VAFSEO ORAL TABLET 150 MG, 300 MG	Tier 3	PA
Leukocyte (Wbc) Stimulants		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA; SP
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA; SP
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 4	PA; SP
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 4	PA; SP

Drug		Status	Notes
LEUKINE INJECTION RECON SOLN 250 MCG		Tier 4	PA; SP
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML		Tier 4	PA; SP
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML		Tier 4	PA; SP
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML		Tier 4	PA; SP
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML		Tier 4	PA; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML		Tier 4	PA; SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML		Tier 4	PA; SP
NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML		Tier 4	PA; SP
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML		Tier 4	PA; SP
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML		Tier 4	PA; SP
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML		Tier 4	PA; SP
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML		Tier 4	PA; SP
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML		Tier 4	PA; SP
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML		Tier 4	PA; SP
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML		Tier 4	PA; SP
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML		Tier 4	PA; SP
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML		Tier 4	PA
Platelet Aggregation Inhibitors			
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	(aspirin)	$0	
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	(aspirin)	$0	
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG	(aspirin)	$0	
aspirin oral tablet,chewable 81 mg	(Aspirin Childrens)	$0	

Drug		Status	Notes
aspirin oral tablet,delayed release (dr/ec) 81 mg	(Adult Aspirin Regimen)	$0	
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg		Tier 1	
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	(aspirin)	$0	
BRILINTA ORAL TABLET 60 MG, 90 MG		Tier 2	QL (2 EA per 1 day)
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG	(aspirin)	$0	
cilostazol oral tablet 100 mg, 50 mg		Tier 1	
clopidogrel oral tablet 300 mg		Tier 1	QL (4 EA per 30 days)
clopidogrel oral tablet 75 mg	(Plavix)	Tier 1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg		Tier 1	
EFFIENT ORAL TABLET 10 MG, 5 MG	(prasugrel hcl)	Tier 3	QL (1 EA per 1 day)
PLAVIX ORAL TABLET 75 MG	(clopidogrel)	Tier 3	
prasugrel hcl oral tablet 10 mg, 5 mg	(Effient)	Tier 1	QL (1 EA per 1 day)
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG	(aspirin)	$0	
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	(aspirin)	$0	
ZONTIVITY ORAL TABLET 2.08 MG		Tier 3	QL (1 EA per 1 day)
Platelet Reducing Agents			
AGRYLIN ORAL CAPSULE 0.5 MG	(anagrelide)	Tier 3	
anagrelide oral capsule 0.5 mg	(Agrylin)	Tier 1	
anagrelide oral capsule 1 mg		Tier 1	
Pyruvate Kinase Activators			
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG		Tier 4	PA; SP
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)-20 MG (7)		Tier 4	PA; SP
Sickle Cell Anemia Agents			
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG		Tier 3	
ENDARI ORAL POWDER IN PACKET 5 GRAM	(glutamine (sickle cell))	Tier 4	PA; SP
glutamine (sickle cell) oral powder in packet 5 gram	(Endari)	Tier 4	PA; SP
SIKLOS ORAL TABLET 1,000 MG		Tier 3	ST; ST: Requires prior prescriptions for generic Hydroxyurea and Droxia within the past 365 days

Drug	Status	Notes
SIKLOS ORAL TABLET 100 MG	Tier 3	QL (2 EA per 1 day)
XROMI ORAL SOLUTION 100 MG/ML	Tier 3	PA
Spleen Tyrosine Kinase Inhibitors		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 4	PA; SP
Thrombin Inhibitors,Selective,Direct, & Reversible		
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg (Pradaxa)	Tier 1	QL (2 EA per 1 day)
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (dabigatran etexilate)	Tier 3	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 3	PA
Thrombopoietin Receptor Agonists		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	Tier 4	PA; SP
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	Tier 4	PA; SP
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	Tier 4	PA; SP
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	Tier 4	PA; SP
MULPLETA ORAL TABLET 3 MG	Tier 4	PA; SP
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	Tier 4	PA; SP
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Tier 4	PA; SP
Topical Hemostatics		
ASTRINGYN TOPICAL SOLUTION 259 MG/G	Tier 3	
AVITENE FLOUR TOPICAL POWDER	Tier 3	
AVITENE TOPICAL POWDER IN PACKET	Tier 3	
AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM	Tier 3	
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM	Tier 3	
EVARREST TOPICAL ADHESIVE PATCH,MEDICATED 2 X 4 ", 4 X 4 "	Tier 3	
EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2)	Tier 3	
GELFOAM COMPRESSED SIZE 100 TOPICAL SPONGE 100 CM	Tier 3	

Drug		Status	Notes
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT		Tier 3	
GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT		Tier 3	
GELFOAM MUCOUS MEMBRANE POWDER		Tier 3	
GELFOAM SPONGE SIZE 100 TOPICAL SPONGE 100		Tier 3	
GELFOAM SPONGE SIZE 12-7MM TOPICAL SPONGE 12-7 MM		Tier 3	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200		Tier 3	
GELFOAM SPONGE SIZE 50 TOPICAL SPONGE 50		Tier 3	
GELFOAM TOPICAL SPONGE 4		Tier 3	
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML		Tier 1	
RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT		Tier 3	
RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT		Tier 3	
SURGIFOAM TOPICAL SPONGE 100 , 100 CM, 12-7 MM, 50		Tier 3	
SYRINGE AVITENE TOPICAL POWDER		Tier 3	
TACHOSIL TOPICAL ADHESIVE PATCH,MEDICATED 4.8 X 4.8 CM, 9.5 X 4.8 CM		Tier 3	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT		Tier 1	
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT		Tier 1	
THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT		Tier 1	
THROMBIN-JMI TOPICAL SPRAY,NON-AEROSOL 20,000 UNIT		Tier 1	
VISTASEAL-FIBRIN SEALANT TOPICAL SYRINGE 500 UNIT-80 MG /ML (10 ML), 500 UNIT-80 MG /ML (2 ML), 500 UNIT-80 MG /ML (4 ML)		Tier 3	
Vitamin K Preparations			
phytonadione (vitamin k1) injection solution 10 mg/ml	(Vitamin K1)	Tier 1	
phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml		Tier 1	
phytonadione (vitamin k1) oral tablet 5 mg		Tier 1	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML	(phytonadione (vitamin k1))	Tier 1	

Drug		Status	Notes
VITAMIN K1 INJECTION SOLUTION 10 MG/ML	(phytonadione (vitamin k1))	Tier 1	
Hormonal Deficiency			
Androgenic Agents			
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	(testosterone)	Tier 3	PA
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM), 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	(testosterone)	Tier 3	PA
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML	(testosterone cypionate)	Tier 3	PA
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG		Tier 3	PA
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG		Tier 3	PA
METHITEST ORAL TABLET 10 MG	(methyltestosterone)	Tier 3	PA
methyltestosterone oral capsule 10 mg		Tier 1	PA
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION		Tier 3	PA
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	(testosterone)	Tier 3	PA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	(Depo-Testosterone)	Tier 1	PA
testosterone enanthate intramuscular oil 200 mg/ml		Tier 1	PA
testosterone transdermal gel 50 mg/5 gram (1 %)	(Testim)	Tier 1	PA
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation		Tier 1	PA
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	(Vogelxo)	Tier 1	PA
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	(AndroGel)	Tier 1	PA
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)	(AndroGel)	Tier 1	PA
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)		Tier 1	PA
TLANDO ORAL CAPSULE 112.5 MG		Tier 3	PA
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	(testosterone)	Tier 3	PA

Drug		Status	Notes
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	(testosterone)	Tier 3	PA
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	(testosterone)	Tier 3	PA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML		Tier 3	PA
Estrogen & Progestin With Antimineralocorticoid Cb			
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG		Tier 3	
Estrogen & Selective Estrogen Recept Mod(Serm)Comb			
DUAVEE ORAL TABLET 0.45-20 MG		Tier 2	
Estrogen And Progestin Combinations			
BIJUVA ORAL CAPSULE 0.5-100 MG		Tier 2	QL (1 EA per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG		Tier 2	QL (30 EA per 30 days)
Estrogen/Androgen Combinations			
COVARYX H.S. ORAL TABLET 0.625-1.25 MG	(estrogens-methyltestosterone)	Tier 1	
COVARYX ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone)	Tier 1	
EEMT HS ORAL TABLET 0.625-1.25 MG	(estrogens-methyltestosterone)	Tier 1	
EEMT ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone)	Tier 1	
ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone)	Tier 1	
estrogens-methyltestosterone oral tablet 0.625-1.25 mg	(Covaryx H.S.)	Tier 1	
estrogens-methyltestosterone oral tablet 1.25-2.5 mg	(Covaryx)	Tier 1	
Estrogenic Agents			
ACTIVELLA ORAL TABLET 1-0.5 MG	(estradiol-norethindrone acet)	Tier 3	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR		Tier 3	ST; 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 3	QL (1 EA per 7 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR		Tier 2	QL (2 EA per 7 days)
DELESTROGEN INTRAMUSCULAR OIL 20 MG/ML, 40 MG/ML	(estradiol valerate)	Tier 3	

Drug		Status	Notes
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	(estradiol cypionate)	Tier 3	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%)	(estradiol)	Tier 3	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 3	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 3	ST; ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (37.5 GM per 30 days)
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	(estradiol)	Tier 1	QL (2 EA per 7 days)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION		Tier 3	ST; 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 3	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	(Estrace)	Tier 1	
estradiol transdermal gel in metered-dose pump 1.25 gram/actuation	(EstroGel)	Tier 1	ST; 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 1	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 1	ST; ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (30 GM per 30 days)

Drug		Status	Notes
estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)	(Divigel)	Tier 1	ST; 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 1	QL (2 EA per 7 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Climara)	Tier 1	QL (1 EA per 7 days)
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml	(Delestrogen)	Tier 1	
estradiol valerate intramuscular oil 40 mg/ml		Tier 1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg		Tier 1	
estradiol-norethindrone acet oral tablet 1-0.5 mg	(Mimvey)	Tier 1	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	(estradiol)	Tier 3	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 3	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 1	
JINTELI ORAL TABLET 1-5 MG-MCG	(norethindrone ac-eth estradiol)	Tier 1	
LYLLANA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	(estradiol)	Tier 1	QL (2 EA per 7 days)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG		Tier 3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR		Tier 3	QL (1 EA per 7 days)
MIMVEY ORAL TABLET 1-0.5 MG	(estradiol-norethindrone acet)	Tier 1	
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	(estradiol)	Tier 3	QL (2 EA per 7 days)

Drug		Status	Notes
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	(Fyavolv)	Tier 1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG		Tier 2	
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG	(conjugated estrogens)	Tier 2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)		Tier 2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		Tier 2	
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	(estradiol)	Tier 3	QL (2 EA per 7 days)
Menopausal Symptoms Suppressant - Ssris			
paroxetine mesylate(menop.sym) oral capsule 7.5 mg		Tier 1	ST; 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 3	
Progestational Agents			
CRINONE VAGINAL GEL 4 %		Tier 2	
GALLIFREY ORAL TABLET 5 MG	(norethindrone acetate)	Tier 1	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	Tier 1	
norethindrone acetate oral tablet 5 mg	(Gallifrey)	Tier 1	
progesterone intramuscular oil 50 mg/ml		Tier 1	
progesterone micronized oral capsule 100 mg, 200 mg	(Prometrium)	Tier 1	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	(progesterone micronized)	Tier 3	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	(medroxyprogesterone)	Tier 3	
Immunization			
Antisera			
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %		Tier 4	PA; 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 4	PA; SP
GAMMAGARD LIQUID INJECTION SOLUTION 10 %		Tier 4	PA; SP

Drug	Status	Notes
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 4	PA; 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 4	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 4	PA; SP
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 4	PA; SP
HYQVIA IG COMPONENT SUBCUTANEOUS SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 30 GRAM/300 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 4	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 4	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 4	PA; SP
Covid-19 Vaccines		
COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PFIZER COVID 2024-25(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
PFIZER COVID 2024-25(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Enteric Virus Vaccines		
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	Tier 3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	Tier 3	
Gram (-) Bacilli (Non-Enteric) Vaccines		
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	Tier 3	
Gram Positive Cocci Vaccines		
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML	$0	QL (0.5 ML per 365 days); Age (Min 65 Years)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	$0	Age (Min 19 Years)
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	$0	QL (0.5 ML per 56 days)
Influenza Virus Vaccines		
AFLURIA TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AFLURIA TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST TRIVALENT 2024-2025 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE HIGH-DOSE TRIV 24-25 INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE QUAD SOUTH HEM2024(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE QUAD SOUTHERN HEM 2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Toxin-Producing Bacilli Vaccines/Toxoids		
VAXCHORA ACTIVE COMPONENT ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	Tier 3	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	Tier 3	
Viral/Tumorigenic Vaccines		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE; QL (1 EA per 1 FILL)
adenovirus vac live type-4, 7 oral tablet,delayed release (dr/ec)	Tier 3	
adenovirus vaccine live type-4 oral tablet,delayed release (dr/ec)	Tier 3	

Drug		Status	Notes
adenovirus vaccine live type-7 oral tablet,delayed release (dr/ec)		Tier 3	
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML		$0	QL (1 EA per 1 FILL); Age (Min 60 Years)
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML		$0	QL (1 ML per 1 LIFETIME); Age (Min 60 Years)
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML		$0	QL (2 EA per 1 LIFETIME); Age (Min 50 Years)
Immunosuppression/Modulation			
Immunomodulators			
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML		Tier 4	PA; SP
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML		Tier 4	SP
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML		Tier 4	PA; SP
imiquimod topical cream in packet 5 %		Tier 1	QL (2 EA per 1 day)
KERIDA TOPICAL GEL 5-0.1-30 %		Tier 3	
QUIDROXZAR TOPICAL GEL 5-0.1-30 %		Tier 3	
Immunosuppressives			
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	(tacrolimus)	Tier 3	ST; ST: Requires prior prescription for generic Tacrolimus within the past 120 days
AZASAN ORAL TABLET 100 MG, 75 MG	(azathioprine)	Tier 3	
azathioprine oral tablet 100 mg, 75 mg	(Azasan)	Tier 1	
azathioprine oral tablet 50 mg	(Imuran)	Tier 1	
CELLCEPT ORAL CAPSULE 250 MG	(mycophenolate mofetil)	Tier 3	
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	(mycophenolate mofetil)	Tier 3	
CELLCEPT ORAL TABLET 500 MG	(mycophenolate mofetil)	Tier 3	
cyclosporine modified oral capsule 100 mg, 25 mg	(Gengraf)	Tier 1	
cyclosporine modified oral capsule 50 mg		Tier 1	
cyclosporine modified oral solution 100 mg/ml	(Gengraf)	Tier 1	
cyclosporine oral capsule 100 mg, 25 mg	(Sandimmune)	Tier 1	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG		Tier 3	ST; ST: Requires prior prescription for generic Tacrolimus within the past 120 days

Drug		Status	Notes
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	(Zortress)	Tier 1	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	(cyclosporine modified)	Tier 1	
GENGRAF ORAL SOLUTION 100 MG/ML	(cyclosporine modified)	Tier 1	
IMURAN ORAL TABLET 50 MG	(azathioprine)	Tier 3	
LUPKYNIS ORAL CAPSULE 7.9 MG		Tier 4	PA; SP
mycophenolate mofetil oral capsule 250 mg	(CellCept)	Tier 1	
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	(CellCept)	Tier 1	
mycophenolate mofetil oral tablet 500 mg	(CellCept)	Tier 1	
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	(Myfortic)	Tier 1	
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC) 180 MG, 360 MG	(mycophenolate sodium)	Tier 3	
MYHIBBIN ORAL SUSPENSION 200 MG/ML		Tier 3	PA
NEORAL ORAL CAPSULE 100 MG, 25 MG	(cyclosporine modified)	Tier 3	
NEORAL ORAL SOLUTION 100 MG/ML	(cyclosporine modified)	Tier 3	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	(tacrolimus)	Tier 3	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG		Tier 2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	(cyclosporine)	Tier 3	
sirolimus oral solution 1 mg/ml		Tier 1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg		Tier 1	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	(Prograf)	Tier 1	
tacrolimus oral capsule,extended release 24hr 0.5 mg, 1 mg, 5 mg	(Astagraf XL)	Tier 1	ST; ST: Requires prior prescription for generic Tacrolimus within the past 120 days
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	(everolimus (immunosuppressive))	Tier 3	
Rho Kinase Inhibitor			
REZUROCK ORAL TABLET 200 MG		Tier 4	PA; SP
Infectious Disease - Bacterial			
Absorbable Sulfonamides			
BACTRIM DS ORAL TABLET 800-160 MG	(sulfamethoxazole-trimethoprim)	Tier 3	

Drug		Status	Notes
BACTRIM ORAL TABLET 400-80 MG	(sulfamethoxazole-trimethoprim)	Tier 3	
sulfadiazine oral tablet 500 mg		Tier 1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	(Sulfatrim)	Tier 1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	(Bactrim)	Tier 1	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	(Bactrim DS)	Tier 1	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML	(sulfamethoxazole-trimethoprim)	Tier 1	
Betalactams			
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML		Tier 4	PA; SP
Cephalosporins - 1St Generation			
cefadroxil oral capsule 500 mg		Tier 1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml		Tier 1	
cefadroxil oral tablet 1 gram		Tier 1	
cephalexin oral capsule 250 mg, 500 mg, 750 mg		Tier 1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		Tier 1	
cephalexin oral tablet 250 mg, 500 mg		Tier 1	
Cephalosporins - 2Nd Generation			
cefaclor oral capsule 250 mg, 500 mg		Tier 1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml		Tier 1	
cefaclor oral tablet extended release 12 hr 500 mg		Tier 1	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		Tier 1	
cefprozil oral tablet 250 mg, 500 mg		Tier 1	
cefuroxime axetil oral tablet 250 mg, 500 mg		Tier 1	
Cephalosporins - 3Rd Generation			
cefdinir oral capsule 300 mg		Tier 1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		Tier 1	
cefixime oral capsule 400 mg		Tier 1	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml		Tier 1	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml		Tier 1	
cefpodoxime oral tablet 100 mg, 200 mg		Tier 1	

Drug		Status	Notes
SPECTRACEF ORAL TABLET 400 MG		Tier 3	
SUPRAX ORAL CAPSULE 400 MG	(cefixime)	Tier 3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	(cefixime)	Tier 3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML		Tier 2	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG		Tier 2	
Chemotherapeutics, Antibacterial, Misc.			
fosfomycin tromethamine oral packet 3 gram		Tier 1	
methenamine hippurate oral tablet 1 gram		Tier 1	
methenamine mandelate oral tablet 0.5 gram, 1 gram		Tier 1	
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg	(Urogesic-Blue)	Tier 1	
MONUROL ORAL PACKET 3 GRAM	(fosfomycin tromethamine)	Tier 3	
PRIMSOL ORAL SOLUTION 50 MG/5 ML		Tier 2	
trimethoprim oral tablet 100 mg		Tier 1	
URELLE ORAL TABLET 81-10.8-40.8 MG		Tier 3	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG		Tier 2	
URO-458 ORAL TABLET 81-10.8-40.8 MG		Tier 1	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG	(methen-sod phos-meth blue-hyos)	Tier 1	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG		Tier 1	
URO-SP ORAL CAPSULE 118-10-40.8-36 MG		Tier 3	
URYL ORAL TABLET 81.6-40.8-0.12 MG	(methen-sod phos-meth blue-hyos)	Tier 3	
Fecal Microbiota Transplantation (Fmt)			
REBYOTA RECTAL ENEMA 150 ML		Tier 4	PA; SP
VOWST ORAL CAPSULE		Tier 4	PA; SP
Macrolides			
azithromycin oral packet 1 gram	(Zithromax)	Tier 1	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	(Zithromax)	Tier 1	
azithromycin oral tablet 250 mg, 500 mg	(Zithromax)	Tier 1	
azithromycin oral tablet 600 mg		Tier 1	

Drug		Status	Notes
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		Tier 1	
clarithromycin oral tablet 250 mg, 500 mg		Tier 1	
clarithromycin oral tablet extended release 24 hr 500 mg		Tier 1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML		Tier 2	QL (10 ML per 1 day)
DIFICID ORAL TABLET 200 MG		Tier 2	QL (20 EA per 10 days)
E.E.S. 400 ORAL TABLET 400 MG	(erythromycin ethylsuccinate)	Tier 1	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	(erythromycin ethylsuccinate)	Tier 3	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 500 MG	(erythromycin)	Tier 1	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 333 MG	(erythromycin)	Tier 3	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	(erythromycin stearate)	Tier 1	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	(E.E.S. Granules)	Tier 1	
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml	(EryPed 400)	Tier 1	
erythromycin ethylsuccinate oral tablet 400 mg	(E.E.S. 400)	Tier 1	
erythromycin oral capsule,delayed release(dr/ec) 250 mg		Tier 1	
erythromycin oral tablet 250 mg, 500 mg		Tier 1	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	(Ery-Tab)	Tier 1	
ZITHROMAX ORAL PACKET 1 GRAM	(azithromycin)	Tier 3	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	(azithromycin)	Tier 3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	(azithromycin)	Tier 3	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	(azithromycin)	Tier 3	
ZITHROMAX Z-PAK ORAL TABLET 250 MG	(azithromycin)	Tier 3	
Nitrofuran Derivatives			
FURADANTIN ORAL SUSPENSION 25 MG/5 ML	(nitrofurantoin)	Tier 3	PA
MACROBID ORAL CAPSULE 100 MG	(nitrofurantoin monohyd/m-cryst)	Tier 3	
MACRODANTIN ORAL CAPSULE 100 MG, 50 MG	(nitrofurantoin macrocrystal)	Tier 3	

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

Drug		Status	Notes
AUGMENTIN ORAL TABLET 500-125 MG	(amoxicillin-pot clavulanate)	Tier 3	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR 1,000-62.5 MG	(amoxicillin-pot clavulanate)	Tier 3	
dicloxacillin oral capsule 250 mg, 500 mg		Tier 1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	(amoxicillin)	Tier 3	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml		Tier 1	
penicillin v potassium oral tablet 250 mg, 500 mg		Tier 1	
PIVYA ORAL TABLET 185 MG		Tier 3	PA
Pleuromutilin Derivatives			
XENLETA ORAL TABLET 600 MG		Tier 3	PA
Quinolones			
BAXDELA ORAL TABLET 450 MG		Tier 3	PA
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	(ciprofloxacin)	Tier 2	
CIPRO ORAL TABLET 250 MG, 500 MG	(ciprofloxacin hcl)	Tier 3	
ciprofloxacin hcl oral tablet 100 mg, 750 mg		Tier 1	
ciprofloxacin hcl oral tablet 250 mg, 500 mg	(Cipro)	Tier 1	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	(Cipro)	Tier 1	
levofloxacin oral solution 250 mg/10 ml		Tier 1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg		Tier 1	
moxifloxacin oral tablet 400 mg		Tier 1	
ofloxacin oral tablet 300 mg, 400 mg		Tier 1	
Tetracyclines			
ACTICLATE ORAL TABLET 150 MG	(doxycycline hyclate)	Tier 3	ST; ST: Requires prior prescription for generic Doxycycline Monohydrate 150mg tablets within the past 120 days; QL (2 EA per 1 day)
ACTICLATE ORAL TABLET 75 MG	(doxycycline hyclate)	Tier 3	ST; ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
AVIDOXY ORAL TABLET 100 MG	(doxycycline monohydrate)	Tier 3	QL (2 EA per 1 day)

Drug		Status	Notes
demeclocycline oral tablet 150 mg, 300 mg		Tier 1	
doxycycline hyclate oral capsule 100 mg		Tier 1	QL (2 EA per 1 day)
doxycycline hyclate oral capsule 50 mg	(Morgidox)	Tier 1	QL (2 EA per 1 day)
doxycycline hyclate oral tablet 100 mg		Tier 1	
doxycycline hyclate oral tablet 150 mg	(Acticlate)	Tier 1	ST; ST: Requires prior prescription for generic Doxycycline Monohydrate 150mg tablets within the past 120 days; QL (2 EA per 1 day)
doxycycline hyclate oral tablet 50 mg	(Targadox)	Tier 1	ST; 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	(Acticlate)	Tier 1	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 1	
doxycycline monohydrate oral capsule 150 mg		Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral capsule 50 mg	(Monodox)	Tier 1	
doxycycline monohydrate oral capsule 75 mg	(Mondoxyne NL)	Tier 1	ST; ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg	(Oracea)	Tier 1	ST; ST: Requires prior prescription for generic Doxycycline or Minocycline within the past 120 days; QL (1 EA per 1 day); Age (Min 18 Years)
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml		Tier 1	
doxycycline monohydrate oral tablet 100 mg	(Avidoxy)	Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral tablet 150 mg		Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral tablet 50 mg, 75 mg		Tier 1	

Drug		Status	Notes
EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG		Tier 3	PA
minocycline oral capsule 100 mg, 50 mg, 75 mg		Tier 1	
minocycline oral tablet 100 mg, 50 mg, 75 mg		Tier 1	
MONDOXYNE NL ORAL CAPSULE 100 MG	(doxycycline monohydrate)	Tier 1	
MONDOXYNE NL ORAL CAPSULE 75 MG	(doxycycline monohydrate)	Tier 1	ST; ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
MONODOX ORAL CAPSULE 100 MG, 50 MG	(doxycycline monohydrate)	Tier 3	
MONODOX ORAL CAPSULE 75 MG	(doxycycline monohydrate)	Tier 3	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 3	QL (2 EA per 1 day)
NUZYRA ORAL TABLET 150 MG		Tier 3	PA
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	(doxycycline monohydrate)	Tier 3	ST; ST: Requires prior prescription for generic Doxycycline or Minocycline within the past 120 days; QL (1 EA per 1 day); Age (Min 18 Years)
TARGADOX ORAL TABLET 50 MG	(doxycycline hyclate)	Tier 3	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 1	
Infectious Disease - Fungal			
Antifungal Agents			
ANCOBON ORAL CAPSULE 250 MG, 500 MG	(flucytosine)	Tier 3	
clotrimazole mucous membrane troche 10 mg		Tier 1	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG		Tier 3	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	(fluconazole)	Tier 3	

Drug		Status	Notes
DIFLUCAN ORAL TABLET 100 MG, 200 MG	(fluconazole)	Tier 3	
fluconazole oral suspension for reconstitution 10 mg/ml		Tier 1	
fluconazole oral suspension for reconstitution 40 mg/ml	(Diflucan)	Tier 1	
fluconazole oral tablet 100 mg, 200 mg	(Diflucan)	Tier 1	
fluconazole oral tablet 150 mg, 50 mg		Tier 1	
flucytosine oral capsule 250 mg, 500 mg	(Ancobon)	Tier 1	
itraconazole oral capsule 100 mg	(Sporanox)	Tier 1	
itraconazole oral solution 10 mg/ml	(Sporanox)	Tier 1	
ketoconazole oral tablet 200 mg		Tier 1	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG		Tier 3	PA
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	(posaconazole)	Tier 3	PA
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG	(posaconazole)	Tier 3	PA
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG		Tier 3	
posaconazole oral suspension 200 mg/5 ml (40 mg/ml)	(Noxafil)	Tier 1	PA
posaconazole oral tablet,delayed release (dr/ec) 100 mg	(Noxafil)	Tier 1	PA
SPORANOX ORAL CAPSULE 100 MG	(itraconazole)	Tier 3	
SPORANOX ORAL SOLUTION 10 MG/ML	(itraconazole)	Tier 3	
terbinafine hcl oral tablet 250 mg		Tier 1	
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)	(voriconazole)	Tier 3	
VFEND ORAL TABLET 50 MG	(voriconazole)	Tier 3	
VIVJOA ORAL CAPSULE 150 MG		Tier 3	PA
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	(Vfend)	Tier 1	
voriconazole oral tablet 200 mg		Tier 1	
voriconazole oral tablet 50 mg	(Vfend)	Tier 1	
Antifungal Antibiotics			
BREXAFEMME ORAL TABLET 150 MG		Tier 3	PA
griseofulvin microsize oral suspension 125 mg/5 ml		Tier 1	
griseofulvin microsize oral tablet 500 mg		Tier 1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg		Tier 1	
nystatin oral suspension 100,000 unit/ml		Tier 1	

Drug		Status	Notes
nystatin oral tablet 500,000 unit		Tier 1	
Infectious Disease - Miscellaneous			
Aminoglycosides			
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML		Tier 4	PA; SP
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	(tobramycin)	Tier 4	PA; SP
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	(tobramycin with nebulizer)	Tier 4	PA; SP
neomycin oral tablet 500 mg		Tier 1	
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	(tobramycin in 0.225 % nacl)	Tier 4	PA; SP
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG		Tier 4	PA; SP
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	(Tobi)	Tier 4	PA; SP
tobramycin inhalation solution for nebulization 300 mg/4 ml	(Bethkis)	Tier 4	PA; SP
tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml	(Kitabis Pak)	Tier 4	PA; SP
Antibacterial Agents,Miscellaneous			
GLYCINE UROLOGIC IRRIGATION SOLUTION 1.5 %	(glycine urologic solution)	Tier 3	
glycine urologic solution irrigation solution 1.5 %	(Glycine Urologic)	Tier 1	
Antileprotics			
dapsone oral tablet 100 mg, 25 mg		Tier 1	
THALOMID ORAL CAPSULE 100 MG, 50 MG		Tier 4	PA; SP
Anti-Mycobacterium Agents			
ethambutol oral tablet 100 mg, 400 mg		Tier 1	
isoniazid oral solution 50 mg/5 ml		Tier 1	
isoniazid oral tablet 100 mg, 300 mg		Tier 1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM		Tier 3	
pyrazinamide oral tablet 500 mg		Tier 1	
rifabutin oral capsule 150 mg		Tier 1	
TRECATOR ORAL TABLET 250 MG		Tier 3	
Antitubercular Antibiotics			
cycloserine oral capsule 250 mg		Tier 1	
pretomanid oral tablet 200 mg		Tier 3	QL (1 EA per 1 day)
PRIFTIN ORAL TABLET 150 MG		Tier 3	
rifampin oral capsule 150 mg, 300 mg		Tier 1	

Drug		Status	Notes
SIRTURO ORAL TABLET 100 MG, 20 MG		Tier 4	PA; SP
Lincosamides			
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG	(clindamycin hcl)	Tier 3	
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	(clindamycin palmitate hcl)	Tier 3	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin HCl)	Tier 1	
clindamycin palmitate hcl oral recon soln 75 mg/5 ml	(Clindamycin Pediatric)	Tier 1	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	(clindamycin palmitate hcl)	Tier 1	
Rifamycins And Related Derivative Antibiotics			
AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC) 194 MG		Tier 3	ST; ST: Requires prior prescription for generic oral Ciprofloxacin, Azithromycin, Levofloxacin, or Ofloxacin within the past 120 days; QL (12 EA per 1 FILL)
XIFAXAN ORAL TABLET 200 MG		Tier 3	PA
XIFAXAN ORAL TABLET 550 MG		Tier 2	PA
Vancomycin And Derivatives			
FIRVANQ ORAL RECON SOLN 25 MG/ML	(vancomycin)	Tier 3	QL (300 ML per 1 FILL)
FIRVANQ ORAL RECON SOLN 50 MG/ML	(vancomycin)	Tier 3	QL (600 ML per 1 FILL)
VANCOCIN ORAL CAPSULE 125 MG	(vancomycin)	Tier 3	QL (56 EA per 1 FILL)
VANCOCIN ORAL CAPSULE 250 MG	(vancomycin)	Tier 3	QL (112 EA per 1 FILL)
vancomycin oral capsule 125 mg	(Vancocin)	Tier 1	QL (56 EA per 1 FILL)
vancomycin oral capsule 250 mg	(Vancocin)	Tier 1	QL (112 EA per 1 FILL)
vancomycin oral recon soln 25 mg/ml	(Firvanq)	Tier 1	QL (300 ML per 1 FILL)
vancomycin oral recon soln 50 mg/ml	(Firvanq)	Tier 1	QL (600 ML per 1 FILL)
Infectious Disease - Parasitic			
2Nd Gen. Anaerobic Antiprotozoal-Antibacterial			
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM		Tier 3	ST; 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 1	

Drug		Status	Notes
Amebacides			
paromomycin oral capsule 250 mg	(Humatin)	Tier 1	
Anaerobic Antiprotozoal-Antibacterial Agents			
FLAGYL ORAL CAPSULE 375 MG	(metronidazole)	Tier 3	
LIKMEZ ORAL SUSPENSION 500 MG/5 ML		Tier 3	PA
metronidazole oral capsule 375 mg	(Flagyl)	Tier 1	
metronidazole oral tablet 250 mg, 500 mg		Tier 1	
Anthelmintics			
albendazole oral tablet 200 mg		Tier 1	
BILTRICIDE ORAL TABLET 600 MG	(praziquantel)	Tier 3	
EGATEN ORAL TABLET 250 MG		Tier 3	
EMVERM ORAL TABLET,CHEWABLE 100 MG	(mebendazole)	Tier 2	PA
ivermectin oral tablet 3 mg	(Stromectol)	Tier 1	
praziquantel oral tablet 600 mg	(Biltricide)	Tier 1	
STROMECTOL ORAL TABLET 3 MG	(ivermectin)	Tier 3	
Antimalarial Drugs			
ARAKODA ORAL TABLET 100 MG		Tier 3	
atovaquone-proguanil oral tablet 250-100 mg	(Malarone)	Tier 1	
atovaquone-proguanil oral tablet 62.5-25 mg	(Malarone Pediatric)	Tier 1	
chloroquine phosphate oral tablet 250 mg		Tier 1	QL (36 EA per 16 days)
chloroquine phosphate oral tablet 500 mg		Tier 1	QL (18 EA per 16 days)
COARTEM ORAL TABLET 20-120 MG		Tier 3	
DARAPRIM ORAL TABLET 25 MG	(pyrimethamine)	Tier 4	PA; SP
hydroxychloroquine oral tablet 100 mg		Tier 1	QL (180 EA per 30 days)
hydroxychloroquine oral tablet 200 mg	(Sovuna)	Tier 1	QL (100 EA per 30 days)
hydroxychloroquine oral tablet 300 mg	(Sovuna)	Tier 1	QL (60 EA per 30 days)
hydroxychloroquine oral tablet 400 mg		Tier 1	QL (60 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG		Tier 2	QL (2 EA per 1 FILL)
MALARONE ORAL TABLET 250-100 MG	(atovaquone-proguanil)	Tier 3	
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG	(atovaquone-proguanil)	Tier 3	
mefloquine oral tablet 250 mg		Tier 1	
PLAQUENIL ORAL TABLET 200 MG	(hydroxychloroquine)	Tier 3	QL (100 EA per 30 days)
primaquine oral tablet 26.3 mg (15 mg base)		Tier 2	

Drug		Status	Notes
pyrimethamine oral tablet 25 mg	(Daraprim)	Tier 4	PA; SP
QUALAQUIN ORAL CAPSULE 324 MG	(quinine sulfate)	Tier 3	
quinine sulfate oral capsule 324 mg	(Qualaquin)	Tier 1	
SOVUNA ORAL TABLET 200 MG	(hydroxychloroquine)	Tier 2	QL (100 EA per 30 days)
Antiparasitics			
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML		Tier 3	QL (50 ML per 1 day)
ALINIA ORAL TABLET 500 MG	(nitazoxanide)	Tier 3	QL (2 EA per 1 day)
nitazoxanide oral tablet 500 mg	(Alinia)	Tier 1	QL (2 EA per 1 day)
Antiprotozoal Drugs,Miscellaneous			
atovaquone oral suspension 750 mg/5 ml	(Mepron)	Tier 1	
benznidazole oral tablet 100 mg, 12.5 mg		Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG		Tier 2	PA
LAMPIT ORAL TABLET 120 MG, 30 MG		Tier 3	
MEPRON ORAL SUSPENSION 750 MG/5 ML	(atovaquone)	Tier 3	
NEBUPENT INHALATION RECON SOLN 300 MG	(pentamidine)	Tier 3	
pentamidine inhalation recon soln 300 mg	(Nebupent)	Tier 1	
Infectious Disease - Viral			
Antiretroviral - Capsid Inhibitors			
SUNLENCA ORAL TABLET 300 MG		Tier 2	PA
Antiretroviral-Integrase Inhibitor And Nnrti Comb.			
JULUCA ORAL TABLET 50-25 MG		Tier 2	QL (1 EA per 1 day)
Antiretroviral-Integrase Inhibitor And Nrti Comb.			
DOVATO ORAL TABLET 50-300 MG		Tier 2	QL (1 EA per 1 day)
Antiretroviral-Nucleoside,Nucleotide,Protease Inh.			
SYMTUZA ORAL TABLET 800-150-200-10 MG		Tier 2	QL (1 EA per 1 day)
Antiviral - Main Protease (Mpro) Inhibitor			
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG		Tier 2	QL (20 EA per 28 days); Age (Min 12 Years)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG		Tier 2	QL (30 EA per 28 days); Age (Min 12 Years)
Antiviral Monoclonal Antibodies			
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML		Tier 4	PA; SP
Antiviral Nucleotide Analogs			

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

Drug		Status	Notes
XOFLUZA ORAL TABLET 80 MG		Tier 2	QL (2 EA per 180 days)
ZOVIRAX ORAL SUSPENSION 200 MG/5 ML	(acyclovir)	Tier 3	
Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib			
APTIVUS ORAL CAPSULE 250 MG		Tier 2	QL (4 EA per 1 day)
darunavir oral tablet 600 mg	(Prezista)	Tier 1	QL (2 EA per 1 day)
darunavir oral tablet 800 mg	(Prezista)	Tier 1	QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG		Tier 3	QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML		Tier 2	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG		Tier 2	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 600 MG	(darunavir)	Tier 3	QL (2 EA per 1 day)
PREZISTA ORAL TABLET 75 MG		Tier 2	QL (16 EA per 1 day)
PREZISTA ORAL TABLET 800 MG	(darunavir)	Tier 3	QL (1 EA per 1 day)
Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog			
CIMDUO ORAL TABLET 300-300 MG		Tier 2	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG		Tier 2	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG		$0	$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	(Truvada)	Tier 1	QL (1 EA per 1 day)
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	(Truvada)	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	(emtricitabine-tenofovir (tdf))	Tier 3	QL (1 EA per 1 day)
Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb			
abacavir-lamivudine oral tablet 600-300 mg		Tier 1	QL (1 EA per 1 day)
lamivudine-zidovudine oral tablet 150-300 mg		Tier 1	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.			
maraviroc oral tablet 150 mg	(Selzentry)	Tier 1	QL (2 EA per 1 day)
maraviroc oral tablet 300 mg	(Selzentry)	Tier 1	QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML		Tier 2	QL (31 ML per 1 day)

Drug		Status	Notes
SELZENTRY ORAL TABLET 150 MG	(maraviroc)	Tier 3	QL (2 EA per 1 day)
SELZENTRY ORAL TABLET 300 MG	(maraviroc)	Tier 3	QL (4 EA per 1 day)
Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor			
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG		Tier 2	PA
Antivirals, Hiv-Specific, Fusion Inhibitors			
FUZEON SUBCUTANEOUS RECON SOLN 90 MG		Tier 2	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Non-Nucleoside, Rti			
EDURANT ORAL TABLET 25 MG		Tier 2	QL (1 EA per 1 day)
efavirenz oral capsule 200 mg, 50 mg		Tier 1	
efavirenz oral tablet 600 mg		Tier 1	
etravirine oral tablet 100 mg	(Intelence)	Tier 1	QL (4 EA per 1 day)
etravirine oral tablet 200 mg	(Intelence)	Tier 1	QL (2 EA per 1 day)
INTELENCE ORAL TABLET 100 MG	(etravirine)	Tier 3	QL (4 EA per 1 day)
INTELENCE ORAL TABLET 200 MG	(etravirine)	Tier 3	QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG		Tier 2	QL (4 EA per 1 day)
nevirapine oral suspension 50 mg/5 ml		Tier 1	QL (1200 ML per 30 days)
nevirapine oral tablet 200 mg		Tier 1	QL (2 EA per 1 day)
nevirapine oral tablet extended release 24 hr 100 mg		Tier 1	QL (3 EA per 1 day)
nevirapine oral tablet extended release 24 hr 400 mg		Tier 1	QL (1 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG		Tier 3	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Nucleoside Analog, Rti			
abacavir oral solution 20 mg/ml	(Ziagen)	Tier 1	QL (960 ML per 30 days)
abacavir oral tablet 300 mg		Tier 1	QL (2 EA per 1 day)
emtricitabine oral capsule 200 mg	(Emtriva)	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
EMTRIVA ORAL CAPSULE 200 MG	(emtricitabine)	Tier 3	QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML		Tier 2	QL (850 ML per 30 days)
EPIVIR ORAL SOLUTION 10 MG/ML	(lamivudine)	Tier 3	QL (960 ML per 30 days)
EPIVIR ORAL TABLET 150 MG	(lamivudine)	Tier 3	QL (2 EA per 1 day)
EPIVIR ORAL TABLET 300 MG	(lamivudine)	Tier 3	QL (1 EA per 1 day)
lamivudine oral solution 10 mg/ml	(Epivir)	Tier 1	QL (960 ML per 30 days)
lamivudine oral tablet 150 mg	(Epivir)	Tier 1	QL (2 EA per 1 day)
lamivudine oral tablet 300 mg	(Epivir)	Tier 1	QL (1 EA per 1 day)
RETROVIR ORAL CAPSULE 100 MG	(zidovudine)	Tier 3	QL (6 EA per 1 day)

Drug		Status	Notes
RETROVIR ORAL SYRUP 10 MG/ML	(zidovudine)	Tier 3	QL (1920 ML per 30 days)
stavudine oral capsule 15 mg, 20 mg		Tier 1	QL (2 EA per 1 day)
ZIAGEN ORAL SOLUTION 20 MG/ML	(abacavir)	Tier 3	QL (960 ML per 30 days)
zidovudine oral capsule 100 mg	(Retrovir)	Tier 1	QL (6 EA per 1 day)
zidovudine oral syrup 10 mg/ml	(Retrovir)	Tier 1	QL (1920 ML per 30 days)
zidovudine oral tablet 300 mg		Tier 1	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Nucleotide Analog, Rti			
tenofovir disoproxil fumarate oral tablet 300 mg	(Viread)	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)		Tier 2	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		Tier 2	QL (1 EA per 1 day)
VIREAD ORAL TABLET 300 MG	(tenofovir disoproxil fumarate)	Tier 3	QL (1 EA per 1 day)
Antivirals, Hiv-Specific, Protease Inhibitor Comb			
KALETRA ORAL SOLUTION 400-100 MG/5 ML	(lopinavir-ritonavir)	Tier 3	QL (480 ML per 30 days)
KALETRA ORAL TABLET 100-25 MG	(lopinavir-ritonavir)	Tier 3	QL (10 EA per 1 day)
KALETRA ORAL TABLET 200-50 MG	(lopinavir-ritonavir)	Tier 3	QL (4 EA per 1 day)
lopinavir-ritonavir oral tablet 100-25 mg	(Kaletra)	Tier 1	QL (10 EA per 1 day)
lopinavir-ritonavir oral tablet 200-50 mg	(Kaletra)	Tier 1	QL (4 EA per 1 day)
Antivirals, Hiv-Specific, Protease Inhibitors			
atazanavir oral capsule 150 mg		Tier 1	QL (2 EA per 1 day)
atazanavir oral capsule 200 mg	(Reyataz)	Tier 1	QL (2 EA per 1 day)
atazanavir oral capsule 300 mg	(Reyataz)	Tier 1	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG		Tier 2	QL (1 EA per 1 day)
fosamprenavir oral tablet 700 mg		Tier 1	QL (4 EA per 1 day)
NORVIR ORAL CAPSULE 100 MG		Tier 2	QL (12 EA per 1 day)
NORVIR ORAL POWDER IN PACKET 100 MG		Tier 2	QL (12 EA per 1 day)
NORVIR ORAL TABLET 100 MG	(ritonavir)	Tier 3	QL (12 EA per 1 day)
REYATAZ ORAL CAPSULE 200 MG	(atazanavir)	Tier 3	QL (2 EA per 1 day)
REYATAZ ORAL CAPSULE 300 MG	(atazanavir)	Tier 3	QL (1 EA per 1 day)
REYATAZ ORAL POWDER IN PACKET 50 MG		Tier 2	QL (5 EA per 1 day)
ritonavir oral tablet 100 mg	(Norvir)	Tier 1	QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG		Tier 2	

Drug		Status	Notes
Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr			
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	(cabotegravir)	$0	$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)	(Apretude)	$0	$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
ISENTRESS HD ORAL TABLET 600 MG		Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG		Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG		Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG		Tier 2	QL (6 EA per 1 day)
TIVICAY ORAL TABLET 50 MG		Tier 2	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG		Tier 2	QL (6 EA per 1 day)
VOCABRIA ORAL TABLET 30 MG		Tier 2	QL (1 EA per 1 day); Age (Min 12 Years)
Artv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti			
ATRIPLA ORAL TABLET 600-200-300 MG	(efavirenz-emtricitabin-tenofov)	Tier 3	QL (1 EA per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG		Tier 3	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG		Tier 3	QL (1 EA per 1 day)
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg		Tier 1	QL (1 EA per 1 day)
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg	(Symfi Lo)	Tier 1	QL (1 EA per 1 day)
efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg	(Symfi)	Tier 1	QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG		Tier 2	QL (1 EA per 1 day)
SYMFI LO ORAL TABLET 400-300-300 MG	(efavirenz-lamivu-tenofov disop)	Tier 3	QL (1 EA per 1 day)
SYMFI ORAL TABLET 600-300-300 MG	(efavirenz-lamivu-tenofov disop)	Tier 3	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 2	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG		Tier 2	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG		Tier 2	QL (1 EA per 1 day)
Arv Comb-Nrtis & Integrase Inhibitor			
TRIUMEQ ORAL TABLET 600-50-300 MG		Tier 2	QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG		Tier 2	QL (6 EA per 1 day)
Cytochrome P450 Inhibitors			
TYBOST ORAL TABLET 150 MG		Tier 2	QL (1 EA per 1 day)
Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo			
VOSEVI ORAL TABLET 400-100-100 MG		Tier 2	PA
Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo.			
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG		Tier 2	PA
EPCLUSA ORAL TABLET 200-50 MG		Tier 2	PA
EPCLUSA ORAL TABLET 400-100 MG	(sofosbuvir-velpatasvir)	Tier 2	PA
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG		Tier 2	PA
HARVONI ORAL TABLET 45-200 MG		Tier 2	PA
HARVONI ORAL TABLET 90-400 MG	(ledipasvir-sofosbuvir)	Tier 2	PA
Hep C Virus,Nucleotide Analog Ns5b Polymerase Inh			
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG		Tier 4	PA; SP
SOVALDI ORAL TABLET 200 MG, 400 MG		Tier 4	PA; SP
Hepatitis B Treatment Agents			
adefovir oral tablet 10 mg	(Hepsera)	Tier 4	SP; QL (1 EA per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML		Tier 4	SP; QL (630 ML per 30 days)
BARACLUDE ORAL TABLET 0.5 MG, 1 MG	(entecavir)	Tier 4	SP; QL (1 EA per 1 day)
entecavir oral tablet 0.5 mg, 1 mg	(Baraclude)	Tier 4	SP; QL (1 EA per 1 day)
HEPSERA ORAL TABLET 10 MG	(adefovir)	Tier 4	SP; QL (1 EA per 1 day)
lamivudine oral tablet 100 mg		Tier 1	QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG		Tier 4	SP; QL (1 EA per 1 day)
Hepatitis C Treatment Agents			

Drug		Status	Notes
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		Tier 4	PA; SP
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML		Tier 4	PA; SP
ribavirin oral capsule 200 mg		Tier 1	
ribavirin oral tablet 200 mg		Tier 1	
Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb			
MAVYRET ORAL PELLETS IN PACKET 50-20 MG		Tier 4	PA; SP
MAVYRET ORAL TABLET 100-40 MG		Tier 4	PA; SP
ZEPATIER ORAL TABLET 50-100 MG		Tier 4	PA; SP
Inflammatory Disease			
Anti-Arthritic And Chelating Agents			
CUPRIMINE ORAL CAPSULE 250 MG	(penicillamine)	Tier 4	PA; SP
DEPEN TITRATABS ORAL TABLET 250 MG	(penicillamine)	Tier 4	PA; SP
D-PENAMINE ORAL TABLET 125 MG		Tier 4	PA; SP
penicillamine oral capsule 250 mg	(Cuprimine)	Tier 4	PA; SP
penicillamine oral tablet 250 mg	(Depen Titratabs)	Tier 4	PA; SP
Anti-Arthritic, Folate Antagonist Agents			
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML		Tier 2	QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML		Tier 3	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 3	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 3	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 3	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 3	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 3	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 3	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 3	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 3	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 4	PA; SP
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML		Tier 4	PA; SP
Anti-Inflammatory Tumor Necrosis Factor Inhibitor			
adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml	(Hyrimoz(CF) Pen)	Tier 4	PA; SP
adalimumab-adaz subcutaneous pen injector 80 mg/0.8 ml	(Hyrimoz Pen Crohn's-UC Starter)	Tier 4	PA; SP
adalimumab-adaz subcutaneous syringe 20 mg/0.2 ml, 40 mg/0.4 ml	(Hyrimoz(CF))	Tier 4	PA; SP
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)		Tier 4	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)		Tier 4	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2)		Tier 4	PA; SP
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)		Tier 4	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML		Tier 4	PA; SP
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)		Tier 4	PA; SP
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)		Tier 4	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML		Tier 4	PA; SP

Drug		Status	Notes
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML		Tier 4	PA; SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML		Tier 4	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML		Tier 4	PA; SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML		Tier 4	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML		Tier 4	PA; SP
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	(adalimumab-ryvk)	Tier 4	PA; SP
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML		Tier 4	PA; SP
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 80 MG/0.8 ML		Tier 4	PA; SP
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	(adalimumab-ryvk)	Tier 4	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML		Tier 4	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML		Tier 4	PA; SP
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML		Tier 4	PA; SP
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML		Tier 4	PA; SP
Anti-Inflammatory, Pyrimidine Synthesis Inhibitor			
ARAVA ORAL TABLET 10 MG, 20 MG	(leflunomide)	Tier 3	
leflunomide oral tablet 10 mg, 20 mg	(Arava)	Tier 1	
Anti-Inflammatory,Phosphodiesterase-4(Pde4) Inhib.			
OTEZLA ORAL TABLET 20 MG, 30 MG		Tier 4	PA; SP
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)		Tier 4	PA; SP
Antinflammatory, Sel.Costim.Mod.,T-Cell Inhibitor			
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML		Tier 4	PA; SP

Drug		Status	Notes
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML		Tier 4	PA; SP
Bradykinin B2 Receptor Antagonists			
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	(icatibant)	Tier 4	PA; SP
icatibant subcutaneous syringe 30 mg/3 ml	(Firazyr)	Tier 4	PA; SP
SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML	(icatibant)	Tier 4	PA; SP
C1 Esterase Inhibitors			
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT		Tier 4	PA; SP
Glucocorticoids			
AGAMREE ORAL SUSPENSION 40 MG/ML		Tier 4	PA; SP
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG		Tier 4	PA; SP
BETALOAN SUIK KIT 6 MG/ML		Tier 3	
budesonide oral capsule,delayed,extend.release 3 mg		Tier 1	
budesonide oral tablet,delayed and ext.release 9 mg	(Uceris)	Tier 1	ST; ST: Requires prior prescription for Balsalazide within the past 120 days
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	(hydrocortisone)	Tier 3	
cortisone oral tablet 25 mg		Tier 1	
deflazacort oral suspension 22.75 mg/ml	(Emflaza)	Tier 4	PA; SP
deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg	(Emflaza)	Tier 4	PA; SP
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML		Tier 3	
dexamethasone oral elixir 0.5 mg/5 ml		Tier 1	
dexamethasone oral solution 0.5 mg/5 ml		Tier 1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg		Tier 1	
DEXONTO IONTOPHORETIC SOLUTION 0.4 %		Tier 3	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	(deflazacort)	Tier 4	PA; SP
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	(deflazacort)	Tier 4	PA; SP
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML		Tier 4	PA; SP
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	(Cortef)	Tier 1	

Drug		Status	Notes
hydrocortisone sod succinate injection recon soln 100 mg	(Solu-Cortef)	Tier 1	
MEDROL (PAK) ORAL TABLETS,DOSE PACK 4 MG	(methylprednisolone)	Tier 3	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	(methylprednisolone)	Tier 3	
MEDROL ORAL TABLET 2 MG		Tier 2	
MEDROLOAN II SUIK KIT 40 MG/ML		Tier 3	
MEDROLOAN SUIK KIT 40 MG/ML		Tier 3	
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg	(Medrol)	Tier 1	
methylprednisolone oral tablet 32 mg		Tier 1	
methylprednisolone oral tablets,dose pack 4 mg	(Medrol (Pak))	Tier 1	
ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG	(prednisolone sodium phosphate)	Tier 3	
PEDIAPRED ORAL SOLUTION 5 MG BASE/5 ML (6.7 MG/5 ML)	(prednisolone sodium phosphate)	Tier 3	
prednisolone oral solution 15 mg/5 ml		Tier 1	
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)		Tier 1	
prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)	(Veripred 20)	Tier 1	
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)	(Pediapred)	Tier 1	
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	(Orapred ODT)	Tier 1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML		Tier 2	
prednisone oral solution 5 mg/5 ml		Tier 1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		Tier 1	
prednisone oral tablets,dose pack 10 mg, 5 mg		Tier 1	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML		Tier 3	
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG		Tier 4	PA; SP
TRILOAN II SUIK KIT 40 MG/ML		Tier 3	
TRILOAN SUIK KIT 40 MG/ML		Tier 3	

Drug		Status	Notes
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG	(budesonide)	Tier 3	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 3	
Gold Salts			
auranofin oral capsule 3 mg	(Ridaura)	Tier 1	
RIDAURA ORAL CAPSULE 3 MG	(auranofin)	Tier 3	
Immunomodulator,B-Lymphocyte Stim(Blys)-Spec Inhib			
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML		Tier 4	PA; SP
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML		Tier 4	PA; SP
Interleukin-6 (Il-6) Receptor Inhibitors			
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML		Tier 4	PA; SP
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML		Tier 4	PA; SP
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML		Tier 4	PA; SP
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML		Tier 4	PA; SP
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML		Tier 4	PA; SP
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML		Tier 4	SP
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML		Tier 4	SP
Janus Kinase (Jak) Inhibitors			
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG		Tier 4	PA; SP
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG		Tier 4	PA; SP
RINVOQ LQ ORAL SOLUTION 1 MG/ML		Tier 4	PA; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG		Tier 4	PA; SP
XELJANZ ORAL SOLUTION 1 MG/ML		Tier 4	PA; SP
XELJANZ ORAL TABLET 10 MG, 5 MG		Tier 4	PA; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG		Tier 4	PA; SP
Mineralocorticoids			
fludrocortisone oral tablet 0.1 mg		Tier 1	

Drug		Status	Notes
Monoclonal Antibody-Human Interleukin 12/23 Inhib			
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML		Tier 4	PA; SP
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML		Tier 4	PA; SP
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML		Tier 4	PA; SP
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML		Tier 4	PA; SP
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML		Tier 4	PA; SP
Nsaids (Cox Non-Specific Inhib)& Prostaglandin Cmb			
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC 50-200 MG-MCG	(diclofenac-misoprostol)	Tier 3	
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC 75-200 MG-MCG	(diclofenac-misoprostol)	Tier 3	
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg	(Arthrotec 50)	Tier 1	
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg	(Arthrotec 75)	Tier 1	
Nsaids, Cyclooxygenase 2 Inhibitor - Type			
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	(celecoxib)	Tier 3	
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(Celebrex)	Tier 1	
Nsaids, Cyclooxygenase Inhibitor-Type			
ANAPROX DS ORAL TABLET 550 MG	(naproxen sodium)	Tier 3	
DAYPRO ORAL TABLET 600 MG	(oxaprozin)	Tier 3	
diclofenac potassium oral tablet 50 mg		Tier 1	
diclofenac sodium oral tablet extended release 24 hr 100 mg		Tier 1	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg		Tier 1	
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG	(naproxen)	Tier 3	
EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG	(naproxen)	Tier 1	
etodolac oral capsule 200 mg, 300 mg		Tier 1	
etodolac oral tablet 400 mg	(Lodine)	Tier 1	

Drug		Status	Notes
etodolac oral tablet 500 mg		Tier 1	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg		Tier 1	
FELDENE ORAL CAPSULE 20 MG	(piroxicam)	Tier 3	
flurbiprofen oral tablet 100 mg		Tier 1	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	(ibuprofen)	Tier 1	
ibuprofen oral suspension 100 mg/5 ml	(Children's Advil)	Tier 1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	(IBU)	Tier 1	
indomethacin oral capsule 25 mg, 50 mg		Tier 1	
indomethacin oral capsule, extended release 75 mg		Tier 1	
indomethacin rectal suppository 100 mg		Tier 1	
ketoprofen oral capsule 25 mg	(Kiprofen)	Tier 1	
ketoprofen oral capsule 50 mg, 75 mg		Tier 1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg		Tier 1	
ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)		Tier 1	
ketorolac injection syringe 15 mg/ml, 30 mg/ml		Tier 1	
ketorolac intramuscular solution 60 mg/2 ml		Tier 1	
ketorolac intramuscular syringe 60 mg/2 ml		Tier 1	
ketorolac oral tablet 10 mg		Tier 1	QL (20 EA per 5 days)
KIPROFEN ORAL CAPSULE 25 MG	(ketoprofen)	Tier 1	
LODINE ORAL TABLET 400 MG	(etodolac)	Tier 3	
meclofenamate oral capsule 100 mg, 50 mg		Tier 1	
mefenamic acid oral capsule 250 mg		Tier 1	
meloxicam oral suspension 7.5 mg/5 ml		Tier 1	
meloxicam oral tablet 15 mg, 7.5 mg		Tier 1	
nabumetone oral tablet 500 mg, 750 mg		Tier 1	
NAPROSYN ORAL TABLET 500 MG	(naproxen)	Tier 3	
naproxen oral tablet 250 mg, 375 mg		Tier 1	
naproxen oral tablet 500 mg	(Naprosyn)	Tier 1	
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	(EC-Naproxen)	Tier 1	
naproxen sodium oral tablet 275 mg		Tier 1	
naproxen sodium oral tablet 550 mg	(Anaprox DS)	Tier 1	
oxaprozin oral tablet 600 mg	(Daypro)	Tier 1	

Drug		Status	Notes
piroxicam oral capsule 10 mg		Tier 1	
piroxicam oral capsule 20 mg	(Feldene)	Tier 1	
sulindac oral tablet 150 mg, 200 mg		Tier 1	
tolmetin oral capsule 400 mg		Tier 1	
tolmetin oral tablet 600 mg	(Tolectin 600)	Tier 1	
TORONOVA II SUIK KIT 30 MG/ML		Tier 3	
TORONOVA SUIK KIT 30 MG/ML		Tier 3	
Plasma Kallikrein Inhibitors			
ORLADEYO ORAL CAPSULE 110 MG, 150 MG		Tier 4	PA; SP
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)		Tier 4	PA; SP
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)		Tier 4	PA; SP
Local Anesthesia			
Local Anesthetics			
GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 %	(lidocaine hcl)	Tier 1	
KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML		Tier 3	
lidocaine hcl mucous membrane jelly 2 %		Tier 1	
lidocaine hcl mucous membrane jelly in applicator 2 %	(Glydo)	Tier 1	
lidocaine hcl mucous membrane solution 2 %	(Lidocaine Viscous)	Tier 1	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)		Tier 1	
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %	(lidocaine hcl)	Tier 1	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML)		Tier 3	
Periodontal Anesthetics			
ORAQIX DENTAL CARTRIDGE 2.5-2.5 %		Tier 3	
Lower Gastrointestinal Disorders - Bowel Inflammat			
Chronic Inflam. Colon Dx, 5-A-Salicylat,Rectal Tx			
CANASA RECTAL SUPPOSITORY 1,000 MG	(mesalamine)	Tier 3	
mesalamine rectal enema 4 gram/60 ml	(Rowasa)	Tier 1	
mesalamine rectal suppository 1,000 mg	(Canasa)	Tier 1	
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	(Rowasa)	Tier 1	

Drug		Status	Notes
ROWASA RECTAL ENEMA 4 GRAM/60 ML	(mesalamine)	Tier 3	
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML	(mesalamine with cleansing wipe)	Tier 3	
SFROWASA RECTAL ENEMA 4 GRAM/60 ML	(mesalamine)	Tier 3	
Drug Tx-Chronic Inflam. Colon Dx,5-Aminosalicylat			
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	(mesalamine)	Tier 3	
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	(sulfasalazine)	Tier 3	
AZULFIDINE ORAL TABLET 500 MG	(sulfasalazine)	Tier 3	
balsalazide oral capsule 750 mg	(Colazal)	Tier 1	
COLAZAL ORAL CAPSULE 750 MG	(balsalazide)	Tier 3	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	(mesalamine)	Tier 3	
DIPENTUM ORAL CAPSULE 250 MG		Tier 3	ST; ST: Requires prior prescription for Lialda within the past 120 days
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC) 1.2 GRAM	(mesalamine)	Tier 3	
mesalamine oral capsule (with del rel tablets) 400 mg	(Delzicol)	Tier 1	
mesalamine oral capsule, extended release 500 mg	(Pentasa)	Tier 1	
mesalamine oral capsule,extended release 24hr 0.375 gram	(Apriso)	Tier 1	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	(Lialda)	Tier 1	
mesalamine oral tablet,delayed release (dr/ec) 800 mg		Tier 1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG		Tier 2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	(mesalamine)	Tier 2	
sulfasalazine oral tablet 500 mg	(Azulfidine)	Tier 1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	(Azulfidine EN-tabs)	Tier 1	
Hemorrhoidal Prep, Anti-Infam Steroid/Local Anesth			
ANA-LEX KIT RECTAL KIT 2-2 %		Tier 1	
ANALPRAM-HC RECTAL CREAM 1-1 %, 2.5-1 %	(hydrocortisone-pramoxine)	Tier 3	
hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %	(Analpram-HC)	Tier 1	

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

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

Drug		Status	Notes
Antidiarrheals			
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml		Tier 1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	(Lomotil)	Tier 1	
LOMOTIL ORAL TABLET 2.5-0.025 MG	(diphenoxylate-atropine)	Tier 3	
loperamide oral capsule 2 mg	(Anti-Diarrheal (loperamide))	Tier 1	
opium tincture oral tincture 10 mg/ml (morphine)		Tier 1	
Bile Salts			
CHENODAL ORAL TABLET 250 MG		Tier 4	PA; SP
CHOLBAM ORAL CAPSULE 250 MG, 50 MG		Tier 4	PA; SP
CTEXLI ORAL TABLET 250 MG		Tier 4	PA; SP
URSO FORTE ORAL TABLET 500 MG	(ursodiol)	Tier 3	
ursodiol oral capsule 300 mg		Tier 1	
ursodiol oral tablet 250 mg		Tier 1	
ursodiol oral tablet 500 mg	(URSO Forte)	Tier 1	
Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog			
OCALIVA ORAL TABLET 10 MG, 5 MG		Tier 4	PA; SP
Ibs Agents,Sodium-Hydrogen Exchanger 3(Nhe3) Inhib			
IBSRELA ORAL TABLET 50 MG		Tier 3	PA
Ileal Bile Acid Transporter (Ibat) Inhibitor			
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG		Tier 4	PA; SP
BYLVAY ORAL PELLET 200 MCG, 600 MCG		Tier 4	PA; SP
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML		Tier 4	PA; SP
Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type			
alosetron oral tablet 0.5 mg, 1 mg	(Lotronex)	Tier 1	
LOTRONEX ORAL TABLET 0.5 MG, 1 MG	(alosetron)	Tier 3	
Laxatives And Cathartics			
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	(lubiprostone)	Tier 3	QL (2 EA per 1 day)
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML		$0	$0 COPAY IF QUANTITY IS 350, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (350 ML per 1 FILL)

Drug		Status	Notes
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	(lactulose)	Tier 1	
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	(peg 3350-electrolytes)	$0	$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	(peg 3350-electrolytes)	$0	$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)
GAVILYTE-N ORAL RECON SOLN 420 GRAM	(peg-electrolyte soln)	$0	$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	(peg 3350-electrolytes)	Tier 3	QL (4000 ML per 1 FILL)
lactulose oral solution 10 gram/15 ml	(Constulose)	Tier 1	
lubiprostone oral capsule 24 mcg, 8 mcg	(Amitiza)	Tier 1	QL (2 EA per 1 day)
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	(peg3350-sod sul-nacl-kcl-asb-c)	Tier 3	QL (1 EA per 1 FILL)
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	(Golytely)	$0	$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	(MoviPrep)	$0	$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (1 EA per 1 FILL)
peg-electrolyte soln oral recon soln 420 gram	(GaviLyte-N)	$0	$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM		$0	ST; ST: Requires prior prescription for Clenpiq, generic bowel prep, or Sutab within the past 120 days; $0 COPAY IF QUANTITY IS 3, FILL OF 2 IN 365 DAYS, TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP PRODUCT, AND AGE 45-75 YEARS; QL (3 EA per 1 FILL)

Drug		Status	Notes
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	(Suprep Bowel Prep Kit)	$0	$0 COPAY IF QUANTITY IS 354, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (354 ML per 1 FILL)
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM		$0	ST; ST: Requires prior prescription for Clenpiq, generic bowel prep, or Sutab within the past 120 days; $0 COPAY IF QUANTITY IS 2, FILL OF 2 IN 365 DAYS, TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP PRODUCT, AND AGE 45-75 YEARS; QL (2 EA per 1 FILL)
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	(sodium,potassium,mag sulfates)	Tier 3	QL (354 ML per 1 FILL)
SUTAB ORAL TABLET 1.479-0.188-0.225 GRAM		$0	$0 COPAY IF QUANTITY IS 24, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (24 EA per 1 FILL)
Narcotic Antagonists, Peripherally-Acting			
alvimopan oral capsule 12 mg		Tier 1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		Tier 2	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG		Tier 3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML		Tier 3	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML		Tier 3	PA
SYMPROIC ORAL TABLET 0.2 MG		Tier 2	QL (1 EA per 1 day)
Ppar Agonist			
IQIRVO ORAL TABLET 80 MG		Tier 4	PA; SP
LIVDELZI ORAL CAPSULE 10 MG		Tier 4	PA; SP
Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs			
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG		Tier 4	PA; SP
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG		Tier 4	PA; SP
Medical Supplies			
Durable Medical Equipment,Misc(Group 1)			
ACCU-CHEK FASTCLIX LANCET DRUM	(lancets)	Tier 2	

Drug		Status	Notes
ACCU-CHEK SAFE-T-PRO 23 GAUGE		Tier 2	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE		Tier 2	
ACCU-CHEK SOFTCLIX LANCETS	(lancets)	Tier 2	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE		Tier 2	
ACTI-LANCE LANCETS 28 GAUGE	(lancets)	Tier 2	
ADVANCED TRAVEL LANCETS 28 GAUGE	(lancets)	Tier 2	
ADVOCATE LANCET 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
ADVOCATE LANCET 23 GAUGE		Tier 2	
ALTERNATE SITE LANCET 26 GAUGE	(lancets)	Tier 2	
ASSURE LANCE 25 GAUGE		Tier 2	
ASSURE LANCE 28 GAUGE	(lancets)	Tier 2	
ASSURE LANCE PLUS 21 GAUGE, 30 GAUGE	(lancets)	Tier 2	
ASSURE LANCE PLUS 25 GAUGE		Tier 2	
BD MICROTAINER LANCET 1.5 X 2 MM		Tier 2	
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE	(lancets)	Tier 2	
BLULINK BG SYSTEM REFILL KIT 32 GAUGE		Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 28 GAUGE	(lancets)	Tier 2	
BULLSEYE MINI SAFETY LANCETS 25 GAUGE		Tier 2	
BUTTERFLY TOUCH LANCET 30 GAUGE	(lancets)	Tier 2	
CAREONE ULTRA THIN LANCET	(lancets)	Tier 2	
CARESENS LANCETS 30 GAUGE	(lancets)	Tier 2	
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE	(lancets)	Tier 2	
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	
CHOSEN LANCET 30 GAUGE	(lancets)	Tier 2	
CHOSEN SAFETY LANCET 28 GAUGE	(lancets)	Tier 2	

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

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

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

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

Drug		Status	Notes
UNISTIK 3 EXTRA LANCET 21 GAUGE	(lancets)	Tier 2	
UNISTIK 3 GENTLE 30 GAUGE	(lancets)	Tier 2	
UNISTIK 3 NORMAL LANCET 23 GAUGE		Tier 2	
UNISTIK COMFORT LANCETS 28 GAUGE	(lancets)	Tier 2	
UNISTIK CZT LANCET 23 GAUGE		Tier 2	
UNISTIK CZT LANCET 28 GAUGE	(lancets)	Tier 2	
UNISTIK EXTRA LANCETS 21 GAUGE	(lancets)	Tier 2	
UNISTIK NORMAL LANCETS 23 GAUGE		Tier 2	
UNISTIK PRO LANCET 21 GAUGE, 28 GAUGE	(lancets)	Tier 2	
UNISTIK PRO LANCET 25 GAUGE		Tier 2	
UNISTIK SAFETY 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
UNISTIK TOUCH LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
UNISTIK TOUCH LANCETS 23 GAUGE		Tier 2	
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	
VERIFINE SAFETY LANCET MINI 21 GAUGE, 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
VERIFINE SAFETY LANCET MINI 23 GAUGE		Tier 2	
VERIFINE UNIVERSAL LANCET 28 GAUGE	(lancets)	Tier 2	
VIVAGUARD LANCET 30 GAUGE	(lancets)	Tier 2	
VIVAGUARD SAFETY LANCET 28 GAUGE	(lancets)	Tier 2	
Syringes And Accessories			
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16"		Tier 2	
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"	(insulin u-500 syringe-needle)	Tier 2	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	Tier 2	
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64"		Tier 2	
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	Tier 2	

Drug		Status	Notes
insulin u-500 syringe-needle syringe 1/2 ml 31 gauge x 15/64"		Tier 2	
ULTRA-FINE INS SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16"		Tier 2	
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	Tier 2	
Miscellaneous Agents			
Amyloidosis Agents-Transthyretin (Ttr) Suppression			
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML		Tier 4	PA; SP
Anaphylaxis Therapy Agents			
epinephrine injection auto-injector 0.15 mg/0.15 ml	(Auvi-Q)	Tier 1	QL (4 EA per 1 FILL)
epinephrine injection auto-injector 0.15 mg/0.3 ml	(EpiPen Jr)	Tier 1	QL (4 EA per 1 FILL)
epinephrine injection auto-injector 0.3 mg/0.3 ml	(EpiPen)	Tier 1	QL (4 EA per 1 FILL)
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	(epinephrine)	Tier 3	QL (4 EA per 1 FILL)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	(epinephrine)	Tier 3	QL (4 EA per 1 FILL)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	(epinephrine)	Tier 3	QL (4 EA per 1 FILL)
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	(epinephrine)	Tier 3	QL (4 EA per 1 FILL)
NEFFY NASAL SPRAY,NON-AEROSOL 2 MG/SPRAY (0.1 ML)		Tier 3	QL (4 EA per 1 FILL)
Cxcr4 Chemokine Receptor Antagonist			
XOLREMDI ORAL CAPSULE 100 MG		Tier 4	PA; SP
Genetic D/O Tx-Exon Inclusion Antisense Oligonucle			
EVRYSDI ORAL RECON SOLN 0.75 MG/ML		Tier 4	SP
EVRYSDI ORAL TABLET 5 MG		Tier 4	SP
Miscellaneous Agents			
NEXAVIR INJECTION SOLUTION 25.5 MG/ML		Tier 3	
Parasympathetic Agents			
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg		Tier 1	

Drug		Status	Notes
cevimeline oral capsule 30 mg	(Evoxac)	Tier 1	
EVOXAC ORAL CAPSULE 30 MG	(cevimeline)	Tier 3	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen (pilocarpine))	Tier 1	
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG	(pilocarpine hcl)	Tier 3	
Pharmacological Chaperone-Alpha-Galactosid.A Stabz			
GALAFOLD ORAL CAPSULE 123 MG		Tier 4	PA; 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 4	PA; SP
Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase			
JAVYGTOR ORAL POWDER IN PACKET 100 MG, 500 MG	(sapropterin)	Tier 4	SP
JAVYGTOR ORAL TABLET,SOLUBLE 100 MG	(sapropterin)	Tier 4	SP
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	(sapropterin)	Tier 4	SP
KUVAN ORAL TABLET,SOLUBLE 100 MG	(sapropterin)	Tier 4	SP
sapropterin oral powder in packet 100 mg, 500 mg	(Javygtor)	Tier 4	SP
sapropterin oral tablet,soluble 100 mg	(Javygtor)	Tier 4	SP
Systemic Enzyme Inhibitors			
JOENJA ORAL TABLET 70 MG		Tier 4	PA; SP
VIJOICE ORAL GRANULES IN PACKET 50 MG		Tier 4	PA; SP
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG		Tier 4	PA; SP
ZOKINVY ORAL CAPSULE 50 MG, 75 MG		Tier 4	PA; SP
Thyroid Hormone Receptor (Thr) Agonist			
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG		Tier 4	PA; SP
Topical Anticholinergic Hyperhidrosis Tx Agents			
QBREXZA TOPICAL TOWELETTE 2.4 %		Tier 2	PA
SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION)		Tier 3	PA
Neoplastic Disease			
Alkylating Agents			

Drug		Status	Notes
ALKERAN ORAL TABLET 2 MG	(melphalan)	Tier 3	
cyclophosphamide oral capsule 25 mg, 50 mg		Tier 4	SP
cyclophosphamide oral tablet 25 mg, 50 mg		Tier 4	SP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	(lomustine)	Tier 4	PA; SP
HYDREA ORAL CAPSULE 500 MG	(hydroxyurea)	Tier 3	
hydroxyurea oral capsule 500 mg	(Hydrea)	Tier 1	
LEUKERAN ORAL TABLET 2 MG		Tier 4	SP
MYLERAN ORAL TABLET 2 MG		Tier 4	SP
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg		Tier 4	PA; SP
Antiandrogenic Agents			
abiraterone oral tablet 250 mg	(Abirtega)	Tier 4	PA
abiraterone oral tablet 500 mg	(Zytiga)	Tier 4	PA; SP
ABIRTEGA ORAL TABLET 250 MG	(abiraterone)	Tier 4	PA
bicalutamide oral tablet 50 mg	(Casodex)	Tier 1	
CASODEX ORAL TABLET 50 MG	(bicalutamide)	Tier 3	
ERLEADA ORAL TABLET 240 MG, 60 MG		Tier 4	PA; SP
NILANDRON ORAL TABLET 150 MG	(nilutamide)	Tier 4	SP; QL (2 EA per 1 day)
nilutamide oral tablet 150 mg	(Nilandron)	Tier 4	SP; QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG		Tier 4	PA; SP
XTANDI ORAL CAPSULE 40 MG		Tier 4	PA; SP
XTANDI ORAL TABLET 40 MG, 80 MG		Tier 4	PA; SP
YONSA ORAL TABLET 125 MG		Tier 4	PA; SP
ZYTIGA ORAL TABLET 250 MG, 500 MG	(abiraterone)	Tier 4	PA; SP
Antibiotic Antineoplastics			
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2		Tier 4	PA; SP
Antimetabolites			
capecitabine oral tablet 150 mg, 500 mg	(Xeloda)	Tier 4	PA; SP
INQOVI ORAL TABLET 35-100 MG		Tier 4	PA; SP
JYLAMVO ORAL SOLUTION 2 MG/ML		Tier 3	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG		Tier 4	PA; SP
mercaptopurine oral suspension 20 mg/ml	(Purixan)	Tier 4	ST; SP; ST: Requires prior prescription for Mercaptopurine tablets within the past 120 days
mercaptopurine oral tablet 50 mg		Tier 1	

Drug		Status	Notes
methotrexate sodium (pf) injection recon soln 1 gram		Tier 1	
methotrexate sodium (pf) injection solution 25 mg/ml		Tier 1	
methotrexate sodium injection solution 25 mg/ml		Tier 1	
methotrexate sodium oral tablet 2.5 mg		Tier 1	
ONUREG ORAL TABLET 200 MG, 300 MG		Tier 4	PA; SP
PURIXAN ORAL SUSPENSION 20 MG/ML	(mercaptopurine)	Tier 4	ST; SP; ST: Requires prior prescription for Mercaptopurine tablets within the past 120 days
TABLOID ORAL TABLET 40 MG	(thioguanine)	Tier 4	SP
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG		Tier 2	
XATMEP ORAL SOLUTION 2.5 MG/ML		Tier 3	ST; 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 4	PA; SP
Antineoplastic Aromatase Inhibitors			
anastrozole oral tablet 1 mg	(Arimidex)	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
ARIMIDEX ORAL TABLET 1 MG	(anastrozole)	Tier 3	
AROMASIN ORAL TABLET 25 MG	(exemestane)	Tier 3	
exemestane oral tablet 25 mg	(Aromasin)	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
FEMARA ORAL TABLET 2.5 MG	(letrozole)	Tier 3	
letrozole oral tablet 2.5 mg	(Femara)	Tier 1	
Antineoplastic - Braf Kinase Inhibitors			
BRAFTOVI ORAL CAPSULE 75 MG		Tier 4	PA; SP
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML		Tier 4	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 4	PA; SP
TAFINLAR ORAL CAPSULE 50 MG, 75 MG		Tier 4	PA; SP
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG		Tier 4	PA; SP

Drug		Status	Notes
ZELBORAF ORAL TABLET 240 MG		Tier 4	PA; SP
Antineoplastic - Hedgehog Pathway Inhibitor			
DAURISMO ORAL TABLET 100 MG, 25 MG		Tier 4	PA; SP
ERIVEDGE ORAL CAPSULE 150 MG		Tier 4	PA; SP
ODOMZO ORAL CAPSULE 200 MG		Tier 4	PA; SP
Antineoplastic - Janus Kinase (Jak) Inhibitors			
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG		Tier 4	PA; SP
Antineoplastic - Kras Protein Inhibitor			
KRAZATI ORAL TABLET 200 MG		Tier 4	PA; SP
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG		Tier 4	PA; SP
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors			
COTELLIC ORAL TABLET 20 MG		Tier 4	PA; SP
GOMEKLI ORAL CAPSULE 1 MG, 2 MG		Tier 4	PA; SP
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG		Tier 4	PA; SP
KOSELUGO ORAL CAPSULE 10 MG, 25 MG		Tier 4	PA; SP
MEKINIST ORAL RECON SOLN 0.05 MG/ML		Tier 4	PA; SP
MEKINIST ORAL TABLET 0.5 MG, 2 MG		Tier 4	PA; SP
MEKTOVI ORAL TABLET 15 MG		Tier 4	PA; SP
Antineoplastic - Mtor Kinase Inhibitors			
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	(everolimus (antineoplastic))	Tier 4	PA; SP
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	(everolimus (antineoplastic))	Tier 4	PA; SP
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	(Afinitor)	Tier 4	PA; SP
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	(Afinitor Disperz)	Tier 4	PA; SP
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	(everolimus (antineoplastic))	Tier 4	PA; SP
Antineoplastic - Protein Methyltransferase Inhibit			
TAZVERIK ORAL TABLET 200 MG		Tier 4	PA; SP
Antineoplastic - Topoisomerase I Inhibitors			
HYCAMTIN ORAL CAPSULE 0.25 MG		Tier 4	SP

Drug	Status	Notes
HYCAMTIN ORAL CAPSULE 1 MG	Tier 4	
Antineoplastic Immunomodulator Agents		
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg (Revlimid)	Tier 4	PA; SP
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 4	PA; SP
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (lenalidomide)	Tier 4	PA; SP
Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs		
ORGOVYX ORAL TABLET 120 MG	Tier 4	PA; SP
Antineoplastic Systemic Enzyme Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	Tier 4	PA; SP
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 4	PA; SP
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	Tier 4	PA; SP
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	Tier 4	PA; SP
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Tier 4	PA; SP
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 4	PA; SP
BOSULIF ORAL CAPSULE 100 MG, 50 MG	Tier 4	PA; SP
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Tier 4	PA; SP
BRUKINSA ORAL CAPSULE 80 MG	Tier 4	PA; SP
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 4	PA; SP
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	Tier 4	PA; SP
CAPRELSA ORAL TABLET 100 MG, 300 MG (vandetanib)	Tier 4	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 4	PA; SP
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 4	PA; SP
DANZITEN ORAL TABLET 71 MG, 95 MG	Tier 4	PA; SP
dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg (Sprycel)	Tier 4	PA; SP
erlotinib oral tablet 100 mg (Tarceva)	Tier 4	PA; SP
erlotinib oral tablet 150 mg, 25 mg	Tier 4	PA; SP

Drug	Status	Notes
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Tier 4	PA; SP
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	Tier 4	SP
GAVRETO ORAL CAPSULE 100 MG	Tier 4	PA; SP
gefitinib oral tablet 250 mg (Iressa)	Tier 4	PA; SP
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 4	PA; SP
GLEEVEC ORAL TABLET 100 MG, 400 MG (imatinib)	Tier 4	PA; SP
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 4	PA; SP
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 4	PA; SP
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Tier 4	PA; SP
imatinib oral tablet 100 mg, 400 mg (Gleevec)	Tier 4	PA; SP
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 4	PA; SP
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 4	PA; SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Tier 4	PA; SP
IMKELDI ORAL SOLUTION 80 MG/ML	Tier 4	PA; SP
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 4	PA; SP
INREBIC ORAL CAPSULE 100 MG	Tier 4	PA; SP
IRESSA ORAL TABLET 250 MG (gefitinib)	Tier 4	PA; SP
ITOVEBI ORAL TABLET 3 MG, 9 MG	Tier 4	PA; SP
IWILFIN ORAL TABLET 192 MG	Tier 4	PA; SP
JAYPIRCA ORAL TABLET 100 MG, 50 MG	Tier 4	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 4	PA; SP
lapatinib oral tablet 250 mg (Tykerb)	Tier 4	PA; SP
LAZCLUZE ORAL TABLET 240 MG, 80 MG	Tier 4	PA; SP
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	Tier 4	PA; SP
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 4	PA; SP
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 4	PA; SP

Drug		Status	Notes
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)		Tier 4	PA; SP
NERLYNX ORAL TABLET 40 MG		Tier 4	PA; SP
NEXAVAR ORAL TABLET 200 MG	(sorafenib)	Tier 4	PA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG		Tier 4	PA; SP
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG		Tier 4	PA; SP
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG		Tier 4	PA; SP
pazopanib oral tablet 200 mg	(Votrient)	Tier 4	PA; SP
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG		Tier 4	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 4	PA; SP
QINLOCK ORAL TABLET 50 MG		Tier 4	PA; SP
RETEVMO ORAL CAPSULE 40 MG, 80 MG		Tier 4	PA
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG		Tier 4	PA; SP
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG		Tier 4	PA; SP
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG		Tier 4	PA; SP
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG		Tier 4	PA; SP
ROZLYTREK ORAL PELLETS IN PACKET 50 MG		Tier 4	PA; SP
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG		Tier 4	PA; SP
RYDAPT ORAL CAPSULE 25 MG		Tier 4	PA; SP
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG		Tier 4	PA; SP
sorafenib oral tablet 200 mg	(Nexavar)	Tier 4	PA; SP
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	(dasatinib)	Tier 4	PA; SP
STIVARGA ORAL TABLET 40 MG		Tier 4	PA; SP
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	(Sutent)	Tier 4	PA; SP
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	(sunitinib malate)	Tier 4	PA; SP
TABRECTA ORAL TABLET 150 MG, 200 MG		Tier 4	PA; SP
TAGRISSO ORAL TABLET 40 MG, 80 MG		Tier 4	PA; SP

Drug		Status	Notes
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG		Tier 4	PA; SP
TALZENNA ORAL CAPSULE 0.25 MG		Tier 4	PA
TARCEVA ORAL TABLET 100 MG	(erlotinib)	Tier 4	PA; SP
TARCEVA ORAL TABLET 150 MG	(erlotinib)	Tier 4	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	(nilotinib hcl)	Tier 4	PA; SP
TEPMETKO ORAL TABLET 225 MG		Tier 4	PA; SP
TRUQAP ORAL TABLET 160 MG		Tier 4	PA
TRUQAP ORAL TABLET 200 MG		Tier 4	PA; SP
TUKYSA ORAL TABLET 150 MG, 50 MG		Tier 4	PA; SP
TURALIO ORAL CAPSULE 125 MG		Tier 4	PA; SP
TYKERB ORAL TABLET 250 MG	(lapatinib)	Tier 4	PA; SP
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG		Tier 4	PA; SP
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		Tier 4	PA; SP
VITRAKVI ORAL CAPSULE 100 MG, 25 MG		Tier 4	PA; SP
VITRAKVI ORAL SOLUTION 20 MG/ML		Tier 4	PA; SP
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG		Tier 4	PA; SP
VONJO ORAL CAPSULE 100 MG		Tier 4	PA; SP
VOTRIENT ORAL TABLET 200 MG	(pazopanib)	Tier 4	PA; SP
XALKORI ORAL CAPSULE 200 MG, 250 MG		Tier 4	PA; SP
XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG		Tier 4	PA; SP
XOSPATA ORAL TABLET 40 MG		Tier 4	PA; SP
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG		Tier 4	PA; SP
ZYDELIG ORAL TABLET 100 MG, 150 MG		Tier 4	PA; SP
ZYKADIA ORAL TABLET 150 MG		Tier 4	PA; SP
Antineoplastic,Histone Deacetylase Inhibitors,Hdis			
ZOLINZA ORAL CAPSULE 100 MG		Tier 4	SP
Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors			
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG		Tier 4	PA; SP
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG		Tier 4	PA; SP

Drug		Status	Notes
Antineoplastic-Enzyme Inhib, Antiandrogen Comb.			
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG		Tier 4	PA; SP
Antineoplastic-Hypoxia Inducible Factor (Hif) Inh			
WELIREG ORAL TABLET 40 MG		Tier 4	PA; SP
Antineoplastic-Isocitrate Dehydrogenase Inhibitors			
IDHIFA ORAL TABLET 100 MG, 50 MG		Tier 4	PA; SP
REZLIDHIA ORAL CAPSULE 150 MG		Tier 4	PA; SP
TIBSOVO ORAL TABLET 250 MG		Tier 4	PA; SP
VORANIGO ORAL TABLET 10 MG, 40 MG		Tier 4	PA; SP
Antineoplastics,Miscellaneous			
etoposide oral capsule 50 mg		Tier 1	
LYSODREN ORAL TABLET 500 MG		Tier 4	SP
MATULANE ORAL CAPSULE 50 MG		Tier 4	SP
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML		Tier 4	SP
tretinoin (antineoplastic) oral capsule 10 mg		Tier 4	
Antineoplastic-Select Inhib Of Nuclear Exp (Sine)			
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)		Tier 4	PA; SP
Chemotherapy Rescue/Antidote Agents			
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg		Tier 1	
mesna oral tablet 400 mg	(Mesnex)	Tier 1	
MESNEX ORAL TABLET 400 MG	(mesna)	Tier 3	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM		Tier 4	SP; QL (24 EA per 14 days)
Intrapleural Sclerosing Agents, Antineoplast. Adj.			
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM		Tier 3	
sterile talc intrapleural suspension for reconstitution 5 gram		Tier 1	

Drug		Status	Notes
STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM		Tier 3	
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM		Tier 3	
Photoactivated, Antineopls. & Premalignant Lesions			
AMELUZ TOPICAL GEL 10 %		Tier 3	
LEVULAN TOPICAL SOLUTION 20 %		Tier 3	
Radioactive Therapeutic Agents			
HICON ORAL KIT 1,000 MCI/ML (1 ML), 250 MCI/0.25 ML, 500 MCI/0.5 ML		Tier 3	
Selective Estrogen Receptor Modulators (Serm)			
FARESTON ORAL TABLET 60 MG	(toremifene)	Tier 4	PA; SP
ORSERDU ORAL TABLET 345 MG, 86 MG		Tier 4	PA; SP
SOLTAMOX ORAL SOLUTION 20 MG/10 ML		Tier 2	
tamoxifen oral tablet 10 mg, 20 mg		$0	$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
toremifene oral tablet 60 mg	(Fareston)	Tier 4	PA; SP
Selective Retinoid X Receptor Agonists (Rxr)			
bexarotene oral capsule 75 mg	(Targretin)	Tier 4	PA; SP
TARGRETIN ORAL CAPSULE 75 MG	(bexarotene)	Tier 4	PA; SP
Steroid Antineoplastics			
megestrol oral tablet 20 mg, 40 mg		Tier 1	
Neurological Disease - Miscellaneous			
Agents To Treat Multiple Sclerosis			
AUBAGIO ORAL TABLET 14 MG, 7 MG	(teriflunomide)	Tier 4	PA; SP
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML		Tier 4	PA; SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML		Tier 4	PA; SP
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML		Tier 4	PA; SP
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML		Tier 4	PA; SP
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG		Tier 4	PA; SP
BETASERON SUBCUTANEOUS KIT 0.3 MG		Tier 4	PA; SP
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG	(interferon beta-1b)	Tier 4	PA; SP

Drug		Status	Notes
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	(glatiramer)	Tier 4	PA; SP
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg	(Tecfidera)	Tier 1	PA
fingolimod oral capsule 0.5 mg	(Gilenya)	Tier 4	PA; SP
GILENYA ORAL CAPSULE 0.25 MG		Tier 4	PA; SP
GILENYA ORAL CAPSULE 0.5 MG	(fingolimod)	Tier 4	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 4	PA; SP
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML		Tier 4	PA; SP
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG		Tier 4	PA; SP
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG		Tier 4	PA; SP
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG		Tier 4	PA; SP
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG		Tier 4	PA; SP
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG		Tier 4	PA; SP
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG		Tier 4	PA; SP
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG		Tier 4	PA; SP
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG		Tier 4	PA; SP
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)		Tier 4	PA; SP
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)		Tier 4	PA; SP
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML		Tier 4	PA; SP
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML		Tier 4	PA; SP
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML		Tier 4	PA; SP
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)		Tier 4	PA; SP
PONVORY ORAL TABLET 20 MG		Tier 4	PA; SP

Drug		Status	Notes
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML		Tier 4	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 4	PA; SP
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)		Tier 4	PA; SP
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG		Tier 4	PA; SP
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	(dimethyl fumarate)	Tier 4	PA; SP
teriflunomide oral tablet 14 mg, 7 mg	(Aubagio)	Tier 4	PA; SP
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG		Tier 4	PA; SP
Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr			
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	(dalfampridine)	Tier 4	PA; SP
dalfampridine oral tablet extended release 12 hr 10 mg	(Ampyra)	Tier 4	PA; SP
FIRDAPSE ORAL TABLET 10 MG		Tier 4	PA; SP
Amyotrophic Lateral Sclerosis Agents			
EXSERVAN ORAL FILM 50 MG		Tier 4	PA
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML		Tier 4	SP
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML		Tier 4	SP
RILUTEK ORAL TABLET 50 MG	(riluzole)	Tier 3	
riluzole oral tablet 50 mg	(Rilutek)	Tier 1	
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML		Tier 4	PA; SP
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML		Tier 4	PA; SP
Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib			

Drug	Status	Notes
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 3	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 3	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 4	PA; SP
Heat Shock Protein (Hsp) Modulating Agents		
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	Tier 4	PA; SP
Movement Disorders(Drug Therapy)		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Tier 4	PA; SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	Tier 4	PA; SP
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	Tier 4	PA; SP
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	Tier 4	PA; SP
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Tier 4	PA; SP
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	Tier 4	PA; SP
tetrabenazine oral tablet 12.5 mg, 25 mg (Xenazine)	Tier 4	PA; SP
XENAZINE ORAL TABLET 12.5 MG, 25 MG (tetrabenazine)	Tier 4	PA; SP
Nuclear Factor Erythroid 2-Rel. Factor 2 Activator		

Drug		Status	Notes
SKYCLARYS ORAL CAPSULE 50 MG		Tier 4	PA; SP
Pseudobulbar Affect (Pba) Agents, Nmda Antagonists			
NUEDEXTA ORAL CAPSULE 20-10 MG		Tier 3	PA
Sphingosine 1-Phosphate (S1p) Receptor Modulator			
VELSIPITY ORAL TABLET 2 MG		Tier 4	PA; SP
ZEPOSIA ORAL CAPSULE 0.92 MG		Tier 4	PA; SP
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)		Tier 4	PA; SP
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)		Tier 4	PA; SP
Oral/Pharyngeal Disorders			
Dental Aids And Preparations			
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Periogard)	Tier 1	
ORALONE DENTAL PASTE 0.1 %	(triamcinolone acetonide)	Tier 1	
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 %	(chlorhexidine gluconate)	Tier 3	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	(chlorhexidine gluconate)	Tier 1	
triamcinolone acetonide dental paste 0.1 %	(Oralone)	Tier 1	
Nose Preparations, Miscellaneous (Rx)			
cocaine nasal solution 4 %	(Numbrino)	Tier 1	
GOPRELTO NASAL SOLUTION 4 %	(cocaine)	Tier 3	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)		Tier 1	
NUMBRINO NASAL SOLUTION 4 %	(cocaine)	Tier 1	
Periodontal Collagenase Inhibitors			
doxycycline hyclate oral tablet 20 mg		Tier 1	
Other Drugs			
Abortifacient,Progesterone Receptor Antagonist-Typ			
MIFEPREX ORAL TABLET 200 MG	(mifepristone)	Tier 3	
mifepristone oral tablet 200 mg	(Mifeprex)	Tier 1	
Agents For Stomatological Use			
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %		Tier 3	
Appetite Stim. For Anorexia,Cachexia,Wasting Synd.			

Drug	Status	Notes
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	Tier 1	
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	Tier 1	ST; ST: Requires prior prescription for Megestrol Acetate 40MG/ML suspension within the past 120 days
Blood Collection Set With Local Anesthetics		
CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 %	Tier 3	
LIDO BDK KIT 21 GAUGE X 1"- 2.5 %-2.5 %	Tier 3	
Bulk Chemicals		
TRI-CHLOR TOPICAL SOLUTION 80 %	Tier 3	
Cardioplegic Solutions		
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA DEL NIDO-ISOLYT S PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Tier 3	
CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 4:1 RINGER PERFUSION SOLUTION 48 MEQ/522.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM), 36 MEQ/500 ML (POTASSIUM), 60 MEQ/830 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA INDUCTION 8:1 PERFUSION SOLUTION 100 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAIN 8:1 NO-ENRCH PERFUSION SOLUTION 24 MEQ/300 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINT 4:1 PLASMA PERFUSION SOLUTION 30 MEQ/1,047 ML (POTASSIUM)	Tier 3	

Drug	Status	Notes
CARDIOPLEGIA MAINT 4:1 RINGER PERFUSION SOLUTION 12 MEQ/504.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM), 36 MEQ/L (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINTENANCE 8:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/500 ML (POTASSIUM), 7.5 MEQ/238.75 ML (POTASSIUM)	Tier 3	
CARDIOPLEGIA WARM INDUCT 4:1 PERFUSION SOLUTION 40 MEQ/500 ML (POTASSIUM)	Tier 3	
cardioplegic no.17(induct 4:1) perfusion solution 50 meq/500 ml (potassium)	Tier 1	
cardioplegic no.19 (maint 4:1) perfusion solution 40 meq/l (potassium)	Tier 1	
cardioplegic soln perfusion solution 16 meq/l (= k+) (Plegisol)	Tier 1	
cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)	Tier 1	
CUSTODIOL HTK PERFUSION SOLUTION 9 MMOL-198 MMOL -2 MMOL/L	Tier 3	
microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)	Tier 1	
microplegic solution no.1-cp2d perfusion solution 7.84 %-8.56 % (0.92 molar)	Tier 1	
PLEGISOL PERFUSION SOLUTION 16 MEQ/L (= K+) (cardioplegic soln)	Tier 3	
Cholinergic And Anticholinergic Combinations		
COBENFY ORAL CAPSULE 125-30 MG, 50-20 MG	Tier 3	ST; ST: Requires prior prescription for a generic atypical Antipsychotic, Rexulti, or Vraylar within the past 120 days; QL (2 EA per 1 day)
Cholinesterase Reactivat.&Muscarinic Antg.Antidote		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML	Tier 3	
Cholinesterase Reactivating,Organophos. Antidotes		

Drug	Status	Notes
pralidoxime intramuscular pen injector 600 mg/2 ml	Tier 3	
Condoms		
AIMSCO LATEX CONDOM DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX AIR CONDOM DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX AVANTI BARE REAL FEEL	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX EXTRA SENSITIVE CONDOM DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX TROPICAL CONDOM DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
FANTASY CONDOM DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
FC2 FEMALE CONDOM	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO LUBRICATED CONDOMS DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO MICROTHIN AQUA LUBE CON DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO MICROTHIN CONDOMS DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO MICROTHIN LARGE CONDOMS DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO TEXTURED CONDOMS DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO THIN LUBRICATED CONDOMS DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TROJAN BARESKIN DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TROJAN EXTENDED PLEASURE DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TROJAN PLEASURE PACK DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TROJAN ULTRA RIBBED CONDOM DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TROJAN ULTRA THIN DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUE COVER CONDOM DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX LATEX CONDOM DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX LUBRICATED CONDOMS DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX NON-LUB CONDOMS DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60

Drug	Status	Notes
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	$0	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
Cystic Fibrosis - Inhaled Osmotic Agents		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	Tier 4	ST; SP; ST: Requires prior prescription for inhaled 7% Sodium Chloride solution within the past 120 days; QL (20 EA per 1 day); Age (Min 18 Years)
Diagnostic Test Devices And Supplies		
BD VERITOR AT-HOME COVID19 TST KIT	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
BINAXNOW COVD AG CARD HOME TST KIT	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
BINAXNOW COVID-19 AG SELF TEST KIT	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
CARESTART COVID-19 AG HOME TST KIT	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
CLINITEST COVID-19 HOME TEST KIT	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
CORDX COVID-19 AG HOME TEST KIT	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
COVID-19 AT-HOME TEST KIT	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
ELLUME COVID-19 HOME TEST KIT	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
FASTEP COVID-19 AG HOME TEST KIT	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
FLOWFLEX COVID-19 AG HOME TEST KIT	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
GENABIO COVID-19 RAPID AT-HOME KIT	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
IHEALTH COVID-19 AG HOME TEST KIT	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
INDICAID COVID-19 AG HOME TEST KIT	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
INTELISWAB COVID-19 HOME TEST KIT	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
LUCIRA CHECK-IT COVID HOME TST KIT	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
OHC COVID-19 ANTIGEN HOME TEST KIT	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
ON-GO COVID-19 AG AT HOME TEST KIT	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
PILOT COVID-19 AT-HOME TEST KIT	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)

Drug		Status	Notes
QUICKVUE AT-HOME COVID-19 TEST KIT		Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
RAPID SARS-COV-2 AG HOME TEST KIT		Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
SPEEDYSWAB COVID-19 HOME TEST KIT		Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
Diluent Solutions			
DILUENT FOR ROTARIX ORAL SYRINGE		Tier 3	
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION		Tier 3	
STERILE HYDROGEL FOR JELMYTO INTRA-PYELOCALYCEAL SOLUTION		Tier 3	
Drugs To Treat Hereditary Tyrosinemia			
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	(Orfadin)	Tier 4	PA; SP
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG		Tier 4	PA; SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	(nitisinone)	Tier 4	PA; SP
ORFADIN ORAL SUSPENSION 4 MG/ML		Tier 4	PA; SP
Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing			
CERDELGA ORAL CAPSULE 84 MG		Tier 4	SP
miglustat oral capsule 100 mg	(Yargesa)	Tier 4	PA; SP
OPFOLDA ORAL CAPSULE 65 MG		Tier 4	PA; SP
YARGESA ORAL CAPSULE 100 MG	(miglustat)	Tier 4	PA; SP
ZAVESCA ORAL CAPSULE 100 MG	(miglustat)	Tier 4	PA; SP
Environment Allergens And Irritants, Other			
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH,MEDICATED		Tier 3	
General Anesthetics - Benzodiazepine, Injectable			
midazolam (pf) injection solution 5 mg/ml		Tier 1	
midazolam injection solution 5 mg/ml		Tier 1	
General Anesthetics,Inhalant			
desflurane inhalation liquid 100 %	(Suprane)	Tier 1	
FORANE INHALATION LIQUID 99.9 %	(isoflurane)	Tier 3	
isoflurane inhalation liquid 99.9 %	(Terrell)	Tier 1	
sevoflurane inhalation liquid	(Ultane)	Tier 1	
TERRELL INHALATION LIQUID 99.9 %	(isoflurane)	Tier 1	
ULTANE INHALATION LIQUID	(sevoflurane)	Tier 3	
General Inhalation Agents			

Drug		Status	Notes
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %		Tier 3	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	(sodium chloride)	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %		Tier 3	
sodium chloride inhalation solution for nebulization 0.9 %, 10 %		Tier 1	
sodium chloride inhalation solution for nebulization 3 %	(NebuSal)	Tier 1	
Genetic Disorder Therapy - Hdac Inhibitor			
DUVYZAT ORAL SUSPENSION 8.86 MG/ML		Tier 4	PA; SP
Intra-Uterine Devices (Iud's)			
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG		$0	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG		$0	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG		$0	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM		$0	
PARAGARD T380A (SINGLE HAND) INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM		$0	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG		$0	
Metabolic Deficiency Agents			
betaine oral powder 1 gram/scoop	(Cystadane)	Tier 4	PA; SP
CARNITOR ORAL SOLUTION 100 MG/ML	(levocarnitine (with sugar))	Tier 3	
CARNITOR ORAL TABLET 330 MG	(levocarnitine)	Tier 3	
CYSTADANE ORAL POWDER 1 GRAM/SCOOP	(betaine)	Tier 4	PA; SP
levocarnitine (with sugar) oral solution 100 mg/ml	(Carnitor)	Tier 1	
levocarnitine oral solution 100 mg/ml	(Carnitor (sugar-free))	Tier 1	
levocarnitine oral tablet 330 mg	(Carnitor)	Tier 1	
Metabolic Disease Enzyme Replace, Hypophosphatasia			
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML		Tier 4	PA; SP

Drug		Status	Notes
Metabolic Dx Enzyme Replacemt,Sev.Comb.Immune Def.			
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)		Tier 4	PA; SP
Metallic Poison,Agents To Treat			
CHEMET ORAL CAPSULE 100 MG		Tier 3	
CUVRIOR ORAL TABLET 300 MG		Tier 4	PA; SP
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	(Jadenu Sprinkle)	Tier 4	PA; SP
deferasirox oral tablet 180 mg, 360 mg, 90 mg	(Jadenu)	Tier 4	PA; SP
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	(Exjade)	Tier 4	PA; SP
deferiprone oral tablet 1,000 mg, 500 mg	(Ferriprox)	Tier 4	PA; SP
deferoxamine injection recon soln 2 gram		Tier 1	PA
deferoxamine injection recon soln 500 mg	(Desferal)	Tier 1	PA
DESFERAL INJECTION RECON SOLN 500 MG	(deferoxamine)	Tier 3	PA
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	(deferasirox)	Tier 4	PA; SP
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG		Tier 4	PA; SP
FERRIPROX ORAL SOLUTION 100 MG/ML		Tier 4	PA; SP
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	(deferiprone)	Tier 4	PA; SP
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)		Tier 3	
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	(deferasirox)	Tier 4	PA; SP
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	(deferasirox)	Tier 4	PA; SP
RADIOGARDASE ORAL CAPSULE 0.5 GRAM		Tier 3	
SYPRINE ORAL CAPSULE 250 MG	(trientine)	Tier 4	PA; SP
trientine oral capsule 250 mg	(Syprine)	Tier 4	PA; SP
trientine oral capsule 500 mg		Tier 4	PA; SP
WILZIN ORAL CAPSULE 25 MG (ZINC)		Tier 3	
Muscarinic Receptor Antagonists			
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML		Tier 3	
Needles/Needleless Devices			

Drug		Status	Notes
AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"		Tier 2	
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"		Tier 2	
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	Tier 2	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4"	(pen needle, diabetic)	Tier 2	
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	(pen needle, diabetic)	Tier 2	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	Tier 2	
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	(pen needle, diabetic)	Tier 2	
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	(pen needle, diabetic)	Tier 2	
NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	Tier 2	
NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	Tier 2	
ULTRA-FINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4"	(pen needle, diabetic)	Tier 2	
Oral Lipid Supplements			
DOJOLVI ORAL LIQUID 8.3 KCAL/ML		Tier 4	PA; SP
Oral Mucositis/Stomatitis Agents			
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH		Tier 3	
Protein Replacement			
AQNEURSA ORAL GRANULES IN PACKET 1 GRAM		Tier 4	PA; SP
Saliva Stimulant Agents			
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM		Tier 3	
Saliva Substitute Agents			
NUMOISYN MUCOUS MEMBRANE LIQUID		Tier 3	
Skin Tissue Replacement			
APLIGRAF TOPICAL DISK		Tier 3	
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 7 X 7 CM		Tier 3	
GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM		Tier 3	
GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM		Tier 3	

Drug		Status	Notes
GRAFIX XC TOPICAL SHEET 7.5 X 15 CM		Tier 3	
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM		Tier 3	
TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM		Tier 3	
Somatostatic Agents			
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG		Tier 4	PA; SP
octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml		Tier 4	SP
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	(Sandostatin)	Tier 4	SP
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)		Tier 4	SP
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	(octreotide acetate)	Tier 4	SP
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)		Tier 4	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 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML		Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML		Tier 3	
Urine Acetone Test Aids			
KETONE CARE STRIP		Tier 2	
KETONE URINE TEST STRIP		Tier 2	
KETOSTIX STRIP		Tier 2	
TRUEPLUS KETONE STRIP		Tier 2	
Wound Healing Agents, Local			
FILSUVEZ TOPICAL GEL 10 %		Tier 4	PA; SP
Other Respiratory Disorders			
Antifibrotic Therapy - Pyridone Analogs			
ESBRIET ORAL CAPSULE 267 MG	(pirfenidone)	Tier 4	PA; SP
ESBRIET ORAL TABLET 267 MG, 801 MG	(pirfenidone)	Tier 4	PA; SP
pirfenidone oral capsule 267 mg	(Esbriet)	Tier 4	PA; SP
pirfenidone oral tablet 267 mg, 801 mg	(Esbriet)	Tier 4	PA; SP
pirfenidone oral tablet 534 mg		Tier 4	PA; SP

Drug	Status	Notes
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 4	PA; SP
KALYDECO ORAL TABLET 150 MG	Tier 4	PA; SP
Cystic Fibrosis-Cftr Potentiator & Corrector Comb.		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG	Tier 4	PA; SP
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	Tier 4	PA; SP
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 4	PA; SP
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	Tier 4	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 4	PA; SP
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	Tier 4	PA; SP
Lung Surfactants		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML	Tier 3	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML	Tier 3	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML	Tier 3	
Mucolytics		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 4	PA; SP
Pulmonary Fibrosis - Systemic Enzyme Inhibitors		
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 4	PA; SP
Pain Management - Analgesics		
Analgesic, Non-Salicylate & Barbiturate Comb.		

Drug		Status	Notes
butalbital-acetaminophen oral tablet 50-300 mg		Tier 1	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 1	
TENCON ORAL TABLET 50-325 MG	(butalbital-acetaminophen)	Tier 1	
Analgesic, Salicylate, Barbiturate,& Xanthine Cmb			
butalbital-aspirin-caffeine oral capsule 50-325-40 mg		Tier 1	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg		Tier 1	
Analgesic,Non-Salicylate,Barbiturate,&Xanthine Cmb			
butalbital-acetaminophen-caff oral capsule 50-300-40 mg	(Fioricet)	Tier 1	
butalbital-acetaminophen-caff oral capsule 50-325-40 mg		Tier 1	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg		Tier 1	
ESGIC ORAL CAPSULE 50-325-40 MG	(butalbital-acetaminophen-caff)	Tier 3	
ESGIC ORAL TABLET 50-325-40 MG	(butalbital-acetaminophen-caff)	Tier 3	
FIORICET ORAL CAPSULE 50-300-40 MG	(butalbital-acetaminophen-caff)	Tier 1	
Analgesic/Antipyretics, Salicylates			
aspirin oral tablet 325 mg	(Bayer Aspirin)	$0	
aspirin oral tablet,delayed release (dr/ec) 325 mg	(Bayer Aspirin)	$0	
BAYER ASPIRIN ORAL TABLET 325 MG	(aspirin)	$0	
BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG	(aspirin)	$0	
choline,magnesium salicylate oral liquid 500 mg/5 ml		Tier 1	
diflunisal oral tablet 500 mg		Tier 1	
DISALCID ORAL TABLET 500 MG, 750 MG	(salsalate)	Tier 3	
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG	(aspirin)	$0	
salsalate oral tablet 500 mg, 750 mg	(Disalcid)	Tier 1	
Analgesics, Narcotic Agonist And Nsaid Combination			

Drug		Status	Notes
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg		Tier 1	
Analgesics, Non-Narcotics			
JOURNAVX ORAL TABLET 50 MG		Tier 3	PA
Analgesics,Narcotics			
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg		Tier 1	
buprenorphine hcl injection solution 0.3 mg/ml		Tier 1	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
buprenorphine hcl injection syringe 0.3 mg/ml		Tier 1	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 1	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 1	
butorphanol nasal spray,non-aerosol 10 mg/ml		Tier 1	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR	(buprenorphine)	Tier 3	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
codeine sulfate oral tablet 15 mg, 30 mg		Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
codeine sulfate oral tablet 60 mg		Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML		Tier 3	
DEMEROL INJECTION SOLUTION 50 MG/ML	(meperidine)	Tier 3	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML	(hydromorphone (pf))	Tier 3	
DILAUDID ORAL LIQUID 1 MG/ML	(hydromorphone)	Tier 3	
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG	(hydromorphone)	Tier 3	
DISKETS ORAL TABLET,SOLUBLE 40 MG	(methadone)	Tier 3	QL (1 EA per 1 day)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg		Tier 1	PA

Drug		Status	Notes
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour		Tier 1	PA; ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg		Tier 1	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	(Hysingla ER)	Tier 1	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 1	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, 2 mg/ml	(Dilaudid (PF))	Tier 1	
hydromorphone oral liquid 1 mg/ml	(Dilaudid)	Tier 1	
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	(Dilaudid)	Tier 1	
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg		Tier 1	PA; ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
hydromorphone rectal suppository 3 mg		Tier 1	
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	(hydrocodone bitartrate)	Tier 3	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 1	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 1	
meperidine oral solution 50 mg/5 ml		Tier 1	QL (30 ML per 1 day)
meperidine oral tablet 50 mg		Tier 1	QL (6 EA per 1 day)
methadone injection solution 10 mg/ml		Tier 1	QL (4 ML per 1 day)
METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML	(methadone)	Tier 1	QL (4 ML per 1 day)
methadone oral concentrate 10 mg/ml	(Methadone Intensol)	Tier 1	QL (4 ML per 1 day)
methadone oral solution 10 mg/5 ml		Tier 1	QL (20 ML per 1 day)
methadone oral solution 5 mg/5 ml		Tier 1	QL (40 ML per 1 day)
methadone oral tablet 10 mg		Tier 1	QL (4 EA per 1 day)

Drug		Status	Notes
methadone oral tablet 5 mg		Tier 1	QL (8 EA per 1 day)
methadone oral tablet,soluble 40 mg	(Methadose)	Tier 1	QL (1 EA per 1 day)
METHADOSE ORAL CONCENTRATE 10 MG/ML	(methadone)	Tier 3	QL (4 ML per 1 day)
METHADOSE ORAL TABLET,SOLUBLE 40 MG	(methadone)	Tier 1	QL (1 EA per 1 day)
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)		Tier 1	PA
morphine intramuscular pen injector 10 mg/0.7 ml		Tier 1	
morphine oral capsule, er multiphase 24 hr 120 mg		Tier 1	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 1	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 1	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 1	
morphine oral tablet 15 mg		Tier 3	
morphine oral tablet 30 mg		Tier 2	
morphine oral tablet extended release 100 mg, 200 mg		Tier 1	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 1	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 1	
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG	(morphine)	Tier 3	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 1	

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 3	QL (6 EA per 1 day)
oxycodone oral capsule 5 mg		Tier 1	
oxycodone oral concentrate 20 mg/ml		Tier 1	PA
oxycodone oral solution 5 mg/5 ml		Tier 1	
oxycodone oral tablet 10 mg, 20 mg, 5 mg		Tier 1	
oxycodone oral tablet 15 mg, 30 mg	(Roxicodone)	Tier 1	
oxycodone oral tablet, oral only 10 mg, 15 mg, 30 mg, 5 mg	(RoxyBond)	Tier 1	
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 20 mg, 40 mg	(OxyContin)	Tier 1	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 1	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 2	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 2	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 1	
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg		Tier 1	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 1	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 1	
QDOLO ORAL SOLUTION 5 MG/ML	(tramadol)	Tier 3	PA

Drug	Status	Notes
ROXICODONE ORAL TABLET 15 MG, 30 MG (oxycodone)	Tier 3	
ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG (oxycodone)	Tier 3	
tramadol oral solution 5 mg/ml (Qdolo)	Tier 1	PA
tramadol oral tablet 50 mg	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet extended release 24 hr 100 mg	Tier 1	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 1	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 1	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 1	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)
Antimigraine Preparations		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 2	PA

Drug		Status	Notes
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML		Tier 2	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML		Tier 2	PA
almotriptan malate oral tablet 12.5 mg, 6.25 mg		Tier 1	ST; 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 1	QL (15 ML per 14 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	(Migranal)	Tier 1	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 1	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 3	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML		Tier 2	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML		Tier 2	PA
ERGOMAR SUBLINGUAL TABLET 2 MG		Tier 3	QL (10 EA per 7 days)
ergotamine-caffeine oral tablet 1-100 mg		Tier 1	QL (10 EA per 7 days)
FROVA ORAL TABLET 2.5 MG	(frovatriptan)	Tier 3	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 1	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 3	QL (18 EA per 30 days)
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML	(sumatriptan succinate)	Tier 3	QL (18 ML per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML	(sumatriptan succinate)	Tier 3	QL (18 ML per 30 days)

Drug		Status	Notes
IMITREX SUBCUTANEOUS SOLUTION 6 MG/0.5 ML	(sumatriptan succinate)	Tier 3	QL (18 ML per 30 days)
MAXALT ORAL TABLET 10 MG	(rizatriptan)	Tier 3	QL (27 EA per 30 days)
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	(rizatriptan)	Tier 3	QL (27 EA per 30 days)
MIGRANAL NASAL SPRAY,NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML)	(dihydroergotamine)	Tier 3	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 1	QL (18 EA per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG		Tier 2	PA
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG		Tier 2	PA
RELPAX ORAL TABLET 20 MG, 40 MG	(eletriptan)	Tier 3	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 2	PA
rizatriptan oral tablet 10 mg	(Maxalt)	Tier 1	QL (27 EA per 30 days)
rizatriptan oral tablet 5 mg		Tier 1	QL (27 EA per 30 days)
rizatriptan oral tablet,disintegrating 10 mg	(Maxalt-MLT)	Tier 1	QL (27 EA per 30 days)
rizatriptan oral tablet,disintegrating 5 mg		Tier 1	QL (27 EA per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation		Tier 1	QL (36 EA per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	(Imitrex)	Tier 1	QL (18 EA per 30 days)
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml	(Imitrex STATdose Refill)	Tier 1	QL (18 ML per 30 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	(Imitrex STATdose Pen)	Tier 1	QL (18 ML per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	(Imitrex)	Tier 1	QL (18 ML per 30 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml		Tier 1	QL (18 ML per 30 days)
TRUDHESA NASAL SPRAY,NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)		Tier 3	ST; ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (12 ML per 28 days); Age (Min 18 Years)
UBRELVY ORAL TABLET 100 MG, 50 MG		Tier 2	PA
ZAVZPRET NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION		Tier 3	PA

Drug		Status	Notes
zolmitriptan nasal spray,non-aerosol 2.5 mg, 5 mg	(Zomig)	Tier 1	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 1	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 1	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 3	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 1	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 2	PA
Narc.& Non-Sal.Analgesic,Barbiturate &Xanthine Cmb			
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg	(Fioricet with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg		Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG	(butalbital-acetaminop-caf-cod)	Tier 3	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic & Salicylate Analgesics, Barb.& Xanthine			
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	(codeine-butalbital-asa-caff)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	(Ascomp with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic Analgesic & Non-Salicylate Analgesic Comb			
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml		Tier 1	QL (150 ML per 1 day); Age (Min 12 Years)
acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml		Tier 1	Age (Min 12 Years)

Drug		Status	Notes
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg		Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
acetaminophen-codeine oral tablet 300-60 mg		Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg	(Apadaz)	Tier 1	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 1	QL (12 EA per 1 day)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml		Tier 1	QL (184 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg		Tier 1	QL (13 EA per 1 day)
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg		Tier 1	QL (12 EA per 1 day)
oxycodone-acetaminophen oral solution 5-325 mg/5 ml		Tier 1	QL (61 ML per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	(Endocet)	Tier 1	QL (12 EA per 1 day)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	(oxycodone-acetaminophen)	Tier 1	QL (12 EA per 1 day)
tramadol-acetaminophen oral tablet 37.5-325 mg		Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
Narcotic Withdrawal Therapy Agents			
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML, 16 MG/0.32 ML, 24 MG/0.48 ML, 32 MG/0.64 ML, 64 MG/0.18 ML, 8 MG/0.16 ML, 96 MG/0.27 ML		Tier 4	
buprenorphine hcl sublingual tablet 2 mg, 8 mg		Tier 1	QL (3 EA per 1 day)
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	(Suboxone)	Tier 1	
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg		Tier 1	QL (3 EA per 1 day)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML		Tier 4	PA
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG	(buprenorphine-naloxone)	Tier 3	
SUBOXONE SUBLINGUAL FILM 8-2 MG	(buprenorphine-naloxone)	Tier 2	

Drug		Status	Notes
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG		Tier 2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG		Tier 2	QL (2 EA per 1 day)
Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist			
lofexidine oral tablet 0.18 mg	(Lucemyra)	Tier 1	PA
LUCEMYRA ORAL TABLET 0.18 MG	(lofexidine)	Tier 3	PA
Skeletal Muscle Relaxant,Salicylate,Narc Analgesic			
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg		Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
Parkinsons Disease			
Antiparkinsonism Drugs,Anticholinergic			
benztropine oral tablet 0.5 mg, 1 mg, 2 mg		Tier 1	
trihexyphenidyl oral elixir 0.4 mg/ml		Tier 1	
trihexyphenidyl oral tablet 2 mg, 5 mg		Tier 1	
Antiparkinsonism Drugs,Other			
amantadine hcl oral capsule 100 mg		Tier 1	
amantadine hcl oral solution 50 mg/5 ml		Tier 1	
amantadine hcl oral tablet 100 mg		Tier 1	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	(apomorphine)	Tier 4	PA; SP
apomorphine subcutaneous cartridge 10 mg/ml	(APOKYN)	Tier 4	PA; SP
AZILECT ORAL TABLET 0.5 MG, 1 MG	(rasagiline)	Tier 3	QL (1 EA per 1 day)
bromocriptine oral capsule 5 mg		Tier 1	
bromocriptine oral tablet 2.5 mg		Tier 1	
carbidopa-levodopa oral tablet 10-100 mg	(Sinemet)	Tier 1	
carbidopa-levodopa oral tablet 25-100 mg	(Dhivy)	Tier 1	
carbidopa-levodopa oral tablet 25-250 mg		Tier 1	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg		Tier 1	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg		Tier 1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg		Tier 1	

Drug	Status	Notes
CREXONT ORAL CAPSULE,IR - EXTEND REL,BIPHASE 35-140 MG	Tier 3	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 3	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 3	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 3	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 3	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	Tier 4	PA; SP
entacapone oral tablet 200 mg	Tier 1	
INBRIJA INHALATION CAPSULE 42 MG	Tier 4	PA; SP
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	Tier 4	PA; SP
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 1.5 MG, 2.25 MG, 3 MG, 3.75 MG (pramipexole)	Tier 3	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 2	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 4	PA; SP
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML	Tier 4	PA; SP
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Tier 3	PA
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	Tier 1	

Drug		Status	Notes
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 4.5 mg		Tier 1	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 1	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 1	QL (1 EA per 1 day)
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg		Tier 1	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg		Tier 1	ST; 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 3	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 1	
selegiline hcl oral tablet 5 mg		Tier 1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	(carbidopa-levodopa)	Tier 3	
TASMAR ORAL TABLET 100 MG	(tolcapone)	Tier 3	ST; ST: Requires prior prescription for Comtan (Entacapone) within the past 120 days; QL (3 EA per 1 day)
tolcapone oral tablet 100 mg	(Tasmar)	Tier 1	ST; ST: Requires prior prescription for Comtan (Entacapone) within the past 120 days; QL (3 EA per 1 day)
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML		Tier 4	PA; SP
XADAGO ORAL TABLET 100 MG, 50 MG		Tier 3	ST; ST: Requires prior prescription for Carbidopa/Levodopa (Sinemet IR/CR, Duopa, Parcopa, or Rytary) within the past 120 days; QL (1 EA per 1 day)

Drug		Status	Notes
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG		Tier 3	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 1	
LODOSYN ORAL TABLET 25 MG	(carbidopa)	Tier 3	
Seizure Disorder			
Anticonvulsant - Benzodiazepine Type			
clobazam oral suspension 2.5 mg/ml	(Onfi)	Tier 1	QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	(Onfi)	Tier 1	QL (2 EA per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	(Klonopin)	Tier 1	
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg		Tier 1	
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg		Tier 1	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	(clonazepam)	Tier 3	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG		Tier 3	QL (10 EA per 30 days)
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)		Tier 3	QL (10 EA per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML	(clobazam)	Tier 3	QL (480 ML per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	(clobazam)	Tier 3	QL (2 EA per 1 day)
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)		Tier 3	QL (10 EA per 30 days)
Anticonvulsant - Cannabinoid Type			
EPIDIOLEX ORAL SOLUTION 100 MG/ML		Tier 4	ST; SP; ST: Requires prior prescriptions or contraindication to 2 of the following generic anticonsulvants: Clobazam, Lamotrigine, Levetiracetam, Topiramate, or Valproic Acid within the past 365 days
Anticonvulsants			
APTIOM ORAL TABLET 200 MG, 400 MG		Tier 3	QL (1 EA per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG		Tier 3	QL (2 EA per 1 day)

Drug		Status	Notes
BANZEL ORAL SUSPENSION 40 MG/ML	(rufinamide)	Tier 3	ST; ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (80 ML per 1 day)
BANZEL ORAL TABLET 200 MG	(rufinamide)	Tier 3	ST; ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (16 EA per 1 day)
BANZEL ORAL TABLET 400 MG	(rufinamide)	Tier 3	ST; ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (8 EA per 1 day)
BRIVIACT ORAL SOLUTION 10 MG/ML		Tier 2	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG		Tier 2	QL (2 EA per 1 day)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	(Carbatrol)	Tier 1	
carbamazepine oral suspension 100 mg/5 ml	(Tegretol)	Tier 1	
carbamazepine oral tablet 200 mg	(Epitol)	Tier 1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	(Tegretol XR)	Tier 1	
carbamazepine oral tablet,chewable 100 mg, 200 mg		Tier 1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	(carbamazepine)	Tier 3	
CELONTIN ORAL CAPSULE 300 MG	(methsuximide)	Tier 3	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	(divalproex)	Tier 3	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	(divalproex)	Tier 3	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	(divalproex)	Tier 3	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG		Tier 4	PA; SP
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG		Tier 4	PA; SP

Drug		Status	Notes
DILANTIN EXTENDED ORAL CAPSULE 100 MG	(phenytoin sodium extended)	Tier 3	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	(phenytoin)	Tier 3	
DILANTIN ORAL CAPSULE 30 MG		Tier 3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	(phenytoin)	Tier 3	
divalproex oral capsule, delayed rel sprinkle 125 mg	(Depakote Sprinkles)	Tier 1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	(Depakote ER)	Tier 1	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	(Depakote)	Tier 1	
EPITOL ORAL TABLET 200 MG	(carbamazepine)	Tier 1	
EPRONTIA ORAL SOLUTION 25 MG/ML		Tier 3	PA
ethosuximide oral capsule 250 mg	(Zarontin)	Tier 1	
ethosuximide oral solution 250 mg/5 ml	(Zarontin)	Tier 1	
felbamate oral suspension 600 mg/5 ml		Tier 1	QL (30 ML per 1 day)
felbamate oral tablet 400 mg	(Felbatol)	Tier 1	QL (9 EA per 1 day)
felbamate oral tablet 600 mg	(Felbatol)	Tier 1	QL (6 EA per 1 day)
FELBATOL ORAL TABLET 400 MG	(felbamate)	Tier 3	QL (9 EA per 1 day)
FELBATOL ORAL TABLET 600 MG	(felbamate)	Tier 3	QL (6 EA per 1 day)
FINTEPLA ORAL SOLUTION 2.2 MG/ML		Tier 4	PA; SP
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		Tier 2	QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG		Tier 2	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG		Tier 2	QL (120 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG		Tier 2	QL (60 EA per 30 days)
gabapentin oral capsule 100 mg, 300 mg, 400 mg	(Neurontin)	Tier 1	
gabapentin oral solution 250 mg/5 ml	(Neurontin)	Tier 1	
gabapentin oral solution 300 mg/6 ml (6 ml)		Tier 1	
gabapentin oral tablet 600 mg, 800 mg	(Neurontin)	Tier 1	
KEPPRA ORAL SOLUTION 100 MG/ML	(levetiracetam)	Tier 3	
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	(levetiracetam)	Tier 3	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	(levetiracetam)	Tier 3	
lacosamide oral solution 10 mg/ml	(Vimpat)	Tier 1	QL (1200 ML per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Vimpat)	Tier 1	QL (2 EA per 1 day)

Drug		Status	Notes
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG	(lamotrigine)	Tier 3	ST; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (3 EA per 1 day)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 200 MG	(lamotrigine)	Tier 3	ST; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (2 EA per 1 day)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 25 MG, 50 MG	(lamotrigine)	Tier 3	ST; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (6 EA per 1 day)
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)	(lamotrigine)	Tier 3	ST; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)	(lamotrigine)	Tier 3	ST; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	(lamotrigine)	Tier 3	ST; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	(lamotrigine)	Tier 3	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	(lamotrigine)	Tier 3	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	(lamotrigine)	Tier 3	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	(lamotrigine)	Tier 3	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	(lamotrigine)	Tier 3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG	(lamotrigine)	Tier 3	ST; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (3 EA per 1 day)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 200 MG, 250 MG, 300 MG	(lamotrigine)	Tier 3	ST; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (2 EA per 1 day)

Drug		Status	Notes
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 25 MG, 50 MG	(lamotrigine)	Tier 3	ST; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (6 EA per 1 day)
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)		Tier 3	ST; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)		Tier 3	ST; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)		Tier 3	ST; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Lamictal)	Tier 1	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)	(Lamictal ODT Starter (Blue))	Tier 1	ST; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)	(Lamictal ODT Starter (Orange))	Tier 1	ST; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)	(Lamictal ODT Starter (Green))	Tier 1	ST; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
lamotrigine oral tablet extended release 24hr 100 mg	(Lamictal XR)	Tier 1	ST; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (3 EA per 1 day)
lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg	(Lamictal XR)	Tier 1	ST; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (2 EA per 1 day)
lamotrigine oral tablet extended release 24hr 25 mg, 50 mg	(Lamictal XR)	Tier 1	ST; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (6 EA per 1 day)
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	(Lamictal)	Tier 1	

Drug		Status	Notes
lamotrigine oral tablet,disintegrating 100 mg	(Lamictal ODT)	Tier 1	ST; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (3 EA per 1 day)
lamotrigine oral tablet,disintegrating 200 mg	(Lamictal ODT)	Tier 1	ST; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (2 EA per 1 day)
lamotrigine oral tablet,disintegrating 25 mg, 50 mg	(Lamictal ODT)	Tier 1	ST; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (6 EA per 1 day)
lamotrigine oral tablets,dose pack 25 mg (35)	(Lamictal Starter (Blue) Kit)	Tier 1	
lamotrigine oral tablets,dose pack 25 mg (42) -100 mg (7)	(Lamictal Starter (Orange) Kit)	Tier 1	
lamotrigine oral tablets,dose pack 25 mg (84) -100 mg (14)	(Lamictal Starter (Green) Kit)	Tier 1	
levetiracetam oral solution 100 mg/ml	(Keppra)	Tier 1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	(Keppra)	Tier 1	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	(Keppra XR)	Tier 1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	(pregabalin)	Tier 3	
LYRICA ORAL SOLUTION 20 MG/ML	(pregabalin)	Tier 3	
methsuximide oral capsule 300 mg	(Celontin)	Tier 1	
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG		Tier 3	PA
MYSOLINE ORAL TABLET 250 MG, 50 MG	(primidone)	Tier 3	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG	(gabapentin)	Tier 3	
NEURONTIN ORAL SOLUTION 250 MG/5 ML	(gabapentin)	Tier 3	
NEURONTIN ORAL TABLET 600 MG, 800 MG	(gabapentin)	Tier 3	
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	(Trileptal)	Tier 1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	Tier 1	

Drug		Status	Notes
oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg	(Oxtellar XR)	Tier 1	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 (1 EA per 1 day)
oxcarbazepine oral tablet extended release 24 hr 600 mg	(Oxtellar XR)	Tier 1	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 3	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 (1 EA per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	(oxcarbazepine)	Tier 3	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)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	(phenytoin sodium extended)	Tier 3	
phenytoin oral suspension 125 mg/5 ml	(Dilantin-125)	Tier 1	
phenytoin oral tablet,chewable 50 mg	(Dilantin Infatabs)	Tier 1	
phenytoin sodium extended oral capsule 100 mg	(Dilantin Extended)	Tier 1	
phenytoin sodium extended oral capsule 200 mg, 300 mg	(Phenytek)	Tier 1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	(Lyrica)	Tier 1	
pregabalin oral solution 20 mg/ml	(Lyrica)	Tier 1	

Drug		Status	Notes
primidone oral tablet 125 mg		Tier 1	
primidone oral tablet 250 mg, 50 mg	(Mysoline)	Tier 1	
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 25 MG, 50 MG	(topiramate)	Tier 3	ST; ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (1 EA per 1 day)
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 150 MG, 200 MG	(topiramate)	Tier 3	ST; ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (2 EA per 1 day)
ROWEEPRA ORAL TABLET 500 MG	(levetiracetam)	Tier 3	
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	(levetiracetam)	Tier 3	
rufinamide oral suspension 40 mg/ml	(Banzel)	Tier 1	ST; ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (80 ML per 1 day)
rufinamide oral tablet 200 mg	(Banzel)	Tier 1	ST; ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (16 EA per 1 day)
rufinamide oral tablet 400 mg	(Banzel)	Tier 1	ST; ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (8 EA per 1 day)
SABRIL ORAL POWDER IN PACKET 500 MG	(vigabatrin)	Tier 4	PA; SP
SABRIL ORAL TABLET 500 MG	(vigabatrin)	Tier 4	PA; SP
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	(lamotrigine)	Tier 3	
SUBVENITE STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	(lamotrigine)	Tier 3	
SUBVENITE STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	(lamotrigine)	Tier 3	

Drug		Status	Notes
SUBVENITE STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	(lamotrigine)	Tier 3	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	(carbamazepine)	Tier 3	
TEGRETOL ORAL TABLET 200 MG	(carbamazepine)	Tier 3	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	(carbamazepine)	Tier 3	
tiagabine oral tablet 12 mg, 2 mg, 4 mg		Tier 1	ST; 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 1	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 3	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	(topiramate)	Tier 3	
topiramate oral capsule, sprinkle 15 mg, 25 mg	(Topamax)	Tier 1	
topiramate oral capsule, sprinkle 50 mg		Tier 1	
topiramate oral capsule,extended release 24hr 100 mg, 200 mg	(Trokendi XR)	Tier 1	QL (2 EA per 1 day)
topiramate oral capsule,extended release 24hr 25 mg	(Trokendi XR)	Tier 1	QL (8 EA per 1 day)
topiramate oral capsule,extended release 24hr 50 mg	(Trokendi XR)	Tier 1	QL (4 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 100 mg, 25 mg, 50 mg	(Qudexy XR)	Tier 1	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
topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg	(Qudexy XR)	Tier 1	ST; ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (2 EA per 1 day)
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	Tier 1	
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)	(oxcarbazepine)	Tier 3	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	(oxcarbazepine)	Tier 3	
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG	(topiramate)	Tier 3	QL (2 EA per 1 day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 25 MG	(topiramate)	Tier 3	QL (8 EA per 1 day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 50 MG	(topiramate)	Tier 3	QL (4 EA per 1 day)
valproic acid (as sodium salt) oral solution 250 mg/5 ml		Tier 1	
valproic acid oral capsule 250 mg		Tier 1	
vigabatrin oral powder in packet 500 mg	(Sabril)	Tier 4	PA
vigabatrin oral tablet 500 mg	(Sabril)	Tier 4	PA; SP
VIGADRONE ORAL POWDER IN PACKET 500 MG	(vigabatrin)	Tier 4	PA; SP
VIGADRONE ORAL TABLET 500 MG	(vigabatrin)	Tier 4	PA; SP
VIGAFYDE ORAL SOLUTION 100 MG/ML		Tier 4	PA; SP
VIGPODER ORAL POWDER IN PACKET 500 MG	(vigabatrin)	Tier 4	PA; SP
VIMPAT ORAL SOLUTION 10 MG/ML	(lacosamide)	Tier 3	QL (1200 ML per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	(lacosamide)	Tier 3	QL (2 EA per 1 day)
VIMPAT ORAL TABLETS,DOSE PACK 50 MG (14)- 100 MG (14)		Tier 2	
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)		Tier 2	QL (2 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG		Tier 2	QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG		Tier 2	QL (2 EA per 1 day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)-25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)		Tier 2	QL (1 EA per 1 day)

Drug		Status	Notes
ZARONTIN ORAL CAPSULE 250 MG	(ethosuximide)	Tier 3	
ZARONTIN ORAL SOLUTION 250 MG/5 ML	(ethosuximide)	Tier 3	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	(zonisamide)	Tier 3	
ZONISADE ORAL SUSPENSION 100 MG/5 ML		Tier 3	PA
zonisamide oral capsule 100 mg, 25 mg	(Zonegran)	Tier 1	
zonisamide oral capsule 50 mg		Tier 1	
Neuroactive Steroid Gaba-A Receptor Modulator			
ZTALMY ORAL SUSPENSION 50 MG/ML		Tier 4	PA; SP
Skeletal Muscle Disorder			
Agents To Tx Periodic Paralysis - Carbon Anhyd Inh			
dichlorphenamide oral tablet 50 mg	(Keveyis)	Tier 4	PA; SP
KEVEYIS ORAL TABLET 50 MG	(dichlorphenamide)	Tier 4	PA; SP
ORMALVI ORAL TABLET 50 MG	(dichlorphenamide)	Tier 4	PA; SP
Retinoic Acid Receptor (Rar) Agonists			
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG		Tier 4	PA; SP
Skeletal Muscle Relaxants			
baclofen oral solution 10 mg/5 ml (2 mg/ml)	(Ozobax DS)	Tier 1	PA
baclofen oral solution 5 mg/5 ml	(Ozobax)	Tier 1	PA
baclofen oral suspension 25 mg/5 ml (5 mg/ml)	(Fleqsuvy)	Tier 1	PA
baclofen oral tablet 10 mg		Tier 1	QL (8 EA per 1 day)
baclofen oral tablet 20 mg		Tier 1	QL (4 EA per 1 day)
baclofen oral tablet 5 mg		Tier 1	QL (16 EA per 1 day)
carisoprodol oral tablet 250 mg, 350 mg	(Soma)	Tier 1	QL (4 EA per 1 day)
carisoprodol-aspirin oral tablet 200-325 mg		Tier 1	
chlorzoxazone oral tablet 500 mg		Tier 1	QL (4 EA per 1 day)
cyclobenzaprine oral tablet 10 mg, 5 mg		Tier 1	QL (3 EA per 1 day)
DANTRIUM ORAL CAPSULE 25 MG	(dantrolene)	Tier 3	QL (3 EA per 1 day)
dantrolene oral capsule 100 mg		Tier 1	QL (4 EA per 1 day)
dantrolene oral capsule 25 mg	(Dantrium)	Tier 1	QL (3 EA per 1 day)
dantrolene oral capsule 50 mg		Tier 1	QL (3 EA per 1 day)
FLEQSUVY ORAL SUSPENSION 25 MG/5 ML (5 MG/ML)	(baclofen)	Tier 3	PA
metaxalone oral tablet 400 mg		Tier 1	QL (8 EA per 1 day)
metaxalone oral tablet 800 mg		Tier 1	QL (4 EA per 1 day)

Drug		Status	Notes
methocarbamol oral tablet 500 mg		Tier 1	QL (8 EA per 1 day)
methocarbamol oral tablet 750 mg		Tier 1	QL (6 EA per 1 day)
NORGESIC ORAL TABLET 25-385-30 MG	(orphenadrine-asa-caffeine)	Tier 3	QL (8 EA per 1 day)
orphenadrine citrate oral tablet extended release 100 mg		Tier 1	QL (2 EA per 1 day)
orphenadrine-asa-caffeine oral tablet 25-385-30 mg	(Norgesic)	Tier 1	QL (8 EA per 1 day)
OZOBAX ORAL SOLUTION 5 MG/5 ML	(baclofen)	Tier 3	PA
SOMA ORAL TABLET 250 MG, 350 MG	(carisoprodol)	Tier 3	QL (4 EA per 1 day)
tizanidine oral capsule 2 mg	(Zanaflex)	Tier 1	QL (18 EA per 1 day)
tizanidine oral capsule 4 mg	(Zanaflex)	Tier 1	QL (9 EA per 1 day)
tizanidine oral capsule 6 mg	(Zanaflex)	Tier 1	QL (6 EA per 1 day)
tizanidine oral tablet 2 mg		Tier 1	QL (18 EA per 1 day)
tizanidine oral tablet 4 mg	(Zanaflex)	Tier 1	QL (9 EA per 1 day)
VANADOM ORAL TABLET 350 MG	(carisoprodol)	Tier 3	QL (4 EA per 1 day)
ZANAFLEX ORAL CAPSULE 2 MG	(tizanidine)	Tier 3	QL (18 EA per 1 day)
ZANAFLEX ORAL CAPSULE 4 MG	(tizanidine)	Tier 3	QL (9 EA per 1 day)
ZANAFLEX ORAL CAPSULE 6 MG	(tizanidine)	Tier 3	QL (6 EA per 1 day)
ZANAFLEX ORAL TABLET 4 MG	(tizanidine)	Tier 3	QL (9 EA per 1 day)
Smoking Cessation			
Smoking Deterrent Agents (Ganglionic Stim,Others)			
nicotine (polacrilex) buccal gum 2 mg	(Quit 2)	$0	$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal gum 4 mg	(Quit 4)	$0	$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal lozenge 2 mg	(Quit 2)	$0	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal lozenge 4 mg	(Quit 4)	$0	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	(Nicorette)	$0	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER

Drug		Status	Notes
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	(Nicoderm CQ)	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr		$0	$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML		$0	$0 COPAY IF QUANTITY 10 IN 2 DAYS, LIMITED TO 180 DAYS IN 365, NICOTINE TRANSDERMAL PATCH REQUIRED, AND 18 YEARS OF AGE OR OLDER; QL (10 ML per 2 days)
QUIT 2 BUCCAL GUM 2 MG	(nicotine (polacrilex))	$0	$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 2 BUCCAL LOZENGE 2 MG	(nicotine (polacrilex))	$0	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL GUM 4 MG	(nicotine (polacrilex))	$0	$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL LOZENGE 4 MG	(nicotine (polacrilex))	$0	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG	(nicotine (polacrilex))	$0	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
Smoking Deterrent-Nicotinic Recept.Partial Agonist			
varenicline tartrate oral tablet 0.5 mg, 1 mg	(Chantix)	$0	$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)

Drug		Status	Notes
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	(Chantix Starting Month Box)	$0	$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
Smoking Deterrents, Other			
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg		$0	$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
Upper Gastrointestinal Disorders - Digestive			
Gastric Enzymes			
SUCRAID ORAL SOLUTION 8,500 UNIT/ML		Tier 4	PA; SP
Pancreatic Enzymes			
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT		Tier 2	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200-24,600 UNIT		Tier 3	
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500-60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT		Tier 3	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300-78,300 UNIT		Tier 3	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT		Tier 2	
Upper Gastrointestinal Disorders - Spastic Disease			
Anticholinergics/Antispasmodics			

Drug		Status	Notes
dicyclomine oral capsule 10 mg		Tier 1	
dicyclomine oral solution 10 mg/5 ml		Tier 1	
dicyclomine oral tablet 20 mg		Tier 1	
Belladonna Alkaloids			
ANASPAZ ORAL TABLET,DISINTEGRATING 0.125 MG	(hyoscyamine sulfate)	Tier 3	
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG	(hyoscyamine sulfate)	Tier 1	
hyoscyamine sulfate oral drops 0.125 mg/ml	(Hyosyne)	Tier 1	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	(Hyosyne)	Tier 1	
hyoscyamine sulfate oral tablet 0.125 mg	(Oscimin)	Tier 1	
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	(Levbid)	Tier 1	
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	(Ed-Spaz)	Tier 1	
hyoscyamine sulfate sublingual tablet 0.125 mg	(Oscimin SL)	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML	(hyoscyamine sulfate)	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML	(hyoscyamine sulfate)	Tier 1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	(hyoscyamine sulfate)	Tier 3	
LEVSIN ORAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 3	
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 3	
methscopolamine oral tablet 2.5 mg, 5 mg		Tier 1	
NULEV ORAL TABLET,DISINTEGRATING 0.125 MG	(hyoscyamine sulfate)	Tier 3	
OSCIMIN ORAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	(hyoscyamine sulfate)	Tier 3	
SYMAX FASTABS ORAL TABLET,DISINTEGRATING 0.125 MG	(hyoscyamine sulfate)	Tier 3	
SYMAX-SL SUBLINGUAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 3	
SYMAX-SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	(hyoscyamine sulfate)	Tier 3	
Upper Gastrointestinal Disorders - Ulcer Disease			
Anticholinergics,Quaternary Ammonium			

Drug		Status	Notes
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	(Librax (with clidinium))	Tier 1	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	(glycopyrrolate)	Tier 3	
DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG		Tier 3	ST; ST: Requires prior prescription for Glycopyrrolate 2mg within the past 120 days; QL (4 EA per 1 day); Age (Min 18 Years)
glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)	(Glyrx-PF)	Tier 1	
glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)	(Cuvposa)	Tier 1	
glycopyrrolate oral tablet 1 mg	(Robinul)	Tier 1	
glycopyrrolate oral tablet 2 mg	(Robinul Forte)	Tier 1	
GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML)	(glycopyrrolate (pf))	Tier 3	
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG	(chlordiazepoxide-clidinium)	Tier 3	
ROBINUL FORTE ORAL TABLET 2 MG	(glycopyrrolate)	Tier 3	
ROBINUL ORAL TABLET 1 MG	(glycopyrrolate)	Tier 3	
Anti-Ulcer Preparations			
CARAFATE ORAL SUSPENSION 100 MG/ML	(sucralfate)	Tier 3	
CARAFATE ORAL TABLET 1 GRAM	(sucralfate)	Tier 3	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	(misoprostol)	Tier 3	
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	Tier 1	
sucralfate oral suspension 100 mg/ml	(Carafate)	Tier 1	
sucralfate oral tablet 1 gram	(Carafate)	Tier 1	
Anti-Ulcer-H.Pylori Agents			
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg		Tier 1	QL (112 EA per 10 days)
bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg	(Pylera)	Tier 1	
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)		Tier 3	
PYLERA ORAL CAPSULE 140-125-125 MG	(bismuth subcit k-metronidz-tcn)	Tier 3	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG		Tier 3	QL (168 EA per 14 days); Age (Min 18 Years)
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)		Tier 3	PA
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG		Tier 3	PA

Drug		Status	Notes
Histamine H2-Receptor Inhibitors			
cimetidine hcl oral solution 300 mg/5 ml		Tier 1	
cimetidine oral tablet 200 mg	(Acid Reducer (cimetidine))	Tier 1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg		Tier 1	
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)		Tier 1	
famotidine oral tablet 20 mg, 40 mg	(Pepcid)	Tier 1	
nizatidine oral capsule 150 mg, 300 mg		Tier 1	
PEPCID ORAL TABLET 20 MG, 40 MG	(famotidine)	Tier 3	
Intestinal Motility Stimulants			
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY		Tier 4	PA; SP
metoclopramide hcl oral solution 5 mg/5 ml		Tier 1	
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	Tier 1	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	(prucalopride)	Tier 3	QL (1 EA per 1 day)
prucalopride oral tablet 1 mg, 2 mg	(Motegrity)	Tier 1	QL (1 EA per 1 day)
REGLAN ORAL TABLET 10 MG, 5 MG	(metoclopramide hcl)	Tier 3	
Potassium-Competitive Acid Blockers (Pcabs)			
VOQUEZNA ORAL TABLET 10 MG, 20 MG		Tier 3	PA
Proton-Pump Inhibitors			
ACIPHEX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	(rabeprazole)	Tier 3	QL (1 EA per 1 day)
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 5 MG		Tier 3	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 3	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 1	ST; ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)

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

Drug		Status	Notes
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram	(Zegerid OTC)	Tier 1	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 1	ST; ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)
pantoprazole oral granules dr for susp in packet 40 mg	(Protonix)	Tier 1	ST; ST: Requires prior prescription for Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec within the past 120 days
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	(Protonix)	Tier 1	
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	(lansoprazole)	Tier 3	
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG, 30 MG	(lansoprazole)	Tier 3	ST; ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 120 days
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG, 2.5 MG		Tier 3	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 3	ST; ST: Requires prior prescription for Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec within the past 120 days
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG, 40 MG	(pantoprazole)	Tier 3	
rabeprazole oral capsule, delayed rel sprinkle 10 mg	(AcipHex Sprinkle)	Tier 1	ST; ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	(AcipHex)	Tier 1	QL (1 EA per 1 day)

Drug		Status	Notes
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM, 40-1.1 MG-GRAM	(omeprazole-sodium bicarbonate)	Tier 3	ST; ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)
Urinary Tract - Functional Disorders			
Benign Prostatic Hypertrophy/Micturition Agents			
alfuzosin oral tablet extended release 24 hr 10 mg	(Uroxatral)	Tier 1	
AVODART ORAL CAPSULE 0.5 MG	(dutasteride)	Tier 3	
dutasteride oral capsule 0.5 mg	(Avodart)	Tier 1	
finasteride oral tablet 5 mg	(Proscar)	Tier 1	
FLOMAX ORAL CAPSULE 0.4 MG	(tamsulosin)	Tier 3	
PROSCAR ORAL TABLET 5 MG	(finasteride)	Tier 3	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	(silodosin)	Tier 3	
silodosin oral capsule 4 mg, 8 mg	(Rapaflo)	Tier 1	
tamsulosin oral capsule 0.4 mg	(Flomax)	Tier 1	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG	(alfuzosin)	Tier 3	
Bph Agent-5-Alpha-Reductase Inh And Pde5 Inh Comb			
ENTADFI ORAL CAPSULE 5-5 MG	(finasteride-tadalafil)	Tier 3	PA
Bph Agents,5-Alpha-Red Inh & Alpha-1-Adr Antg Cmb			
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	(Jalyn)	Tier 1	ST; 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 3	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 4	SP
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG		Tier 4	PA; SP
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG		Tier 4	PA; SP

Drug		Status	Notes
Endothelin-Angiotensin Receptor Antagonist			
FILSPARI ORAL TABLET 200 MG, 400 MG		Tier 4	PA; SP
Kidney Stone Agents			
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG	(tiopronin)	Tier 4	SP
THIOLA ORAL TABLET 100 MG	(tiopronin)	Tier 4	SP
tiopronin oral tablet 100 mg	(Thiola)	Tier 4	SP
tiopronin oral tablet,delayed release (dr/ec) 100 mg, 300 mg	(Thiola EC)	Tier 4	SP
VENXXIVA ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG	(tiopronin)	Tier 4	SP
Overactive Bladder Agents, Beta-3 Adrenergic Recep			
GEMTESA ORAL TABLET 75 MG		Tier 3	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 2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	(mirabegron)	Tier 1	QL (1 EA per 1 day)
Oxalosis Agent - Oxalate Inhibitor, Sirna Based			
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)		Tier 4	SP
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML		Tier 4	SP
Polycystic Kidney Disease Agent, Avp Recep. Antag			
JYNARQUE ORAL TABLET 15 MG, 30 MG		Tier 4	PA; SP
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)		Tier 4	PA; SP
Urinary Ph Modifiers			
K-PHOS NO 2 ORAL TABLET 305-700 MG		Tier 3	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG		Tier 3	
ORACIT ORAL SOLUTION 490-640 MG/5 ML	(sodium citrate-citric acid)	Tier 3	
potassium citrate oral tablet extended release 10 meq (1,080 mg)	(Urocit-K 10)	Tier 1	

Drug		Status	Notes
potassium citrate oral tablet extended release 15 meq	(Urocit-K 15)	Tier 1	
potassium citrate oral tablet extended release 5 meq (540 mg)		Tier 1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML		Tier 3	
sodium citrate-citric acid oral solution 490-640 mg/5 ml	(Oracit)	Tier 1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG)	(potassium citrate)	Tier 3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ	(potassium citrate)	Tier 3	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG		Tier 3	
Urinary Tract Analgesic Agents			
ELMIRON ORAL CAPSULE 100 MG		Tier 2	PA
Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)			
phenazopyridine oral tablet 100 mg, 200 mg	(Pyridium)	Tier 1	
PYRIDIUM ORAL TABLET 100 MG, 200 MG	(phenazopyridine)	Tier 3	
Urinary Tract Antispasmodic, M(3) Selective Antag.			
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg		Tier 1	
solifenacin oral tablet 10 mg, 5 mg	(Vesicare)	Tier 1	
VESICARE LS ORAL SUSPENSION 1 MG/ML		Tier 3	PA
VESICARE ORAL TABLET 10 MG, 5 MG	(solifenacin)	Tier 3	
Urinary Tract Antispasmodic/Antiincontinence Agent			
DETROL LA ORAL CAPSULE,EXTENDED RELEASE 24HR 2 MG, 4 MG	(tolterodine)	Tier 3	
DETROL ORAL TABLET 1 MG, 2 MG	(tolterodine)	Tier 3	
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	(Toviaz)	Tier 1	QL (1 EA per 1 day)
flavoxate oral tablet 100 mg		Tier 1	
oxybutynin chloride oral syrup 5 mg/5 ml		Tier 1	
oxybutynin chloride oral tablet 2.5 mg, 5 mg		Tier 1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg		Tier 1	

Drug		Status	Notes
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR		Tier 3	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 1	
tolterodine oral tablet 1 mg, 2 mg		Tier 1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	(fesoterodine)	Tier 3	QL (1 EA per 1 day)
trospium oral capsule,extended release 24hr 60 mg		Tier 1	
trospium oral tablet 20 mg		Tier 1	
Vaginal Disorders			
Vaginal Antibiotics			
CLEOCIN VAGINAL CREAM 2 %	(clindamycin phosphate)	Tier 3	
CLEOCIN VAGINAL SUPPOSITORY 100 MG		Tier 3	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 (3 EA per 30 days)
clindamycin phosphate vaginal cream 2 %	(Cleocin)	Tier 1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %		Tier 3	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 1	
metronidazole vaginal gel 1.3 % (65 mg/5 gram)	(Nuvessa)	Tier 1	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	(metronidazole)	Tier 3	
VANDAZOLE VAGINAL GEL 0.75 % (37.5MG/5 GRAM)	(metronidazole)	Tier 3	
Vaginal Antifungals			
GYNAZOLE-1 VAGINAL CREAM 2 %		Tier 2	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG		Tier 1	
terconazole vaginal cream 0.4 %, 0.8 %		Tier 1	
terconazole vaginal suppository 80 mg		Tier 1	
Vaginal Antiseptics			
FEM PH VAGINAL GEL 0.9-0.025 %		Tier 3	
RELAGARD VAGINAL GEL 0.9-0.025 %		Tier 3	

Drug		Status	Notes
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %		Tier 3	
Vaginal Estrogen Preparations			
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	(estradiol)	Tier 3	
estradiol vaginal cream 0.01 % (0.1 mg/gram)	(Estrace)	Tier 1	
estradiol vaginal tablet 10 mcg	(Yuvafem)	Tier 1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)		Tier 3	ST; ST: Requires prior prescriptions for 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 3	ST; ST: Requires prior prescriptions for 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 2	
VAGIFEM VAGINAL TABLET 10 MCG	(estradiol)	Tier 3	
YUVAFEM VAGINAL TABLET 10 MCG	(estradiol)	Tier 1	
Vitamin And/Or Mineral Deficiency			
Fluoride Preparations			
CLINPRO 5000 DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 3	
DENTA 5000 PLUS DENTAL CREAM 1.1 %	(fluoride (sodium))	Tier 1	
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 %	(sodium fluoride-pot nitrate)	Tier 1	
DENTAGEL DENTAL GEL 1.1 %	(fluoride (sodium))	Tier 1	
fluoride (sodium) dental cream 1.1 %	(Denta 5000 Plus)	Tier 1	
fluoride (sodium) dental gel 1.1 %	(DentaGel)	Tier 1	
fluoride (sodium) dental paste 1.1 %	(Sodium Fluoride 5000 Dry Mouth)	Tier 1	
fluoride (sodium) dental solution 0.2 %	(PreviDent)	Tier 1	
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	(SoluVita)	$0	$0 COPAY IF AGE 6 MONTHS TO 6 YEARS
fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	(Ludent Fluoride)	$0	$0 COPAY IF AGE 6 MONTHS TO 6 YEARS
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 3	

Drug		Status	Notes
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	(sodium fluoride-pot nitrate)	Tier 3	
FLUORIMAX 5000 DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 %	(sodium fluoride-pot nitrate)	Tier 3	
FRAICHE 5000 DENTAL GEL 1.1 %	(fluoride (sodium))	Tier 3	
FRAICHE 5000 KIDS PLUS DENTAL GEL 1.1-4 %		Tier 3	
FRAICHE 5000 PREVI DENTAL GEL 1.1-3 %		Tier 3	
JUST RIGHT 5000 DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 3	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 3	
PREVIDENT 5000 DRY MOUTH DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	(sodium fluoride-pot nitrate)	Tier 3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 3	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	(fluoride (sodium))	Tier 3	
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %	(sodium fluoride-pot nitrate)	Tier 3	
PREVIDENT DENTAL GEL 1.1 %	(fluoride (sodium))	Tier 3	
PREVIDENT DENTAL SOLUTION 0.2 %	(fluoride (sodium))	Tier 3	
PREVIDENT KIDS DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 3	
SF 5000 PLUS DENTAL CREAM 1.1 %	(fluoride (sodium))	Tier 1	
SF DENTAL GEL 1.1 %	(fluoride (sodium))	Tier 1	
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 1	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 %	(fluoride (sodium))	Tier 1	
sodium fluoride-pot nitrate dental paste 1.1-5 %	(Denta 5000 Plus Sensitive)	Tier 1	
Folic Acid Preparations			
folic acid injection solution 5 mg/ml		Tier 1	
folic acid oral tablet 1 mg		Tier 1	
folic acid oral tablet 400 mcg, 800 mcg		$0	
Iron Replacement			
CITRANATAL BLOOM ORAL TABLET 90-1-12-50 MG-MG-MCG-MG		Tier 3	
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON		Tier 3	

Drug	Status	Notes
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML	Tier 3	
Multivitamin Preparations		
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Tier 3	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Tier 3	
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG	Tier 1	
Prenatal Vitamin Preparations		
ATABEX OB ORAL TABLET 29-1 MG	$0	
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK,TABLET AND CAP,DR 27 MG IRON-1 MG -374 MG	$0	
BAL-CARE DHA ORAL COMBO PACK,TABLET AND CAP,DR 27-1-430 MG	$0	
CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG	$0	
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG	Tier 3	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG	Tier 3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG	Tier 3	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG	Tier 3	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG	Tier 3	
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG	$0	
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	$0	
KPN ORAL TABLET 9 MG IRON- 267 MCG	$0	
MINI PRENATAL ORAL TABLET 6.75 MG IRON- 200 MCG	$0	
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG (pnv,calcium 72-iron-folic acid)	$0	
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG	$0	
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG	$0	

Drug	Status	Notes
MYNATAL ORAL TABLET 90-1-50 MG	$0	
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG	$0	
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG	$0	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG	$0	
NATAVI PNV ORAL CAPSULE 13.5 MG IRON- 0.5 MG-150 MG	$0	
NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON- 1 MG	$0	
NEO-VITAL RX ORAL TABLET 27 MG IRON- 1 MG	$0	
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG	Tier 3	
OBSTETRIX DHA ORAL COMBO PACK,TABLET AND CAP,DR 29 MG IRON-1 MG -50 MG	$0	
OBSTETRIX DHA PRENATAL DUO ORAL COMB PACK,TABLET DR,CAPSULE DR 29 MG IRON- 1,700 MCG DFE	$0	
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC) 29 MG IRON- 1,700 MCG DFE, 29 MG IRON-1 MG -50 MG	$0	
OBTREX DHA ORAL COMBO PACK,TABLET AND CAP,DR 29 MG IRON-1 MG -50 MG	Tier 3	
ONE DAILY PRENATAL ORAL COMBO PACK 28-800-440 MG-MCG-MG	$0	
ONE-A-DAY PRENATAL-1 ORAL CAPSULE 27 MG IRON- 800 MCG-235 MG	$0	
pnv cmb#95-ferrous fumarate-fa oral tablet 28 mg iron- 800 mcg (Prenatal)	$0	
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG	$0	
PNV-SELECT ORAL TABLET 27-1 MG	$0	
PR NATAL 400 EC ORAL COMBO PACK,TABLET AND CAP,DR 29-1-400 MG	$0	
PR NATAL 400 ORAL COMBO PACK 29-1-400 MG	$0	
PR NATAL 430 EC ORAL COMBO PACK,TABLET AND CAP,DR 29-1-430 MG	$0	
PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG -430 MG	$0	

Drug		Status	Notes
PRENAISSANCE ORAL CAPSULE 29-1.25-55-325 MG		Tier 1	
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG		Tier 1	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG		$0	
PRENATABS FA ORAL TABLET 29-1 MG		$0	
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG		$0	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON- 975 MCG-200 MG, 28 MG IRON-800 MCG-200 MG		$0	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG		$0	
PRENATAL 19 ORAL TABLET 29 MG IRON- 1 MG		$0	
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG		$0	
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG		$0	
PRENATAL ESSENTIALS ORAL CAPSULE 6 MG IRON- 272 MCG DFE		$0	
PRENATAL FORMULA ORAL TABLET 28 MG IRON- 800 MCG	(pnv cmb#95-ferrous fumarate-fa)	$0	
PRENATAL FORMULA ORAL TABLET 9 MG IRON- 267 MCG		$0	
PRENATAL FORMULA-DHA ORAL CAPSULE 28 MG-800 MCG- 200 MG		$0	
PRENATAL MULTI ORAL TABLET 27-800 MG-MCG		$0	
PRENATAL MULTI-DHA (ALGAL OIL) ORAL CAPSULE 27MG IRON- 800 MCG-250 MG		$0	
PRENATAL MULTI-DHA(WITH VIT K) ORAL CAPSULE 27 MG IRON-800 MCG-260 MG		$0	
PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG	(pnv cmb#95-ferrous fumarate-fa)	$0	
PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG		$0	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	(pnv cmb#95-ferrous fumarate-fa)	$0	
PRENATAL ORAL TABLET 28-800 MG-MCG		$0	
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	(pnv,calcium 72-iron-folic acid)	$0	

Drug		Status	Notes
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG		$0	
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG	(pnv,calcium 72-iron,carb-folic)	$0	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG		$0	
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG	(prenatal vit-iron fum-folic ac)	$0	
prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg		$0	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG, 27 MG IRON- 800 MCG, 28 MG IRON- 800 MCG		$0	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	(pnv,calcium 72-iron-folic acid)	$0	
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG	(prenatal vit-iron fum-folic ac)	$0	
prenatal vit-iron fum-folic ac oral tablet 28 mg iron- 800 mcg	(Prenatal Tablet)	$0	
PRENATAL WITH DHA-FOLIC ACID ORAL TABLET,CHEWABLE 400-32.5 MCG-MG		$0	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG		$0	
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG		$0	
SE-NATAL 19 ORAL TABLET 29 MG IRON- 1 MG		$0	
SIMILAC PRENATAL ORAL COMBO PACK 27 MG IRON-800 MCG-200 MG		$0	
STUART ONE ORAL CAPSULE 27 MG IRON- 800 MCG-200 MG		$0	
TENDERA-OB ORAL CAPSULE 27 MG IRON-1 MG -205 MG		$0	
THERANATAL COMPLETE ORAL COMBO PACK 27 MG IRON- 1 MG-150 MG		$0	
THERANATAL ONE ORAL CAPSULE 27 MG IRON-1000 MCG-300 MG		$0	
THERANATAL ORAL TABLET 27 MG IRON- 1 MG		$0	
THERANATAL OVAVITE ORAL COMBO PACK 18-1-125 MG-MG-UNIT		$0	
THERANATAL PLUS ORAL COMBO PACK 27 MG IRON- 1 MG-300 MG		$0	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG		$0	

Drug	Status	Notes
TRICARE ORAL TABLET 27 MG IRON-1 MG	$0	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG	$0	
TRINATE ORAL TABLET 28 MG IRON-1 MG	$0	
ULTRA PRENATAL PLUS DHA ORAL CAPSULE 23 MG-800 MCG- 250 MG-200 MG	$0	
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG -50 MG-200 MG	Tier 3	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON-0.33 MG	$0	
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG	Tier 1	
WESNATAL DHA COMPLETE ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG	$0	
WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG (pnv,calcium 72-iron-folic acid)	$0	
WOMEN'S PRENATAL PLUS DHA ORAL COMBO PACK 28 MG-975 MCG-200 MG	$0	
Prenatal Vitamins Without Iron		
NATAVI PRIMA ORAL CAPSULE 4 MG IRON- 0.5 MG-150 MG	$0	
ONE-A-DAY PRENATAL ORAL TABLET,CHEWABLE 400 MCG- 25 MG	$0	
PRENATAL GUMMIES ORAL TABLET,CHEWABLE 400 MCG-35 MG-25 MG-5 MG	$0	
PRENATAL GUMMIES(ZINC CHELATE) ORAL TABLET,CHEWABLE 180 MCG-35 MG- 25 MG-5 MG	$0	
PRENATAL ORAL TABLET,CHEWABLE 400 MCG	$0	
Vitamin B Preparations		
B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML	Tier 1	
B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML	Tier 1	
Vitamin B1 Preparations		
thiamine hcl (vitamin b1) injection solution 100 mg/ml	Tier 1	
Vitamin B12 Preparations		
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml (Dodex)	Tier 1	

Drug		Status	Notes
DODEX INJECTION SOLUTION 1,000 MCG/ML	(cyanocobalamin (vitamin b-12))	Tier 1	
hydroxocobalamin intramuscular solution 1,000 mcg/ml		Tier 1	
mecobalamin (vitamin b12) injection recon soln 10,000 mcg		Tier 1	
Vitamin B6 Preparations			
pyridoxine (vitamin b6) injection solution 100 mg/ml		Tier 1	
Vitamin C Preparations			
ascorbic acid (vitamin c) injection solution 500 mg/ml		Tier 1	
Vitamin D Preparations			
calcitriol oral capsule 0.25 mcg, 0.5 mcg		Tier 1	
calcitriol oral solution 1 mcg/ml	(Rocaltrol)	Tier 1	
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	(Vitamin D2)	Tier 1	
ROCALTROL ORAL SOLUTION 1 MCG/ML	(calcitriol)	Tier 3	
VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT)	(ergocalciferol (vitamin d2))	Tier 1	
Weight Reduction			
Anorexic Agents			
ADIPEX-P ORAL TABLET 37.5 MG	(phentermine)	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
phentermine oral tablet 37.5 mg	(Adipex-P)	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)

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