



HEALTH PLAN COMMUNITY

**Large Group Standard  
Community Drug Formulary  
October 2024**

Key	
AG	Age Limits
F	Females Only
M	Males Only
OTC	Over the Counter
P	Preventive \$0.00 Copay
PA	Prior Authorization
QL	Quantity Limit
Tier 4	Specialty Medication Copay
SP	Specialty Pharmacy
ST	Step Therapy

MHPCC2019010

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Drug	Status	Notes
<b>Allergy</b>		
<b>2Nd Gen Antihistamine &amp; Decongestant Combinations</b>		
ALAVERT D-12 ALLERGY-SINUS ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	Tier 1	
ALL DAY ALLERGY-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG (cetirizine-pseudoephedrine)	Tier 1	
ALLERCLEAR D-12HR ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	Tier 1	
ALLERCLEAR D-24HR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG (loratadine-pseudoephedrine)	Tier 1	
ALLERGY AND CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	Tier 1	
ALLERGY AND CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG (loratadine-pseudoephedrine)	Tier 1	
ALLERGY D-12 ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG (cetirizine-pseudoephedrine)	Tier 1	
ALLERGY RELIEF D12 ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	Tier 1	
ALLERGY RELIEF D-24HR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG (loratadine-pseudoephedrine)	Tier 1	
ALLERGY RELIEF,NASAL DECONGEST ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG (loratadine-pseudoephedrine)	Tier 1	
ALLERGY RELIEF-D (CETIRIZINE) ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG (cetirizine-pseudoephedrine)	Tier 1	
ALLERGY RELIEF-D (LORATADINE) ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	Tier 1	
ALLERGY-CONGESTION RELIEF-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG (loratadine-pseudoephedrine)	Tier 1	
ALLER-TEC D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG (cetirizine-pseudoephedrine)	Tier 1	
CETIRI-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG (cetirizine-pseudoephedrine)	Tier 1	
<i>cetirizine-pseudoephedrine oral tablet extended release 12 hr 5-120 mg</i>	(All Day Allergy-D)	Tier 1

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	Tier 3	ST: Requires prior prescription for Desloratadine or Levocetirizine Dihydrochloride within the past 120 days; QL (2 EA per 1 day)
LORATA-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	(loratadine-pseudoephedrine) Tier 1	
LORATA-DINE D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	(loratadine-pseudoephedrine) Tier 1	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	Tier 1	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	(loratadine-pseudoephedrine) Tier 1	
WAL-ITIN D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	Tier 1	
WAL-ITIN D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	(loratadine-pseudoephedrine) Tier 1	
WAL-ZYR D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	(cetirizine-pseudoephedrine) Tier 1	
<b>Allergenic Extracts, Therapeutics</b>		
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 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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
PALFORZIA INITIAL DOSE 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 suspension,extended rel 12 hr 4 mg/5 ml	(Karbinal ER)	Tier 1	ST: Requires prior prescription for 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, 50 mg		Tier 1	
hydroxyzine pamoate oral capsule 25 mg	(Vistaril)	Tier 1	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML	(carbinoxamine maleate)	Tier 3	ST: Requires prior prescription for Carbinoxamine Maleate oral solution within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
promethazine injection solution 25 mg/ml, 50 mg/ml	(Phenergan)	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<b>Antihistamines - 2Nd Generation</b>		
24HOUR ALLERGY ORAL TABLET 10 MG (cetirizine)	Tier 1	
ALL DAY ALLERGY (CETIRIZINE) ORAL SOLUTION 1 MG/ML (cetirizine)	Tier 1	
ALL DAY ALLERGY (CETIRIZINE) ORAL TABLET 10 MG (cetirizine)	Tier 1	
ALLERCLEAR ORAL TABLET 10 MG (loratadine)	Tier 1	
ALLER-EASE ORAL TABLET 180 MG (fexofenadine)	Tier 1	
ALLER-FEX ORAL TABLET 180 MG (fexofenadine)	Tier 1	
ALLERGY RELIEF (CETIRIZINE) ORAL SOLUTION 1 MG/ML (cetirizine)	Tier 1	
ALLERGY RELIEF (CETIRIZINE) ORAL TABLET 10 MG, 5 MG (cetirizine)	Tier 1	
ALLERGY RELIEF (FEXOFENADINE) ORAL TABLET 180 MG (fexofenadine)	Tier 1	
ALLERGY RELIEF (LORATADINE) ORAL SOLUTION 5 MG/5 ML (loratadine)	Tier 1	
ALLERGY RELIEF (LORATADINE) ORAL TABLET 10 MG (loratadine)	Tier 1	
ALLER-TEC ORAL TABLET 10 MG (cetirizine)	Tier 1	
<i>cetirizine oral solution 1 mg/ml</i> (All Day Allergy (cetirizine))	Tier 1	
<i>cetirizine oral solution 5 mg/5 ml</i>	Tier 1	
<i>cetirizine oral tablet 10 mg</i> (24Hour Allergy)	Tier 1	
<i>cetirizine oral tablet 5 mg</i> (Allergy Relief (cetirizine))	Tier 1	
<i>cetirizine oral tablet, chewable 5 mg</i> (Children's Cetirizine)	Tier 1	
CHILD ALLERGY RELF(CETIRIZINE) ORAL SOLUTION 1 MG/ML (cetirizine)	Tier 1	
CHILDREN'S ALLERGY RELIEF(LOR) ORAL SOLUTION 5 MG/5 ML (loratadine)	Tier 1	
CHILDREN'S ALLERGY(CETIRIZINE) ORAL SOLUTION 1 MG/ML (cetirizine)	Tier 1	
CHILDREN'S ALLER-TEC ORAL SOLUTION 1 MG/ML (cetirizine)	Tier 1	
CHILDREN'S CETIRIZINE ORAL SOLUTION 1 MG/ML (cetirizine)	Tier 1	
CHILDREN'S CETIRIZINE ORAL TABLET,CHEWABLE 5 MG (cetirizine)	Tier 1	
CHILDREN'S WAL-ZYR ORAL SOLUTION 1 MG/ML (cetirizine)	Tier 1	
CHILD'S ALL DAY ALLERGY(CETIR) ORAL SOLUTION 1 MG/ML (cetirizine)	Tier 1	
<i>desloratadine oral tablet 5 mg</i> (Clarinex)	Tier 1	QL (1 EA per 1 day)

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
fexofenadine oral tablet 180 mg	(Aller-Ease)	Tier 1	
levocetirizine oral tablet 5 mg	(24HR Allergy Relief)	Tier 1	
LORADAMED ORAL TABLET 10 MG	(loratadine)	Tier 1	
loratadine oral solution 5 mg/5 ml	(Allergy Relief (loratadine))	Tier 1	
loratadine oral tablet 10 mg	(Allerclear)	Tier 1	
WAL-FEX ALLERGY ORAL TABLET 180 MG	(fexofenadine)	Tier 1	
WAL-ITIN ORAL SOLUTION 5 MG/5 ML	(loratadine)	Tier 1	
WAL-ITIN ORAL TABLET 10 MG	(loratadine)	Tier 1	
WAL-ZYR (CETIRIZINE) ORAL SOLUTION 1 MG/ML	(cetirizine)	Tier 1	
WAL-ZYR (CETIRIZINE) ORAL TABLET 10 MG	(cetirizine)	Tier 1	
<b>Nasal Antihistamine</b>			
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 %)	(Astupro Allergy)	Tier 1	QL (60 ML per 30 days)
<b>Nasal Antihistamine &amp; Anti-Inflam. Steroid Comb.</b>			
azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray	(Dymista)	Tier 2	ST: Requires prior prescription for Flunisolide (nasal formulation) or Fluticasone Propionate within the past 120 days; QL (23 GM per 30 days)
<b>Nasal Anti-Inflammatory Steroids</b>			
24 HOUR ALLERGY RELIEF NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION	(fluticasone propionate)	Tier 1	QL (16 ML per 30 days)
24 HOUR NASAL ALLERGY NASAL AEROSOL,SPRAY 55 MCG	(triamcinolone acetonide)	Tier 1	
ALLER-CORT NASAL AEROSOL,SPRAY 55 MCG	(triamcinolone acetonide)	Tier 1	
ALLER-FLO NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION	(fluticasone propionate)	Tier 1	QL (16 ML per 30 days)
ALLERGY RELIEF (FLUTICASONE) NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION	(fluticasone propionate)	Tier 1	QL (16 ML per 30 days)
budesonide nasal spray,non-aerosol 32 mcg/actuation		Tier 1	
CLARISPRAY NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION	(fluticasone propionate)	Tier 1	QL (16 ML per 30 days)
fluticasone propionate nasal spray,suspension 50 mcg/actuation	(24 Hour Allergy Relief)	Tier 1	QL (16 GM per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
NASAL ALLERGY NASAL AEROSOL,SPRAY 55 MCG (triamcinolone acetonide)	Tier 1	
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	Tier 2	ST: Requires prior prescription for Flunisolide, Fluticasone Propionate, or Qnasl within the past 120 days; QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 2	ST: Requires prior prescription for Flunisolide, Fluticasone Propionate, or Qnasl Children within the past 120days; QL (10.6 GM per 30 days)
<i>triamcinolone acetonide nasal aerosol,spray 55 mcg</i> (24 Hour Nasal Allergy)	Tier 1	
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	Tier 2	ST: Requires prior prescription for Flunisolide, Fluticasone Propionate, or Mometasone Furoate, Nasonex 24hr Allergy within the past 120 days; QL (32 ML per 30 days)
<b>Antiemesis/Antivertigo</b>		
<b>Antiemetic, Cannabinoid-Type</b>		
dronabinol oral capsule 10 mg, 2.5 mg, 5 (Marinol) mg	Tier 2	ST: Requires prior prescription for a 5HT3 antagonist, corticosteroid, Megestrol suspension, or Emend within the past 120 day; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML	Tier 3	ST: Requires prior prescription for Dronabinol capsules or Megestrol suspension within the past 120 days; QL (60 ML per 30 days)
<b>Antiemetic/Antivertigo Agents</b>		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	Tier 2	QL (1 EA per 28 days)
ANTIVERT ORAL TABLET,CHEWABLE (meclizine) 25 MG	Tier 3	
ANZEMET ORAL TABLET 50 MG	Tier 3	ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (8 EA per 1 FILL)
<i>aprepitant oral capsule 125 mg</i>	Tier 1	QL (1 EA per 21 days)
<i>aprepitant oral capsule 40 mg</i>	Tier 1	QL (1 EA per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	Tier 1	QL (2 EA per 21 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2) (Emend)	Tier 1	QL (3 EA per 21 days)
COMPRO RECTAL SUPPOSITORY 25 MG	Tier 1	
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ML FINAL CONC.)	Tier 2	QL (3 EA per 21 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 (Promethegan)	Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG (promethazine)	Tier 1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	Tier 3	ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (1 EA per 7 days)
scopolamine base transdermal patch 3 day 1 mg over 3 days (Transderm-Scop)	Tier 2	
trimethobenzamide oral capsule 300 mg	Tier 1	
VARUBI ORAL TABLET 90 MG	Tier 3	QL (2 EA per 14 days)
<b>Asthma And Copd</b>		
<b>Anticholinergic, Orally Inhaled Short Acting</b>		
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	
<b>Anticholinergics, Orally Inhaled Long Acting</b>		
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)
<b>Beta-Adrenergic Agents</b>		
albuterol sulfate oral syrup 2 mg/5 ml	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 1		
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 1		
<b>Beta-Adrenergic Agents, Inhaled, Short Acting</b>			
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Ventolin HFA)	Tier 1		
<i>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</i>	Tier 1		
<i>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</i>	Tier 2		
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> (Xopenex HFA)	Tier 1		
<b>Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting</b>			
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)	
<b>Beta-Adrenergic Agents, Orally Inhaled, Long Acting</b>			
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i> (Brovana)	Tier 1	ST: Requires prior prescription for Formoterol Fumarate, Serevent Diskus, or Striverdi Respimat within the past 120 days; QL (120 ML per 30 days)	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	Tier 2	QL (60 EA per 30 days)	
<b>Beta-Adrenergic And Anticholinergic Combinations</b>			
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Tier 2	QL (60 EA per 30 days)	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	Tier 2		
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	Tier 1		
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)	
<b>Beta-Adrenergic And Glucocorticoid Combinations</b>			
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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> (Breyna)	Tier 1	QL (30.9 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (Wixela Inhub)	Tier 1	QL (60 EA 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)
<b>Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled</b>		
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)
<b>Glucocorticoids, Orally Inhaled</b>		
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 2	QL (30 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i> (Pulmicort)	Tier 1	QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i> (Pulmicort)	Tier 1	QL (60 ML per 30 days)
<i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation</i>	Tier 1	QL (60 EA per 30 days)
<i>fluticasone propionate inhalation blister with device 250 mcg/actuation</i>	Tier 1	QL (120 EA per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	Tier 1	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	Tier 1	QL (24 GM per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Tier 1	QL (21.2 GM per 30 days)
<b>Interleukin-4(IL-4) Receptor Alpha Antagonist, Mab</b>		
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
<b>Interleukin-5(IL-5) Receptor Alpha Antagonist, Mab</b>		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	Tier 4	PA; SP
<b>Leukotriene Receptor Antagonists</b>		
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	Tier 1	
<i>montelukast oral tablet 10 mg</i> (Singulair)	Tier 1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	Tier 1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	Tier 2	
<b>Mast Cell Stabilizers</b>		
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	Tier 1	
<b>Mast Cell Stabilizers, Orally Inhaled</b>		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 1	
<b>Monoclonal Antibodies To Immunoglobulin E(Ige)</b>		
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
<b>Phosphodiesterase-4 (Pde4) Inhibitors</b>		
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML	Tier 3	PA
<i>roflumilast oral tablet 250 mcg, 500 mcg</i> (Daliresp)	Tier 1	QL (1 EA per 1 day)
<b>Respiratory Aids, Devices, Equipment</b>		
ACE AEROSOL CLOUD ENHANCER SPACER (inhalational spacing device)	Tier 2	QL (2 EA per 180 days)
AEROBIKA OSCILLATING PEP SYSTM DEVICE	Tier 3	
AEROCHAMBER MECHANICAL VENT SPACER (inhalational spacing device)	Tier 2	QL (2 EA per 180 days)
AEROCHAMBER MINI SPACER (inhalational spacing device)	Tier 2	QL (2 EA per 180 days)

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
AEROCHAMBER MV SPACER	(inhalational spacing device)	Tier 2	QL (2 EA per 180 days)
AEROCHAMBER PLUS FLOW-VU SPACER	(inhalational spacing device)	Tier 2	QL (2 EA per 180 days)
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER		Tier 2	QL (2 EA per 180 days)
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER		Tier 2	QL (2 EA per 180 days)
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER		Tier 2	QL (2 EA per 180 days)
AEROCHAMBER PLUS Z STAT LG MSK SPACER		Tier 2	QL (2 EA per 180 days)
AEROCHAMBER PLUS Z STAT MD MSK SPACER		Tier 2	QL (2 EA per 180 days)
AEROCHAMBER PLUS Z STAT SM MSK SPACER		Tier 2	QL (2 EA per 180 days)
AEROCHAMBER PLUS Z STAT SPACER	(inhalational spacing device)	Tier 2	QL (2 EA per 180 days)
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER	(inhalational spacing device)	Tier 2	QL (2 EA per 180 days)
AEROECLIPSE II NEBULIZER	(nebulizers)	Tier 3	
AEROECLIPSE XL NEBULIZER	(nebulizers)	Tier 3	
AEROGEAR ACTION ASTHMA KIT KIT		Tier 3	
AERONEB GO NEBULIZER	(nebulizers)	Tier 3	
AEROTRACH PLUS SPACER	(inhalational spacing device)	Tier 2	QL (2 EA per 180 days)
AEROVENT PLUS SPACER	(inhalational spacing device)	Tier 2	QL (2 EA per 180 days)
AIRS DISPOSABLE NEBULIZER	(nebulizers)	Tier 3	
ALTERA NEBULIZER HANDSET	(nebulizers)	Tier 3	
ALTERA NEBULIZER SYSTEM	(nebulizers)	Tier 3	
ASTHMAPACK CHILDREN'S KIT		Tier 3	
AURA PORTANEB	(nebulizers)	Tier 3	
BREATHERITE MDI SPACER SPACER	(inhalational spacing device)	Tier 2	QL (2 EA per 180 days)
BREATHERITE SPACER-MASK, NEO. SPACER		Tier 2	QL (2 EA per 180 days)
BREATHERITE SPACER-MASK,ADULT SPACER		Tier 2	QL (2 EA per 180 days)
BREATHERITE SPACER-MASK,CHILD SPACER		Tier 2	QL (2 EA per 180 days)
BREATHERITE SPACER-MASK,INFANT SPACER		Tier 2	QL (2 EA per 180 days)
BREATHERITE SPACER-MASK,S.CHLD SPACER		Tier 2	QL (2 EA per 180 days)
BREATHERITE VALVED MDI CHAMBER SPACER	(inhalational spacing device)	Tier 2	QL (2 EA per 180 days)

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
BREATHERITE VALVED MDI SPACER SPACER	(inhalational spacing device)	Tier 2	QL (2 EA per 180 days)
CLEVER CHOICE CHAMBER-LRG MASK SPACER		Tier 2	QL (2 EA per 180 days)
CLEVER CHOICE CHAMBER-MED MASK SPACER		Tier 2	QL (2 EA per 180 days)
CLEVER CHOICE CHAMBER-SM MASK SPACER		Tier 2	QL (2 EA per 180 days)
CLEVER CHOICE NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
CLEVER CHOICE WHISPER AIRE PED DEVICE	(nebulizer and compressor)	Tier 3	
COMFORTSEAL LARGE MASK DEVICE		Tier 2	QL (2 EA per 180 days)
COMFORTSEAL MEDIUM MASK DEVICE		Tier 2	QL (2 EA per 180 days)
COMFORTSEAL SMALL MASK DEVICE		Tier 2	QL (2 EA per 180 days)
COMPACT SPACE CHAMBER SPACER	(inhalational spacing device)	Tier 2	QL (2 EA per 180 days)
COMPACT SPACE CHAMBER-LRG MASK SPACER		Tier 2	QL (2 EA per 180 days)
COMPACT SPACE CHAMBER-MED MASK SPACER		Tier 2	QL (2 EA per 180 days)
COMPACT SPACE CHAMBER-SM MASK SPACER		Tier 2	QL (2 EA per 180 days)
COMP-AIR NEBULIZER COMPRESSOR DEVICE	(nebulizer and compressor)	Tier 3	
DEVILBISS DISPOSABLE NEBULIZER	(nebulizers)	Tier 3	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE		Tier 3	
DEVILBISS PULMOMATE COMPRESSOR DEVICE		Tier 3	
DEVILBISS PULMONEB LT COMP-NEB DEVICE	(nebulizer and compressor)	Tier 3	
DEVILBISS TRAVELER COMPRESSOR DEVICE	(nebulizer and compressor)	Tier 3	
EASIVENT HOLDING CHAMBER SPACER	(inhalational spacing device)	Tier 2	QL (2 EA per 180 days)
EASIVENT MASK LARGE DEVICE		Tier 2	QL (2 EA per 180 days)
EASIVENT MASK MEDIUM DEVICE		Tier 2	QL (2 EA per 180 days)
EASIVENT MASK SMALL DEVICE		Tier 2	QL (2 EA per 180 days)
EASY NEB COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
EBASE CONTROLLER DEVICE		Tier 3	
FLEXICHAMBER SPACER	(inhalational spacing device)	Tier 2	QL (2 EA per 180 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
FLEXICHAMBER-LG CHILD MASK DEVICE	Tier 2	QL (2 EA per 180 days)
FLEXICHAMBER-SM ADULT MASK DEVICE	Tier 2	QL (2 EA per 180 days)
FLEXICHAMBER-SM CHILD MASK DEVICE	Tier 2	QL (2 EA per 180 days)
HOME NEBULIZER PLUS SIDESTREAM DEVICE	(nebulizer and compressor)	Tier 3
INNOSPIRE DELUXE DEVICE	(nebulizer and compressor)	Tier 3
INNOSPIRE ELEGANCE DEVICE	(nebulizer and compressor)	Tier 3
INNOSPIRE ESSENCE DEVICE	(nebulizer and compressor)	Tier 3
INNOSPIRE GO NEBULIZER	(nebulizers)	Tier 3
INNOSPIRE MINI DEVICE	(nebulizer and compressor)	Tier 3
LC PLUS	(nebulizers)	Tier 3
LC PLUS NEBULIZER-PED MASK	(nebulizers)	Tier 3
LITE TOUCH-MEDIUM MASK DEVICE		Tier 2
LITEAIRE MDI CHAMBER SPACER	(inhalational spacing device)	Tier 2
LITETOUCH-LARGE MASK DEVICE		Tier 2
LITETOUCH-SMALL MASK DEVICE		Tier 2
MC 300 NEBULIZER W-MOUTHPIECE	(nebulizers)	Tier 3
MC 300 NEBULIZER-UNVRSL TUBING	(nebulizers)	Tier 3
MICROAIR MESH NEBULIZER	(nebulizers)	Tier 3
MICROCHAMBER SPACER	(inhalational spacing device)	Tier 2
MICROSPACER SPACER	(inhalational spacing device)	Tier 2
MINI PLUS NEBULIZER	(nebulizers)	Tier 3
MINI WRIGHT PEAK FLOW METER DEVICE	(peak flow meter)	Tier 3
<i>nebulizer and compressor device</i>	(Clever Choice Nebulizer)	Tier 3
OMBRA COMPRESSOR SYSTEM DEVICE	(nebulizer and compressor)	Tier 3
OPTICHAMBER ADULT MASK-LARGE DEVICE		Tier 2
OPTICHAMBER DIAMOND LG MASK SPACER		Tier 2
OPTICHAMBER DIAMOND VHC SPACER	(inhalational spacing device)	Tier 2
OPTICHAMBER DIAMOND-MED MSK SPACER		Tier 2

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
OPTICHAMBER DIAMOND-SML MASK SPACER	Tier 2	QL (2 EA per 180 days)
PARI LC SPRINT NEBULIZER SET (nebulizers)	Tier 3	
PARI LC SPRINT SINUS (nebulizers)	Tier 3	
PARI SINUS AEROSOL SYSTEM DEVICE (nebulizer and compressor)	Tier 3	
PARI TREK S COMBO PACK DEVICE (nebulizer and compressor)	Tier 3	
PARI TREK S COMPACT COMPRESSOR DEVICE (nebulizer and compressor)	Tier 3	
PEDIATRIC BEAR NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
PEDIATRIC COMP-AIR COMPRES NEB DEVICE (nebulizer and compressor)	Tier 3	
PEDIATRIC DINOSAUR NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
PEDIATRIC DOG NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
PEDIATRIC FROG NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
PFLEX INSPIRATORY TRAINER DEVICE	Tier 3	
POCKET CHAMBER SPACER (inhalational spacing device)	Tier 2	QL (2 EA per 180 days)
PORTABLE NEBULIZER SYSTEM DEVICE (nebulizer and compressor)	Tier 3	
PRIMEAIRE SPACER (inhalational spacing device)	Tier 2	QL (2 EA per 180 days)
PROCARE COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
PROCARE PEDIATRIC NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
PROCARE SPACER WITH ADULT MASK SPACER	Tier 2	QL (2 EA per 180 days)
PROCARE SPACER WITH CHILD MASK SPACER	Tier 2	QL (2 EA per 180 days)
PROCHAMBER SPACER (inhalational spacing device)	Tier 2	QL (2 EA per 180 days)
PRODIGY MINI-MIST NEBULIZER (nebulizers)	Tier 3	
PRONEB MAX COMPRESSOR-LC PLUS DEVICE (nebulizer and compressor)	Tier 3	
PRONEB MAX COMPRESSR-LC SPRINT DEVICE (nebulizer and compressor)	Tier 3	
PROVENT NASAL DEVICE	Tier 3	
PROVENT STARTER NASAL DEVICE	Tier 3	
PULMO-AIDE COMPRESSOR DEVICE	Tier 3	
PULMONEB LT COMPRESSOR NEBUL DEVICE (nebulizer and compressor)	Tier 3	

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
PUREAIR MINI NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
QUAKE VIBRATORY PEP DEVICE		Tier 3	
RITEFLO AEROCHAMBER SPACER	(inhalational spacing device)	Tier 2	QL (2 EA per 180 days)
SAMI THE SEAL DEVICE	(nebulizer and compressor)	Tier 3	
SIDESTREAM	(nebulizers)	Tier 3	
SIDESTREAM NEBULIZER	(nebulizers)	Tier 3	
SIDESTREAM PLUS	(nebulizers)	Tier 3	
SILICONE MASK - INFANT DEVICE		Tier 2	QL (2 EA per 180 days)
SINUSTAR NEBULIZER	(nebulizers)	Tier 3	
SMARTNEB COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
SOOTHENEBO COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
SOOTHENEBO MESH NEBULIZER	(nebulizers)	Tier 3	
SPACE CHAMBER SPACER	(inhalational spacing device)	Tier 2	QL (2 EA per 180 days)
SPACE CHAMBER WITH LARGE MASK SPACER		Tier 2	QL (2 EA per 180 days)
SPACE CHAMBER WITH MEDIUM MASK SPACER		Tier 2	QL (2 EA per 180 days)
SPACE CHAMBER WITH SMALL MASK SPACER		Tier 2	QL (2 EA per 180 days)
STRIVE PEAK FLOW METER DEVICE	(peak flow meter)	Tier 3	
SUNRISE COMPRESSOR-NEBULIZER DEVICE		Tier 3	
THRESHOLD IMT TRAINER DEVICE		Tier 3	
THRESHOLD PEP DEVICE DEVICE		Tier 3	
TRUNEB NEBULIZER	(nebulizers)	Tier 3	
TRUZONE PEAK FLOW METER DEVICE	(peak flow meter)	Tier 3	
VIOS AEROSOL DELIVERY SYSTEM DEVICE	(nebulizer and compressor)	Tier 3	
VIXONE NEBULIZER	(nebulizers)	Tier 3	
VIXONE NEBULIZER-ADULT MASK	(nebulizers)	Tier 3	
VIXONE NEBULIZER-PEDIATRIC MSK	(nebulizers)	Tier 3	
VORTEX HOLDING CHAMBER SPACER	(inhalational spacing device)	Tier 2	QL (2 EA per 180 days)
VORTEX VHC FROG MASK-CHILD SPACER		Tier 2	QL (2 EA per 180 days)
VORTEX VHC LADYBUG MASK-TODDLER SPACER		Tier 2	QL (2 EA per 180 days)

Drug	Status	Notes
WILLIS THE WHALE COMPRESSR NEB DEVICE (nebulizer and compressor)	Tier 3	
<b>Thymic Stromal Lymphopoietin (Tslp) Inhibitors</b>		
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	Tier 4	PA; SP
<b>Xanthines</b>		
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	Tier 1	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	Tier 1	
<b>Autonomic Nervous System Disorders</b>		
<b>Alzheimer's Therapy, Nmda Receptor Antagonists</b>		
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg (Namenda XR)	Tier 1	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 XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	Tier 2	ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (28 EA per 28 days)
<b>Alzheimer's Thx,Nmda Recept Antag &amp; Cholines Inhib</b>		
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	Tier 2	ST: At least 2 prior prescriptions for Adlarity, Donepezil HCL, Memantine HCL, or Namenda XR within the past 365 days; QL (28 EA per 28 days)

Drug	Status	Notes
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	Tier 2	ST: At least 2 prior prescriptions for Adlarity, Donepezil HCL, Memantine HCL, or Namenda XR within the past 365 days; QL (1 EA per 1 day)
<b>Cholinesterase Inhibitors</b>		
donepezil oral tablet 10 mg, 23 mg, 5 mg (Aricept)	Tier 1	
donepezil oral tablet,disintegrating 10 mg, 5 mg	Tier 1	
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)
pyridostigmine bromide oral syrup 60 mg/5 ml (Mestinon)	Tier 2	
pyridostigmine bromide oral tablet 60 mg (Mestinon)	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)
<b>Behavioral Health - Antidepressants</b>		
<b>Alpha-2 Receptor Antagonist</b>		
<b>Antidepressants</b>		
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	
<b>Antidepressant - Nmda Receptor Antagonist</b>		
SPRAVATO NASAL SPRAY,NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)	Tier 4	PA; SP
<b>Antidepressant - Postpartum Depression (Ppd)</b>		
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	Tier 2	PA
<b>Maois - Non-Selective &amp; Irreversible</b>		
MARPLAN ORAL TABLET 10 MG	Tier 3	
phenelzine oral tablet 15 mg (Nardil)	Tier 1	
tranylcypromine oral tablet 10 mg (Parnate)	Tier 2	
<b>Monoamine Oxidase(Mao) Inhibitors</b>		

Drug	Status	Notes
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	Tier 3	ST: Requires prior prescription for Marplan, Phenelzine Sulfate, or Tranylcypromine Sulfate within the past 120 days; QL (1 EA per 1 day)
<b>Ndma Receptor Antagonist And Ndri Comb</b>		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	Tier 3	ST: Requires prior prescription for Bupropion, Citalopram, Desvenlafaxine, Duloxetine, Escitalopram, Fluoxetine, Fluvoxamine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine within the past 120 days
<b>Norepinephrine And Dopamine Reuptake Inhib (Ndris)</b>		
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	
<b>Selective Serotonin Reuptake Inhibitor (Ssris)</b>		
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	
fluoxetine oral capsule, delayed release(dr/ec) 90 mg	Tier 2	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	Tier 1	
fluoxetine oral tablet 10 mg, 20 mg	Tier 1	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg (Paxil)	Tier 1	
sertraline oral concentrate 20 mg/ml (Zoloft)	Tier 1	
sertraline oral tablet 100 mg, 25 mg, 50 mg (Zoloft)	Tier 1	
<b>Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 1	
<b>Serotonin-Norepinephrine Reuptake-Inhib (SnrIs)</b>		
<i>desvenlafaxine succinate oral tablet (Pristiq) extended release 24 hr 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	Tier 1	
<i>FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26), 20 MG (2)- 40 MG (5)</i>	Tier 2	QL (1 EA per 1 day)
<i>FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG</i>	Tier 2	QL (1 EA per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	Tier 1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	
<b>Ssri &amp; 5Ht1a Partial Agonist Antidepressant</b>		
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg (Viibryd)</i>	Tier 1	ST: Requires prior prescription for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL within the past 120 days
<b>Ssri &amp; Serotonin Receptor Modulator Antidepressant</b>		
<i>TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG</i>	Tier 2	QL (1 EA per 1 day)
<b>Tricyclic Antidepressant/Benzodiazepine Combinatns</b>		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 1	
<b>Tricyclic Antidepressant/Phenothiazine Combinatns</b>		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 1	
<b>Tricyclic Antidepressants &amp; Rel. Non-Sel. Ru-Inhib</b>		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 1	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg (Anafranil)</i>	Tier 2	
<i>desipramine oral tablet 10 mg, 25 mg (Norpramin)</i>	Tier 2	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	Tier 2	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)</i>	Tier 1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 2	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	
<b>Behavioral Health - Other</b>		
<b>Adrenergics, Aromatic, Non-Catecholamine</b>		
<i>amphetamine sulfate oral tablet 10 mg, 5 mg (Evekeo)</i>	Tier 2	PA
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg (Dexedrine Spansule)</i>	Tier 2	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	Tier 2	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml (ProCentra)</i>	Tier 1	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg (Zenedi)</i>	Tier 1	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg (Zenedi)</i>	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg (Zenedi)</i>	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>dextroamphetamine sulfate oral tablet 20 (Zenzedi) mg, 30 mg</i>	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 5 mg (Zenzedi)</i>	Tier 1	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	QL (2 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	Tier 3	ST: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, Relexxii, or Vyvanse within the past 365 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: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, Relexxii, or Vyvanse within the past 365 days; QL (1 EA per 1 day)
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i> (Vyvanse)	Tier 1	QL (1 EA per 1 day)
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> (Vyvanse)	Tier 1	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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (dextroamphetamine sulfate)	Tier 3	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)
<b>Anti-Alcoholic Preparations</b>		
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	
<b>Anti-Anxiety - Benzodiazepines</b>		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 2	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
alprazolam oral tablet extended release (Xanax XR) 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	Tier 1	
alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 2	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 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	
<b>Anti-Anxiety Drugs</b>		
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	Tier 1	
<b>Anti-Mania Drugs</b>		
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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	
<i>lithium carbonate oral tablet extended release 300 mg (Lithobid)</i>	Tier 1	
<i>lithium carbonate oral tablet extended release 450 mg</i>	Tier 1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 1	
<b>Anti-Narcolepsy &amp; Anti-Cataplexy,Sedative-Type Agt</b>		
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	Tier 4	PA; SP
sodium oxybate oral solution 500 mg/ml (Xyrem)	Tier 4	PA; SP
XYWAV ORAL SOLUTION 0.5 GRAM/ML	Tier 4	PA; SP
<b>Antipsych,Dopamine Antag.,Diphenylbutylpiperidines</b>		
pimozide oral tablet 1 mg, 2 mg	Tier 1	
<b>Antipsychotic-Atypical,D3/D2 Partial Ag-5Ht Mixed</b>		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 2	QL (1 EA per 1 day)
<b>Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed</b>		
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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	ST: At least 2 prior prescriptions for Abilify Asimtufii, Abilify Maintena, Abilify Mycite, Aripiprazole, Citalopram Hydrobromide, Clozapine, Drizalma Sprinkle, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Uzedy, Venlafaxine HCL, Versacloz, or Ziprasidone HCL within the past 365 days
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg (Abilify)</i>	Tier 1	
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	Tier 2	ST: At least 2 prior prescriptions for Abilify Asimtufii, Abilify Maintena, Abilify Mycite, Aripiprazole, Citalopram Hydrobromide, Clozapine, Drizalma Sprinkle, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Uzedy, Venlafaxine HCL, Versacloz, or Ziprasidone HCL within the past 365 days; QL (3 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	Tier 2	ST: At least 2 prior prescriptions for Abilify Asimtufii, Abilify Maintena, Abilify Mycite, Aripiprazole, Citalopram Hydrobromide, Clozapine, Drizalma Sprinkle, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Uzedy, Venlafaxine HCL, Versacloz, or Ziprasidone HCL 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)
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)
<b>Antipsychotics, Dopamine &amp; Serotonin Antagonists</b>		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Tier 4	
<i>loxpiprazole succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
<b>Antipsychotics,Atypical,Dopamine,&amp; Serotonin Antag</b>		
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	QL (2 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 3	ST: Requires prior prescription for Vraylar within the past 120 days; QL (1 EA per 1 day)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Tier 2	QL (3 EA per 1 day)
CLOZARIL ORAL TABLET 200 MG, 50 MG (clozapine)	Tier 3	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	ST: At least 2 prior prescriptions for Aripiprazole, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL 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: At least 2 prior prescriptions for Aripiprazole, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL within the past 365 days; QL (8 EA per 28 days)
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 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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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)
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg (Latuda)	Tier 2	QL (30 EA per 30 days)
lurasidone oral tablet 80 mg (Latuda)	Tier 2	QL (60 EA per 30 days)
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 2	QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 3 mg, 9 mg (Invega)	Tier 2	QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 6 mg (Invega)	Tier 2	QL (2 EA per 1 day)
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRINGE 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	
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml (Risperdal Consta)	Tier 4	QL (1 EA per 14 days)
risperidone microspheres intramuscular suspension,extended rel recon 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml (Rykindo)	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 2	
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)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	Tier 3	ST: At least 2 prior prescriptions for Aripiprazole, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL within the past 365 days; QL (1 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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: At least 2 prior prescriptions for Aripiprazole, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL 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 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)
<b>Antipsychotics,Dopamine Antagonists, Thioxanthenes</b>		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
<b>Antipsychotics,Dopamine Antagonists,Butyrophenones</b>		
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	

Drug	Status	Notes
<b>Antipsychotics,Dopamine Antagonist,Dihydroindolones</b>		
<i>molindone oral tablet 10 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>molindone oral tablet 25 mg</i>	Tier 1	QL (9 EA per 1 day)
<i>molindone oral tablet 5 mg</i>	Tier 1	
<b>Anti-Psychotics,Phenothiazines</b>		
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	Tier 1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Tier 1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 2	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
<b>Barbiturates</b>		
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Tier 1	
<b>Hsdd Agents-Mixed Serotonin Agonist/Antagonists</b>		
<i>ADDYI ORAL TABLET 100 MG</i>	Tier 3	PA
<i>VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML</i>	Tier 3	PA
<b>Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists</b>		
<i>HETLIOZ LQ ORAL SUSPENSION 4 MG/ML</i>	Tier 4	PA; SP
<i>tasimelteon oral capsule 20 mg (Hetlioz)</i>	Tier 4	PA; SP
<b>Narcolepsy And Sleep Disorder Therapy Agents</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg (Nuvigil)</i>	Tier 1	QL (1 EA per 1 day)
<i>armodafinil oral tablet 50 mg (Nuvigil)</i>	Tier 1	QL (3 EA per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg (Provigil)</i>	Tier 1	QL (2 EA per 1 day)
<i>SUNOSI ORAL TABLET 150 MG, 75 MG</i>	Tier 3	PA
<b>Narcolepsy Tx-H3- Recept.Antagonist/Inverse Agonist</b>		

Drug	Status	Notes
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Tier 4	PA; SP
<b>Narcotic Antagonists</b>		
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	
<i>naloxone injection auto-injector 10 mg/0.4 ml</i>	Tier 1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	Tier 1	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation (Narcan)</i>	Tier 1	QL (4 EA per 30 days)
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	Tier 3	
<i>naltrexone oral tablet 50 mg</i>	Tier 1	
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	Tier 3	QL (4 EA per 30 days)
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	Tier 3	QL (2 ML per 30 days)
<b>Sedative-Hypnotics - Benzodiazepines</b>		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 1	
<i>midazolam oral syrup 2 mg/ml</i>	Tier 1	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg (Restoril)</i>	Tier 1	
<i>triazolam oral tablet 0.125 mg</i>	Tier 1	
<i>triazolam oral tablet 0.25 mg (Halcion)</i>	Tier 1	
<b>Sedative-Hypnotics, Non-Barbiturate</b>		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 2	QL (1 EA per 1 day)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg (Lunesta)</i>	Tier 1	QL (1 EA per 1 day)
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG	Tier 1	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral tablet 10 mg, 5 mg (Ambien)</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>Selective Serotonin 5-HT2a Inverse Agonists (Ssia)</b>		
NUPLAZID ORAL CAPSULE 34 MG	Tier 4	PA; SP
NUPLAZID ORAL TABLET 10 MG	Tier 4	PA; SP

Drug	Status	Notes
<b>Ssri &amp;Antipsych,Atyp,Dopamine&amp;Serotonin Antag Comb</b>		
olanzapine-fluoxetine oral capsule 12-25 mg, 6-50 mg	Tier 2	QL (1 EA per 1 day)
olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg (Symbyax)	Tier 2	QL (1 EA per 1 day)
<b>Tx For Adhd - Selective Alpha-2A Receptor Agonist</b>		
clonidine hcl oral tablet extended release 12 hr 0.1 mg	Tier 2	
guanfacine oral tablet extended release (Intuniv ER) 24 hr 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML	Tier 3	ST: Requires prior prescription for Clonidine 0.1mg ER tablets within the past 120 days; QL (4 ML per 1 day); Age (Min 6 Years)
<b>Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy</b>		
dexmethylphenidate oral capsule,er (Focalin XR) biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	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)
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG (methylphenidate hcl)	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl oral capsule, er (Metadate CD) biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral capsule, er (Metadate CD) biphasic 30-70 30 mg	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral capsule,er (Ritalin LA) biphasic 50-50 10 mg, 20 mg, 40 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral capsule,er (Ritalin LA) biphasic 50-50 30 mg	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral capsule,er (Ritalin LA) 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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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 2	QL (90 EA per 30 days)
methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr (Daytrana)	Tier 1	ST: Requires prior prescription for oral Methylphenidate CD, ER OR LA formulation or Methylphenidate suspension/solution within the past 120 days; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	Tier 3	ST: Requires prior prescription for Methylphenidate LA or CD within the past 120 days; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	Tier 3	ST: Requires prior prescription for Methylphenidate LA or CD 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	120mL BOTTLE; ST: Requires prior prescription for Methylphenidate LA or CD 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	150mL BOTTLE; ST: Requires prior prescription for Methylphenidate LA or CD within the past 120 days; QL (300 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	180mL BOTTLE; ST: Requires prior prescription for Methylphenidate LA or CD 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	60mL BOTTLE; ST: Requires prior prescription for Methylphenidate LA or CD within the past 120 days; QL (60 ML per 30 days)
<b>Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type</b>		
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg (Strattera)	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	Tier 3	ST: Requires prior prescription for Atomoxetine HCL, Clonidine HCL, Dexmethylphenidate HCL, Dextroamphetamine/Amphetamine, Guanfacine HCL, or Methylphenidate HCL 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: Requires prior prescription for Atomoxetine HCL, Clonidine HCL, Dexmethylphenidate HCL, Dextroamphetamine/Amphetamine, Guanfacine HCL, or Methylphenidate HCL within the past 120 days; QL (2 EA per 1 day); Age (Min 6 Years)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	Tier 3	ST: Requires prior prescription for Atomoxetine HCL, Clonidine HCL, Dexmethylphenidate HCL, Dextroamphetamine/Amphetamine, Guanfacine HCL, or Methylphenidate HCL within the past 120 days; QL (3 EA per 1 day); Age (Min 6 Years)

#### **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	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG (amiodarone)	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i>	Tier 1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Tier 1	
<i>quinidin sulfate oral tablet 200 mg, 300 mg</i>	Tier 1	
<b>Cardiovascular Disease - Cardiac Stimulant</b>		
<b>Adrenergic Agents,Catecholamines</b>		
<i>epinephrine injection syringe 0.1 mg/ml</i>	Tier 1	
<b>Digitalis Glycosides</b>		
DIGITEK ORAL TABLET 125 MCG (digoxin) (0.125 MG), 250 MCG (0.25 MG)	Tier 1	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	Tier 2	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	Tier 1	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)	Tier 1	PA
LANOXIN ORAL TABLET 125 MCG (digoxin) (0.125 MG), 250 MCG (0.25 MG)	Tier 3	
LANOXIN ORAL TABLET 62.5 MCG (digoxin) (0.0625 MG)	Tier 3	PA
<b>Cardiovascular Disease - Hypertension</b>		
<b>Ace Inhibitor/Calcium Channel Blocker Combination</b>		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)	Tier 1	
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>	Tier 1	
<b>Ace Inhibitor/Thiazide &amp; Thiazide-Like Diuretic</b>		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	Tier 1	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	Tier 1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	Tier 1	

Drug	Status	Notes
<b>Alpha/Beta-Adrenergic Blocking Agents</b>		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg (Coreg)	Tier 1	
labetalol oral tablet 100 mg, 200 mg, 300 mg	Tier 1	
<b>Alpha-Adrenergic Blocking Agents</b>		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	Tier 3	
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	
<b>Angiotensin Receptor Antag./Thiazide Diuretic Comb</b>		
irbesartan-hydrochlorothiazide oral tablet (Avalide) 150-12.5 mg, 300-12.5 mg	Tier 1	
losartan-hydrochlorothiazide oral tablet (Hyzaar) 100-12.5 mg, 100-25 mg, 50-12.5 mg	Tier 1	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar HCT)	Tier 1	
telmisartan-hydrochlorothiazide oral tablet (Micardis HCT) 40-12.5 mg, 80-12.5 mg, 80-25 mg	Tier 1	
valsartan-hydrochlorothiazide oral tablet (Diovan HCT) 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	Tier 1	
<b>Angiotensin Receptor Antgnst &amp; Calc.Channel Blockr</b>		
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	
<b>Antihypertensives, Ace Inhibitors</b>		
benazepril oral tablet 10 mg, 20 mg, 40 mg (Lotensin)	Tier 1	
benazepril oral tablet 5 mg	Tier 1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	Tier 1	
enalapril maleate oral solution 1 mg/ml (Epaned)	Tier 1	ST: Requires prior prescription for Enalapril tablets if 12 years of age or older within the past 120 days; QL (1200 ML per 30 days)
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg (Vasotec)	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg (Zestril)</i>	Tier 1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	
QBRELIS ORAL SOLUTION 1 MG/ML	Tier 3	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)
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg (Accupril)</i>	Tier 1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg (Altace)</i>	Tier 1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
<b>Antihypertensives, Angiotensin Receptor Antagonist</b>		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg (Atacand)</i>	Tier 1	
<i>eprosartan oral tablet 600 mg</i>	Tier 1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg (Avapro)</i>	Tier 1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg (Cozaar)</i>	Tier 1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg (Benicar)</i>	Tier 1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg (Micardis)</i>	Tier 1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg (Diovan)</i>	Tier 1	
<b>Antihypertensives, Miscellaneous</b>		
<i>metyrosine oral capsule 250 mg (Demser)</i>	Tier 1	
<b>Antihypertensives, Sympatholytic</b>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr (Catapres-TTS-1)</i>	Tier 1	
<i>clonidine transdermal patch weekly 0.2 mg/24 hr (Catapres-TTS-2)</i>	Tier 1	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr (Catapres-TTS-3)</i>	Tier 1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	Tier 1	

Drug	Status	Notes
<b>Antihypertensives, Vasodilators</b>		
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	
minoxidil oral tablet 10 mg, 2.5 mg	Tier 1	
<b>Antihypertensives, Endothelin Receptor Antagonists</b>		
TRYVIO ORAL TABLET 12.5 MG	Tier 4	PA; SP
<b>Beta-Adrenergic Blocking Agents</b>		
acebutolol oral capsule 200 mg, 400 mg	Tier 1	
atenolol oral tablet 100 mg, 25 mg, 50 mg (Tenormin)	Tier 1	
betaxolol oral tablet 10 mg, 20 mg	Tier 1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	Tier 1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Tier 3	ST: Requires prior prescription for Propranolol oral solution within the past 120 days if 1 year of age and older; QL (360 ML per 30 days)
KAPSPARGO SPRINKLE ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 200 MG, 25 MG, 50 MG	Tier 3	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg (Toprol XL)	Tier 1	
metoprolol tartrate oral tablet 100 mg, 50 mg (Lopressor)	Tier 1	
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg	Tier 1	
nadolol oral tablet 20 mg, 40 mg, 80 mg (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	
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	

Drug	Status	Notes
SOTYLIZE ORAL SOLUTION 5 MG/ML	Tier 3	QL: 8 BOTTLES IN 30 DAYS; ST: Requires prior prescription for Sotalol HCL within the past 120 days
<b>Beta-Adrenergic Blocking Agents/Thiazide &amp; Related</b>		
atenolol-chlorthalidone oral tablet 100-25 (Tenoretic 100) mg	Tier 1	
atenolol-chlorthalidone oral tablet 50-25 (Tenoretic 50) mg	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	
<b>Calcium Channel Blocking Agents</b>		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg (Norvasc)	Tier 1	
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 (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 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) (Cardizem)	Tier 1	
diltiazem hcl oral tablet 90 mg	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	
levamlodipine oral tablet 2.5 mg, 5 mg (Conjupri)	Tier 1	PA
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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>nimodipine oral solution 60 mg/20 ml</i>	Tier 4	PA; SP
<i>nisoldipine oral tablet extended release (Sular) 24 hr 17 mg, 34 mg, 8.5 mg</i>	Tier 2	
<i>nisoldipine oral tablet extended release 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg</i>	Tier 2	
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
TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl)	Tier 1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	Tier 1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 1	
<b>Loop Diuretics</b>		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML	Tier 4	SP
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg (Lasix)</i>	Tier 1	
<i>torsemide oral tablet 10 mg, 100 mg, 5 mg</i>	Tier 1	
<i>torsemide oral tablet 20 mg (Soaanz)</i>	Tier 1	
<b>Potassium Sparing Diuretics</b>		
<i>amiloride oral tablet 5 mg</i>	Tier 1	
<i>eplerenone oral tablet 25 mg, 50 mg (Inspira)</i>	Tier 1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	Tier 1	
<b>Potassium Sparing Diuretics In Combination</b>		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	
<i>spironolactone-hydrochlorothiazide oral tablet 25-25 mg</i>	Tier 1	
<i>triamterene-hydrochlorothiazide oral capsule 37.5-25 mg</i>	Tier 1	
<i>triamterene-hydrochlorothiazide oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 1	
<b>Pulm Anti-Htn,Soluble Guanylate Cyclase Stimulator</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 4	PA; SP
<b>Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib</b>		
ALYQ ORAL TABLET 20 MG (tadalafil (pulm. hypertension))	Tier 4	PA; SP
LIQREV ORAL SUSPENSION 10 MG/ML	Tier 4	PA; SP
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	Tier 1	PA
<i>sildenafil (pulm.hypertension) oral tablet 20 mg (Revatio)</i>	Tier 1	PA
<i>tadalafil (pulm. hypertension) oral tablet 20 mg (Alyq)</i>	Tier 4	PA; SP
<b>Pulmonary Anti-Htn, Endothelin Receptor Antagonist</b>		
<i>ambrisentan oral tablet 10 mg, 5 mg (Letairis)</i>	Tier 4	PA; SP
<i>bosentan oral tablet 125 mg, 62.5 mg (Tracleer)</i>	Tier 4	PA; SP
OPSUMIT ORAL TABLET 10 MG	Tier 4	PA; SP
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	Tier 4	PA; SP
<b>Pulmonary Antihyper Agent, Actriia-Fc</b>		
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	Tier 4	PA; SP
<b>Pulmonary Antihypertensives, Prostacyclin-Type</b>		
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
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16 MCG (112)- 32 MCG (84), 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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
<b>Renin Inhibitor, Direct</b>		
aliskiren oral tablet 150 mg, 300 mg (Tekturna)	Tier 1	
<b>Thiazide And Related Diuretics</b>		
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	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
<b>Vasodilators, Combination</b>		
isosorbide-hydralazine oral tablet 20-37.5 mg (BiDil)	Tier 2	
<b>Cardiovascular Disease - Lipid Irregularity</b>		
<b>Antihyperlip.Hmg Coa Reduct Inhib&amp;Cholest.Ab.Inhib</b>		
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)
<b>Antihyperlipidemic - Atp Citrate Lyase Inhibitor</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
NEXLETOL ORAL TABLET 180 MG	Tier 2	ST: Requires prior prescription for Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin within the past 120 days
<b>Antihyperlipidemic - Hmg Coa Reductase Inhibitors</b>		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	Tier 3	ST: At least 2 prior prescriptions for Altoprev, Atorvaliq, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, 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
<i>atorvastatin oral tablet 10 mg, 20 mg</i> (Lipitor)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>atorvastatin oral tablet 40 mg, 80 mg</i> (Lipitor)	Tier 1	QL (1 EA per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	Tier 3	ST: Requires prior prescription for generic Rosuvastatin Calcium 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
<i>fluvastatin oral capsule 20 mg</i>	\$0	ST: At least 2 prior prescriptions for Altoprev, Atorvaliq, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, 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)

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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>rosuvastatin oral tablet 10 mg, 5 mg</i> (Crestor)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 20 mg, 40 mg</i> (Crestor)	Tier 1	QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin oral tablet 5 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin oral tablet 80 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
<b>Antihyperlipidemic - Mtp Inhibitor</b>		
JUXTAPIID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	Tier 4	PA; SP
<b>Antihyperlipidemic - Pcsk9 Inhibitors</b>		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	Tier 2	ST: Requires prior prescription for Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin within the past 120 days
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	Tier 2	ST: Requires prior prescription for Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin within the past 120 days

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	Tier 2	ST: Requires prior prescription for Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin within the past 120 days
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Tier 2	ST: Requires prior prescription for Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin within the past 120 days
<b>Antihyperlipidemic-Acyl And Choles Absorp Inhib</b>		
NEXLIZET ORAL TABLET 180-10 MG	Tier 2	ST: Requires prior prescription for Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin within the past 120 days
<b>Bile Salt Sequestrants</b>		
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 (cholestyramine-aspartame)	Tier 1	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM (cholestyramine-aspartame)	Tier 1	
cholestyramine-aspartame oral powder in packet 4 gram (Cholestyramine Light)	Tier 1	
colesevelam oral tablet 625 mg (WelChol)	Tier 1	
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 (cholestyramine-aspartame)	Tier 1	
PREVALITE ORAL POWDER IN PACKET 4 GRAM (cholestyramine-aspartame)	Tier 1	
<b>Lipotropics</b>		
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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	Tier 1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	Tier 1	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i> (Trilipix)	Tier 1	
<i>fenofibric acid oral tablet 105 mg</i> (Fibrilcor)	Tier 1	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	Tier 1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg</i>	Tier 1	
<i>niacin oral tablet extended release 24 hr 750 mg</i>	Tier 2	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	Tier 1	ST: Requires prior prescription for generic Fenofibrate within the past 120 days; QL (4 EA per 1 day)
<b>VASCEPA ORAL CAPSULE 0.5 GRAM (icosapent ethyl)</b>	Tier 1	QL (8 EA per 1 day)
<b>VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl)</b>	Tier 1	QL (4 EA per 1 day)
<b>Niacin Preparations</b>		
<i>niacin oral tablet 500 mg</i> (Niacor)	Tier 1	
<b>Cardiovascular Disease - Miscellaneous Agents</b>		
<b>Adrenergic Vasopressor Agents</b>		
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)	Tier 4	PA; SP
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<b>Angiotensin Recept-Neprilysin Inhibitor Comb(Arni)</b>		
<b>ENTRESTO ORAL TABLET 24-26 MG</b>	Tier 2	QL (6 EA per 1 day)
<b>ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG</b>	Tier 2	QL (2 EA per 1 day)
<b>ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG</b>	Tier 2	QL (8 EA per 1 day)
<b>Antianginal &amp; Anti-Ischemic Agents,Non-Hemodynamic</b>		
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	Tier 1	QL (120 EA per 30 days)
<b>Antianginal, Heart Rate Reducing, I(F) Inhibitor</b>		
<b>CORLANOR ORAL SOLUTION 5 MG/5 ML</b>	Tier 2	QL (20 ML per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ivabradine oral tablet 5 mg, 7.5 mg (Corlanor)	Tier 1	ST: Requires prior prescription for Bisoprolol Fumarate, Carvedilol, or Metoprolol Succinate within the past 120 days; QL (2 EA per 1 day)
<b>Cardiac Myosin Inhibitor</b>		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Tier 4	PA; SP
<b>Protein Stabilizers</b>		
VYNDAMAX ORAL CAPSULE 61 MG	Tier 4	PA; SP
VYNDAQEL ORAL CAPSULE 20 MG	Tier 4	PA; SP
<b>Soluble Guanylate Cyclase (Sgc) Stimulator</b>		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 3	PA
<b>Cardiovascular Disease - Vasodilation</b>		
<b>Vasodilators, Coronary</b>		
amyl nitrite inhalation solution 0.3 ml	Tier 1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg	Tier 1	
isosorbide dinitrate oral tablet 5 mg (Isordil Titradoser)	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 %	Tier 2	
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	Tier 1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	Tier 1	
nitroglycerin translingual spray, non-aerosol 400 mcg/spray	Tier 2	
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY	Tier 3	
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG	Tier 1	
<b>Vasodilators, Peripheral</b>		
ergoloid oral tablet 1 mg	Tier 1	
papaverine injection solution 30 mg/ml	Tier 1	
<b>Contraception/Oxytocics</b>		

Drug	Status	Notes
<b>Contraceptives, Intravaginal, Systemic</b>		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	\$0	
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	
<i>etonogestrel-ethinyl estradiol vaginal ring (EluRyng) 0.12-0.015 mg/24 hr</i>	\$0	
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)	\$0	
<b>Contraceptives, Injectable</b>		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	\$0	\$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (0.65 ML per 84 days)
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	\$0	\$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	\$0	\$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
<b>Contraceptives, Intravaginal</b>		
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	
<b>Contraceptives, Oral</b>		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
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 1.34 IN 1 DAY
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethin estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (l norgest/e.estriadiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
AMETHYST (28) ORAL TABLET 90-20 MCG (28) (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
APRI ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG		\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estriadiol- e.estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
AUBRA EQ ORAL TABLET 0.1-20 MG- MCG	(levonorgestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AUBRA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AUROVELA 1/20 (21) ORAL TABLET 1- 20 MG-MCG	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estriadiol- iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estriadiol- iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estriadiol- iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AVIANE ORAL TABLET 0.1-20 MG- MCG	(levonorgestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AYUNA ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AZURETTE (28) ORAL TABLET 0.15- 0.02 MGX21 /0.01 MG X 5	(desog- e.estriadiol/e.estriadiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG		\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estriadiol- iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estriadiol- iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estriadiol- iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
BRIELLYN ORAL TABLET 0.4-35 MG- MCG		\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CAMILA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estriadiol- e.estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estriadiol- e.estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
CAZIANT (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estriadiol- iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

Drug		Status	Notes
CHATEAL (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CRYSELLE (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CYRED EQ ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CYRED ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
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 1.34 IN 1 DAY; QL (91 EA per 84 days)
DEBLITANE ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Azurette (28))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
DOLISHALE ORAL TABLET 90-20 MCG (28)	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)	(Beyaz)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)	(Tydemy)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	(Jasmiel (28))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	(Ocella)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
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 1.34 IN 1 DAY
ELLA ORAL TABLET 30 MG		\$0	
EMZAHH ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ENSKYCE ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ERRIN ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	(Kelnor 1/35 (28))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Kelnor 1/50 (28))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
FEMLYV ORAL TABLET,DISINTEGRATING 1 MG- 20 MCG		\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
FINZALA ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
GEMMILY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
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 1.34 IN 1 DAY
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HAILEY ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HEATHER ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
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 1.34 IN 1 DAY; QL (91 EA per 84 days)
INCASSIA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ISIBLOOM ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JAIMESS 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 1.34 IN 1 DAY; QL (91 EA per 84 days)
JASMIEL (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JENCYCLA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; 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 1.34 IN 1 DAY; QL (28 EA per 28 days)
JULEBER ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
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 1.34 IN 1 DAY
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estriadiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estriadiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estriadiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG- 25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KALLIGA ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estriadiol/e.estriadiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KELNOR 1/50 (28) ORAL TABLET 1-50 MG-MCG	(ethynodiol diac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KURVELO (28) ORAL TABLET 0.15- 0.03 MG	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>I norgest/e.estriadiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(Camrese Lo)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
<i>I norgest/e.estriadiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	(Rivelsa)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>I norgest/e.estriadiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(Amethia)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; 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 1.34 IN 1 DAY
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estriadiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estriadiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estriadiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG- 25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG		\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LESSINA ORAL TABLET 0.1-20 MG- MCG	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>levonorgest-eth.estriadiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	(Joyeaux)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (28 EA per 28 days)

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
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 1.34 IN 1 DAY
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	(Altavera (28))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)	(Amethyst (28))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(Iclevia)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; 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 1.34 IN 1 DAY
LEVORA-28 ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)		\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
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 1.34 IN 1 DAY; QL (91 EA per 84 days)
LORYNA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LYLEQ ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LYZA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MERZEE ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MICROGESTIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
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 1.34 IN 1 DAY
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
MILI ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
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: Requires prior prescription for two generic contraceptives within the past 365 days; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NEW DAY ORAL TABLET 1.5 MG	(levonorgestrel)	\$0	
NEXTSTELLIS ORAL TABLET 3 MG-14.2 MG (28)		\$0	ST: Requires prior prescription for two generic contraceptives within the past 365 days; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (1 EA per 1 day)
NIKKI (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORA-BE ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	(Wymzya Fe)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	(Kaitlib Fe)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	(Camila)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	(Aurovela 1.5/30 (21))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	(Aurovela 1/20 (21))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(Gemmily)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1-20 (28))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1.5/30 (28))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(Tilia Fe)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	(Charlotte 24 Fe)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(Tri-Lo-Estarrylla)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
norgestimate-ethinyl estradiol oral tablet (Tri-Estarrylla) 0.18/0.215/0.25 mg-35 mcg (28)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
norgestimate-ethinyl estradiol oral tablet (Estarrylla) 0.25-35 mg-mcg	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG (28) (norethindrone-ethin estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG (28) (norethindrone-ethin estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NYMYO ORAL TABLET 0.25-35 MG-MCG (norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
OCELLA ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
OPCICON ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	\$0	
OPILL ORAL TABLET 0.075 MG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
OPTION-2 ORAL TABLET 1.5 MG (levonorgestrel)	\$0	
PHILITH ORAL TABLET 0.4-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog-e.estradiol/e.estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
PORTIA 28 ORAL TABLET 0.15-0.03 MG (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG (I norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
SHAROBEL ORAL TABLET 0.35 MG (norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog-e.estradiol/e.estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (I norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
SLYND ORAL TABLET 4 MG (28)		\$0	ST: Requires prior prescription for a generic Norethindrone 0.35mg tablets within the past 120 days; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (28 EA per 28 days)
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
SRONYX ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
SYEDA ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
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 1.34 IN 1 DAY
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
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 1.34 IN 1 DAY
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TULANA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG		\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	(drospirenone-e.estradiol-lm.fa)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VESTURA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VIENVA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG		\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
WERA (28) ORAL TABLET 0.5-35 MG-MCG		\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	(noreth-ethinyl estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ZARAH ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<b>Contraceptives,Transdermal</b>			
norelgestromin-ethin.estradio/transdermal patch weekly 150-35 mcg/24 hr	(Xulane)	\$0	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR		\$0	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradio)	\$0	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradio)	\$0	
<b>Diaphragms/Cervical Cap</b>			
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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
<b>Oxytocics</b>		
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	Tier 3	
<i>methylergonovine oral tablet 0.2 mg</i>	Tier 1	QL (28 EA per 30 days)
PREPIDIL VAGINAL GEL 0.5 MG/3 G	Tier 3	
<b>Cough And Cold</b>		
<b>1St Gen Antihistamine &amp; Decongestant Combinations</b>		
PROMETHAZINE VC ORAL SYRUP 6.25-5 MG/5 ML	(promethazine-phenylephrine)	Tier 1
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	(Promethazine VC)	Tier 1
<b>1St Gen Antihist-Decongest-Anticholinergic Comb</b>		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	Tier 1	
<b>Antitussives,Non-Narcotic</b>		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	Tier 1	
<b>Narcotic Antituss-1St Gen. Antihistamine-Decongest</b>		
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML	Tier 3	Age (Min 12 Years)
MAR-COF BP ORAL LIQUID 2-30-7.5 MG/5 ML	Tier 1	Age (Min 12 Years)
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML	Tier 3	Age (Min 12 Years)
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	Tier 3	Age (Min 12 Years)
RYDEX ORAL LIQUID 1.3-10-6.3 MG/5 ML	Tier 1	Age (Min 12 Years)

Drug	Status	Notes	
<b>Narcotic Antituss-Decongestant-Expectorant Comb</b>			
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML	Tier 3	Age (Min 12 Years)	
GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML	Tier 1	Age (Min 12 Years)	
<b>Narcotic Antitussive-1St Generation Antihistamine</b>			
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: Requires prior prescription for Promethazine HCL/codeine within the past 120 days; QL (2 EA per 1 day); Age (Min 18 Years)	
<b>Narcotic Antitussive-Anticholinergic Comb.</b>			
HYCODAN (WITH HOMATROPINE) ORAL SYRUP 5-1.5 MG/5 ML	(hydrocodone-homatropine)	Tier 3	QL (30 ML per 1 day); Age (Min 18 Years)
HYCODAN ORAL SYRUP 5-1.5 MG/5 ML (5 ML)	(hydrocodone-homatropine)	Tier 3	QL (30 ML per 1 day); Age (Min 18 Years)
hydrocodone-homatropine oral syrup 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 SYRUP 5-1.5 MG/5 ML	(hydrocodone-homatropine)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
<b>Narcotic Antitussive-Expectorant Combination</b>			
codeine-guaifenesin oral liquid 10-100 mg/5 ml	(G Tussin AC)	Tier 1	Age (Min 12 Years)
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML	(codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML	(codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML	(codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML		Tier 1	Age (Min 12 Years)
MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML	(codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML		Tier 1	Age (Min 12 Years)
<b>Non-Narc Antituss-1St Gen. Antihistamine-Decongest</b>			

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
<b>Non-Narc Antitussive-1St Gen Antihistamine Comb.</b>		
promethazine-dm oral syrup 6.25-15 mg/5 ml	Tier 1	
<b>Nose Preparations, Vasoconstrictors (Rx)</b>		
epinephrine hcl nasal solution 1 mg/ml (Adrenalin)	Tier 1	
<b>Dermatology - Acne</b>		
<b>Acne Agents, Systemic</b>		
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	
<b>Acne Agents, Topical</b>		
ACIOXIAY TOPICAL CREAM 15-4 % (azelaic acid-niacinamide)	Tier 3	
ADAINZOXIA TOPICAL GEL 0.3-2.5-4 % (adapalene-benzoyl perox-niacin)	Tier 3	
ADEINZDE TOPICAL GEL 0.1-2.5-1 %	Tier 3	
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	
dapsone topical gel 5 % (Aczone)	Tier 2	

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
dapsone topical gel with pump 7.5 %	(Aczone)	Tier 2	ST: Requires prior prescription for Adapalene, Adapalene/Benzoyl Peroxide, Clindamycin Phosphate/Benzoyl Peroxide, Clindamycin Phosphate, Erythromycin Base In Ethanol, Erythromycin/Benzoyl Peroxide, Sulfacetamide Sodium/Sulfur/Urea, Sulfacetamide Sodium, Sulfacetamide Sodium/Sulfur, or Tretinoin within the past 120 days
DEOXIA TOPICAL GEL 1-4 %	(clindamycin-niacinamide)	Tier 3	
DEOXIA TOPICAL LOTION 1-4 %	(clindamycin-niacinamide)	Tier 3	
DEOXIADEM TAR TOPICAL GEL 0.025-1-2-4 %	(tretinoin-clinda-spiro-niacin)	Tier 3	
DEOXIATAR TOPICAL SOLUTION 0.025-1-4 %		Tier 3	
DEOXIAVAR TOPICAL CREAM 0.05-1-4 %		Tier 3	
DIADIMAXIA TOPICAL CREAM 6-5-2 %		Tier 3	
DIADIMAXIA TOPICAL GEL 6-5-2 %	(dapsone-spiro-lactone-niacin)	Tier 3	
DIAOXIA TOPICAL CREAM 6-4 %		Tier 3	
DIAOXIA TOPICAL GEL 6-4 %	(dapsone-niacinamide)	Tier 3	
DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 %		Tier 3	
DIASAXIATAR TOPICAL GEL 0.025-8.5-2 %		Tier 3	
DIASDIMAXIA TOPICAL CREAM 8.5-5-2 %		Tier 3	
DIASDIMAXIA TOPICAL GEL 8.5-5-2 %	(dapsone-spiro-lactone-niacin)	Tier 3	
DIASOXIA TOPICAL CREAM 8.5-4 %		Tier 3	
DIASOXIA TOPICAL GEL 8.5-4 %	(dapsone-niacinamide)	Tier 3	
DIMOXIA TOPICAL GEL 5-4 %	(spirolactone-niacinamide)	Tier 3	
DRAZACE TOPICAL SUSPENSION 2-8 %	(salicylic acid-sulfacetamide)	Tier 3	
DRAZACEY TOPICAL SUSPENSION 2-8 %	(salicylic acid-sulfacetamide)	Tier 3	
DRIXECE TOPICAL SUSPENSION 5-10 %	(salicylic acid-sulfacetamide)	Tier 3	
IDYXXIATAR TOPICAL GEL 0.025-5 %		Tier 3	

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
INZDEAXIATAR TOPICAL GEL 0.025-2.5-1-2 %	(tretinoin-benzoyl-clindaniac)	Tier 3	
INZDEAXIAVAR TOPICAL GEL 0.05-2.5-1-2 %		Tier 3	
INZDEOXIA TOPICAL GEL 2.5-1-4 %	(benzoyl per-clindamycin-niacin)	Tier 3	
LOUNZDOMDIOXIATAR TOPICAL GEL 0.05-10-2-4-4 %		Tier 3	
NEUAC TOPICAL GEL 1.2 %(1 % BASE) -5 %	(clindamycin-benzoyl peroxide)	Tier 1	
ONEXTON TOPICAL GEL 1.2 %(1 % BASE) -3.75 %		Tier 3	
ONZDEAXIAADEMTAR TOPICAL GEL 0.025-5-1-2-2 %		Tier 3	
ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 %		Tier 3	
ONZDEAXIATAR TOPICAL GEL 0.025-5-1-2 %	(tretinoin-benzoyl-clindaniac)	Tier 3	
ONZDEAXIAVAR TOPICAL GEL 0.05-5-1-2 %	(tretinoin-benzoyl-clindaniac)	Tier 3	
ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 %		Tier 3	
ONZDEOXIA TOPICAL GEL 5-1-4 %	(benzoyl per-clindamycin-niacin)	Tier 3	
OXIATAR TOPICAL CREAM 0.025-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 3	
OXIavar TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Tier 3	
OXIavarRY TOPICAL CREAM 0.05-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 3	
OXIavarY TOPICAL CREAM 0.1-4 %		Tier 3	
OXIAZAR TOPICAL CREAM 0.1-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 3	
SAROXIA TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Tier 3	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	(Klaron)	Tier 1	
TARDEOXIA TOPICAL CREAM 0.025-1-4 %	(tretinoin-clindamycin-niacin)	Tier 3	
TARDIMAXIA TOPICAL GEL 0.025-5-2 %	(tretinoin-spirostanolact-niacin)	Tier 3	
TAROXIA TOPICAL CREAM 0.025-4 %	(tretinoin-niacinamide)	Tier 3	
TAROXIA TOPICAL GEL 0.025-4 %	(tretinoin-niacinamide)	Tier 3	
UNZDOMDIOXIAZAR TOPICAL GEL 0.1-10-2-4-4 %		Tier 3	
VARDIMAXIA TOPICAL GEL 0.05-5-2 %	(tretinoin-spirostanolact-niacin)	Tier 3	
VAROXIA TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Tier 3	
VAROXIA TOPICAL GEL 0.05-4 %	(tretinoin-niacinamide)	Tier 3	

Drug	Status	Notes
<b>Keratolytic-Glucocorticoid Combinations</b>		
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	Tier 2	
<b>Rosacea Agents, Topical</b>		
AVEIDA TOPICAL GEL 1-1 %	Tier 3	
AVEIDAOXIA TOPICAL GEL 1-1-4 % (ivermectin-metronidazole-niacin)	Tier 3	
<i>azelaic acid topical gel 15 %</i>	Tier 2	
<i>brimonidine topical gel with pump 0.33 % (Mirvaso)</i>	Tier 2	
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	
<i>ivermectin topical cream 1 % (Soolantra)</i>	Tier 2	ST: Requires prior prescription for Finacea gel or foam within the past 120 days
<i>metronidazole topical cream 0.75 % (Rosadan)</i>	Tier 1	
<i>metronidazole topical gel 0.75 % (Rosadan)</i>	Tier 1	
<i>metronidazole topical gel 1 % (Metrogel)</i>	Tier 2	
<i>metronidazole topical gel with pump 1 %</i>	Tier 2	
<i>metronidazole topical lotion 0.75 % (MetroLotion)</i>	Tier 2	
ROSADAN TOPICAL CREAM 0.75 % (metronidazole)	Tier 1	
<b>Topical Antiandrogenic Agents</b>		
WINLEVI TOPICAL CREAM 1 %	Tier 3	PA
<b>Topical Preparations, Antibacterials</b>		
BASADROX TOPICAL GEL IN PACKET	Tier 3	
CORTI-SAV TOPICAL CREAM 1-1 % (hydrocortisone-iodoquinol)	Tier 3	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 %	Tier 3	
<i>hydrocortisone-iodoquinol topical cream 1-1 % (Corti-Sav)</i>	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	
SILVASORB TOPICAL GEL, EXTENDED RELEASE	Tier 1	
<i>silver nitrate topical solution 0.5 %, 25 %, 50 %</i>	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
STRONG IODINE TOPICAL SOLUTION (iodine-potassium iodide) 5-10 %	Tier 1	
<b>Vitamin A Derivatives</b>		
adapalene topical gel 0.3 %	Tier 1	
adapalene topical lotion 0.1 % (Differin)	Tier 2	Age (Max 39 Years)
ALTRENO TOPICAL LOTION 0.05 %	Tier 3	
AVITA TOPICAL CREAM 0.025 % (tretinoin)	Tier 1	
AVITA TOPICAL GEL 0.025 % (tretinoin)	Tier 1	
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	
<b>Vitamin A Derivatives, Topical Acne Agents</b>		
ETHOXIA TOPICAL CREAM 0.05-4 % (tazarotene-niacinamide)	Tier 3	
ITHOXIA TOPICAL CREAM 0.1-4 % (tazarotene-niacinamide)	Tier 3	
<b>Dermatology - Antiinfective</b>		
<b>Topical Antibiotics</b>		
CENTANY AT TOPICAL OINTMENT KIT 2 %	Tier 3	
clindamycin phosphate topical gel 1 %	Tier 1	
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	
erythromycin with ethanol topical solution 2 %	Tier 1	QL (180 ML per 1 FILL)
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 2	QL (90 GM per 1 FILL)
mupirocin topical ointment 2 % (Centany)	Tier 1	QL (90 GM per 1 FILL)
NANRAN TOPICAL OINTMENT 2-2 % (mupirocin-lidocaine)	Tier 3	
XEPI TOPICAL CREAM 1 %	Tier 3	ST: Requires prior prescription for Mupirocin ointment within the past 120 days
<b>Topical Antifungal/Antiinflammatory,Steriod Agent</b>		
clotrimazole-betamethasone topical cream 1-0.05 %	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
HAXCHLO TOPICAL SHAMPOO 0.77-0.05 % (ciclopirox-clobetasol)	Tier 3	
HAXCHLODREX TOPICAL SHAMPOO 0.77-0.05-3 % (ciclopirox-clobetasol-salicyl)	Tier 3	
<b>Topical Antifungal-Antibiotic-Anti-Inflamm Steroid</b>		
PHEODOYO TOPICAL CREAM 2-1-2.5 % (ketoconazole-iodoquinol-hc)	Tier 3	
<b>Topical Antifungals</b>		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	Tier 3	
<i>ciclopirox topical cream 0.77 %</i> (Cyclodan)	Tier 1	QL (180 GM per 1 FILL)
<i>ciclopirox topical shampoo 1 %</i>	Tier 2	
<i>ciclopirox topical solution 8 %</i> (Cyclodan)	Tier 1	QL (19.8 ML per 1 FILL)
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	Tier 1	
<i>clotrimazole topical solution 1 %</i>	Tier 1	
DIFMETIOXRIME TOPICAL SOLUTION 4-2-1-4 % (flucona-ibuprof-itracon-terbin)	Tier 3	
<i>econazole topical cream 1 %</i>	Tier 1	QL (170 GM per 1 FILL)
ECOZA TOPICAL FOAM 1 %	Tier 3	
EXODERM TOPICAL LOTION 25-1 %	Tier 1	
HAXDRAX TOPICAL SHAMPOO 0.77-2 % (ciclopirox-salicylic acid)	Tier 3	
HEXIOUNYL TOPICAL LOTION 3-5-20 %	Tier 3	
HIXDEFRIMA TOPICAL SOLUTION 8-1-1 %	Tier 3	
IMIOXIA TOPICAL CREAM 1-4 % (econazole-niacinamide)	Tier 3	
<i>ketoconazole topical cream 2 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>ketoconazole topical shampoo 2 %</i>	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	
MENTAX TOPICAL CREAM 1 % (butenafine)	Tier 3	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	Tier 1	
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 1	QL (90 GM per 1 FILL)
<i>nystatin topical powder 100,000 unit/gram</i> (Klayesta)	Tier 1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 1	QL (180 GM per 1 FILL)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	Tier 1	
<i>oxiconazole topical cream 1 %</i>	Tier 2	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 %	Tier 3	
PHEDRAX TOPICAL SHAMPOO 2-2 %	Tier 3	
PHEOXIA TOPICAL CREAM 2-4 % (ketoconazole-niacinamide)	Tier 3	
<i>tavaborole topical solution with applicator 5 %</i> (Kerydin)	Tier 1	PA
<b>Topical Antiparasitics</b>		
<i>malathion topical lotion 0.5 %</i> (Ovide)	Tier 2	
<i>permethrin topical cream 5 %</i> (Elimite)	Tier 1	
<i>spinosad topical suspension 0.9 %</i> (Natroba)	Tier 2	
ULESFIA TOPICAL LOTION 5 %	Tier 3	
<b>Topical Antivirals</b>		
<i>acyclovir topical ointment 5 %</i> (Zovirax)	Tier 1	
<b>Topical Pleuromutilin Derivatives</b>		
ALTABAX TOPICAL OINTMENT 1 %	Tier 3	ST: Requires prior prescription for Mupirocin ointment within the past 120 days
<b>Topical Sulfonamides</b>		
ECEOXIA TOPICAL CREAM 10-4 % (sulfacetamide-niacinamide)	Tier 3	
<i>mafenide acetate topical packet 50 gram</i> (Sulfamylon)	Tier 1	
OXIAICE TOPICAL LOTION 15-4 %	Tier 3	
ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 % (sulfacetamide sodium-sulfur)	Tier 1	
ROSULA TOPICAL CLEANSER 10-4.5 %	Tier 3	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	Tier 1	
SSD TOPICAL CREAM 1 % (silver sulfadiazine)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i> (Avar)	Tier 1	QL (1419 GM per 1 FILL)
<i>sulfacetamide sodium-sulfur topical cleanser 8-4 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4.5 %</i>	Tier 1	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	Tier 1	QL (1419 ML per 1 FILL)
SULFAMYLYON TOPICAL CREAM 85 MG/G	Tier 3	
SULFAMYLYON TOPICAL PACKET 50 GRAM (mafenide acetate)	Tier 3	

#### Dermatology - Antiinflammatory

Drug	Status	Notes
<b>Interleukin-13 (IL-13) Inhibitors, Mab</b>		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	Tier 4	PA; SP
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	PA; SP
<b>Top. Anti-Inflam., Phosphodiesterase-4 (Pde4) Inhib</b>		
EUCRISA TOPICAL OINTMENT 2 %	Tier 2	ST: Requires prior prescription for a Topical Corticosteroid or Calcineurin Inhibitor within the past 120 days
<b>Topical Antibiotics/Antiinflammatory, Steroidal</b>		
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 3	ST: Requires prior prescription for generic Fluocinolone Acetonide cream/oil/ointment/solution within the past 10 days
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 3	ST: Requires prior prescription for generic Fluocinolone Acetonide cream/oil/ointment/solution within the past 10 days
<b>Topical Anti-Inflammatory Steroidal</b>		
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	
<i>alclometasone topical cream 0.05 %</i>	Tier 1	
<i>alclometasone topical ointment 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical cream 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 1	
<i>betamethasone valerate topical cream 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical lotion 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical ointment 0.1 %</i>	Tier 1	
<i>betamethasone, augmented topical cream 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical gel 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	Tier 1	
CAPEX TOPICAL SHAMPOO 0.01 %	Tier 3	
CHLOHUX TOPICAL SHAMPOO 0.05-2 % (clobetasol-levocetirizine)	Tier 3	
CHLOOXIA TOPICAL CREAM 0.05-4 % (clobetasol-niacinamide)	Tier 3	
CHLOOXIA TOPICAL OINTMENT 0.05-4 % (clobetasol-niacinamide)	Tier 3	
CHLOOXIA TOPICAL SOLUTION 0.05-4 % (clobetasol-niacinamide)	Tier 3	
<i>clobetasol scalp solution 0.05 %</i>	Tier 1	
<i>clobetasol topical cream 0.05 %</i>	Tier 1	
<i>clobetasol topical foam 0.05 %</i> (Olux)	Tier 1	
<i>clobetasol topical ointment 0.05 %</i>	Tier 1	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	Tier 1	
<i>clobetasol topical spray,non-aerosol 0.05 %</i> (Clobex)	Tier 2	
<i>clobetasol-emollient topical cream 0.05 %</i>	Tier 1	
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	Tier 1	
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 %	Tier 3	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	Tier 3	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: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>desonide topical cream 0.05 %</i> (DesOwen)	Tier 1	
<i>desonide topical ointment 0.05 %</i>	Tier 1	
<i>desoximetasone topical cream 0.25 %</i> (Topicort)	Tier 1	
<i>desoximetasone topical ointment 0.25 %</i> (Topicort)	Tier 1	

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
<i>desoximetasone topical spray, non-aerosol 0.25 %</i>	(Topicort)	Tier 2	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam/shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	(Derma-Smoothe/FS Scalp Oil)	Tier 1	
<i>fluocinolone topical cream 0.01 %</i>		Tier 1	
<i>fluocinolone topical cream 0.025 %</i>	(Synalar)	Tier 1	
<i>fluocinolone topical oil 0.01 %</i>	(Derma-Smoothe/FS Body Oil)	Tier 1	
<i>fluocinolone topical ointment 0.025 %</i>	(Synalar)	Tier 1	
<i>fluocinolone topical solution 0.01 %</i>	(Synalar)	Tier 1	
<i>fluocinonide topical cream 0.05 %</i>		Tier 1	
<i>fluocinonide topical cream 0.1 %</i>	(Vanos)	Tier 1	
<i>fluocinonide topical gel 0.05 %</i>		Tier 1	
<i>fluocinonide topical ointment 0.05 %</i>		Tier 1	
<i>fluocinonide topical solution 0.05 %</i>		Tier 1	
<i>FLUOCINONIDE-E TOPICAL CREAM 0.05 %</i>	(fluocinonide-emollient)	Tier 1	
<i>fluocinonide-emollient topical cream 0.05 %</i>	(Fluocinonide-E)	Tier 1	
<i>FLUXIA TOPICAL CREAM 0.05-4 %</i>		Tier 3	
<i>fluticasone propionate topical cream 0.05 %</i>		Tier 1	
<i>fluticasone propionate topical ointment 0.005 %</i>		Tier 1	
<i>halcinonide topical solution 0.1 %</i>	(Halog)	Tier 1	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
<i>halobetasol propionate topical cream 0.05 %</i>		Tier 1	
<i>halobetasol propionate topical ointment 0.05 %</i>		Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
HALOG TOPICAL OINTMENT 0.1 %	Tier 3	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: 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
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	Tier 1	
<i>hydrocortisone topical cream 2.5 %</i>	Tier 1	
<i>hydrocortisone topical cream with perineal applicator 1 %</i>	Tier 1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC)	Tier 1	
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 1	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	Tier 1	
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	Tier 1	
<i>mometasone topical cream 0.1 %</i>	Tier 1	
<i>mometasone topical ointment 0.1 %</i>	Tier 1	
<i>mometasone topical solution 0.1 %</i>	Tier 1	
NUCORT TOPICAL LOTION 2 % (hydrocortisone acet-aloe vera)	Tier 3	
PANDEL TOPICAL CREAM 0.1 %	Tier 3	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)
<i>prednicarbate topical ointment 0.1 %</i>	Tier 1	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	Tier 3	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
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 TS TOPICAL KIT 0.01 %	Tier 3	
TETOXIA TOPICAL CREAM 0.01-4 % (fluocinolone-niacinamide)	Tier 3	
TEXACORT TOPICAL SOLUTION 2.5 %	Tier 2	ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i> (Kenalog)	Tier 2	
<i>triamcinolone acetonide topical cream 0.025 %</i>	Tier 1	
<i>triamcinolone acetonide topical cream 0.1 %</i> (Triderm)	Tier 1	
<i>triamcinolone acetonide topical cream 0.5 %</i> (Triderm)	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	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)
<b>Topical Anti-Inflammatory, Nsaids</b>		
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i> (Flector)	Tier 2	
<i>diclofenac sodium topical drops 1.5 %</i>	Tier 1	
<i>diclofenac sodium topical gel 1 %</i> (Aleve (diclofenac))	Tier 1	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	Tier 3	ST: Requires prior prescription for Diclofenac Epolamine patch within the past 120 days; QL (1 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ROAOXIA TOPICAL GEL 3-2-4 % (diclofenac-hyaluronate-niacin)	Tier 3	
<b>Topical Janus Kinase (Jak) Inhibitors</b>		
OPZELURA TOPICAL CREAM 1.5 %	Tier 2	PA
<b>Dermatology - Miscellaneous</b>		
<b>Antiperspirants</b>		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 2	
DRYSOL TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 2	
<b>Antiseborrheic Agents</b>		
OVACE PLUS TOPICAL CREAM 10 %	Tier 3	
OVACE PLUS TOPICAL LOTION 9.8 %	Tier 3	ST: Requires prior prescription for Ciclopirox or Ketoconazole within the past 120 days
<i>selenium sulfide topical lotion 2.5 %</i>	Tier 1	
<i>sulfacetamide sodium topical cleanser 10 %</i> (Ovace)	Tier 1	
TERSI FOAM TOPICAL FOAM 2.25 %	Tier 3	
<b>Antiseptics, General</b>		
ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 2	
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 2	
<i>alcohol swabs topical pads, medicated</i> (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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
WEBCOL TOPICAL PADS, MEDICATED	(alcohol swabs)	Tier 2
<b>Antiseptics, Miscellaneous</b>		
guaiacol liquid		Tier 3
<b>Emollients</b>		
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
<b>Hypertrichotic Agents, Systemic/Incl. Combinations</b>		
LITFULO ORAL CAPSULE 50 MG		Tier 4 PA; SP
<b>Iodine Antiseptics</b>		
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %	(povidone-iodine)	Tier 3
povidone-iodine ophthalmic (eye) solution 5 %	(Betadine Ophthalmic Prep)	Tier 1
<b>Irrigants</b>		
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
VASHE IRRIGATION IRRIGATION SOLUTION 0.033 %	Tier 3	
water for irrigation, sterile irrigation solution (Curity Sterile Water)	Tier 1	
<b>Irritants/Counter-Irritants</b>		
cantharidin in acetone topical solution 0.7 %	Tier 1	
methyl salicylate oil (Wintergreen Oil)	Tier 1	
methyl salicylate topical liquid	Tier 1	
QUTENZA TOPICAL KIT 8 %	Tier 3	PA
WINTERGREEN OIL OIL (methyl salicylate)	Tier 1	
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 %	Tier 3	PA
<b>Keratolytics</b>		
CEM-UREA TOPICAL GEL 45 % (urea)	Tier 1	
KERALYT SCALP COMPLETE TOPICAL KIT,SHAMPOO AND GEL 6-6 %	Tier 3	
METDRAY TOPICAL GEL 17-2 %	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	
podofilox topical solution 0.5 %	Tier 1	QL (0.5 ML per 1 day)
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 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	
SALVAX DUO PLUS TOPICAL FOAM 6- 35 %	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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 %	Tier 3 (salicylic acid)	
URAMAXIN GT TOPICAL KIT, CREAM AND GEL 45 %	Tier 3	
URAMAXIN TOPICAL FOAM 20 %	Tier 3	
URAMAXIN TOPICAL LOTION 45 %	Tier 3 (urea)	
UREA NAIL STICK TOPICAL SOLUTION 50 %	Tier 1 (urea)	
urea topical cream 40 %	Tier 1	
urea topical cream 45 %	Tier 1 (Uramaxin)	
urea topical cream 50 %	Tier 1 (Ure-K)	
urea topical gel 45 %	Tier 1 (CEM-Urea)	
urea topical lotion 40 %	Tier 1	
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 %	Tier 3	
<b>Oxidizing Agents</b>		
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 %	Tier 3	
<b>Protectives</b>		
GENADUR (WITH LEXINAL) KIT 2,500 MCG	Tier 3	
PHARMABASE BARRIER TOPICAL OINTMENT 9.38 %	Tier 1	
PR CREAM TOPICAL CREAM	Tier 1	
RECEDO TOPICAL GEL	Tier 3	
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET	Tier 1 (white petrolatum)	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 %	Tier 3	
zinc oxide topical ointment 20 %	Tier 1 (Endit (zinc oxide))	
zinc oxide topical paste 25 %	Tier 1	
<b>Topical Anti-Inflammatory Steroid-Local Anesthetic</b>		
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	Tier 2	
EPIFOAM TOPICAL FOAM 1-1 %	Tier 3	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	Tier 1 (Lidocort)	

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
LIDOCORT TOPICAL CREAM 3-0.5 %	(lidocaine hcl-hydrocortisone ac)	Tier 3	
PRAMOSONE TOPICAL CREAM 1-1 %	(hydrocortisone-pramoxine)	Tier 2	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: 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	
<b>Topical Antineoplastic &amp; Premalignant Lesion Agnts</b>			
bexarotene topical gel 1 %	(Targretin)	Tier 4	PA; SP
diclofenac sodium topical gel 3 %		Tier 1	QL (100 GM per 1 FILL)
FLUOROPLEX TOPICAL CREAM 1 %		Tier 3	PA
fluorouracil topical cream 5 %	(Efudex)	Tier 1	
fluorouracil topical solution 2 %		Tier 1	
KLISYRI 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)
TOLAK TOPICAL CREAM 4 %		Tier 2	
VALCHLOR TOPICAL GEL 0.016 %		Tier 4	PA; SP
<b>Topical Local Anesthetics</b>			
ANACAIN TOPICAL OINTMENT 10 %		Tier 3	
ANASTIA TOPICAL LOTION 2.75 %		Tier 3	
CETACAIN ANESTHETIC TOPICAL LIQUID 2-2-14 %		Tier 3	
CETACAIN TOPICAL AEROSOL, SPRAY 2 %-2 %-14 % (200 MG/SEC)		Tier 3	
CRYODOSE TA MEDIUM STREAM SPR TOPICAL AEROSOL, SPRAY		Tier 3	
CRYODOSE TA MIST SPRAY TOPICAL AEROSOL, SPRAY		Tier 3	
DERMACINRX LIDOCAN TOPICAL ADHESIVE PATCH, MEDICATED 5 %	(lidocaine)	Tier 1	QL (90 EA per 30 days)
DERMACINRX LIDOGEN TOPICAL GEL 2.8 %		Tier 3	
DERMACINRX LIDOREX TOPICAL GEL 2.8 %		Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>	
ENZNONUTY TOPICAL OINTMENT 10-10-20 %	Tier 3		
<i>ethyl chloride topical aerosol,spray 100 %</i>	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		
<i>lidocaine hcl laryngotracheal solution 4 %</i>	Tier 1		
<i>lidocaine hcl topical cream 3 %</i> (Lidopin)	Tier 1		
<i>lidocaine topical adhesive patch,medicated 5 %</i>	(DermacinRx Lidocan)	Tier 1	QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	Tier 1	QL (240 GM per 30 days)	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 1		
<i>lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %</i>	(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)
LIDOPIN TOPICAL CREAM 3.25 %	Tier 3		
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 3		
LIDTOPIC TOPICAL CREAM, METERED-DOSE APPLICATOR 7.5 %	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		
SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY	Tier 3		
TRANZAREL TOPICAL GEL 4 %	Tier 3		
TRIDACAIN II TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 1	QL (90 EA per 30 days)
TRIDACAIN III TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 1	QL (90 EA per 30 days)
<b>Topical Preparations,Miscellaneous</b>			
sodium chloride topical solution 0.9 %	(Saljet Saline Rinse)	Tier 1	

Drug	Status	Notes
<b>Topical/Mucous Membr./Subcut. Enzymes</b>		
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	SP
NEXOBRID POWDER COMPONENT TOPICAL POWDER	Tier 3	
NEXOBRID TOPICAL GEL 8.8 %	Tier 3	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 3	PA
<b>Dermatology - Psoriasis/Eczema</b>		
<b>Antipsoriatic Agents, Systemic</b>		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	Tier 4	SP
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML	Tier 4	PA; SP
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML	Tier 4	PA; SP
methoxsalen oral capsule, liqd-filled, rapid rel 10 mg	Tier 1	
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	PA; 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
<b>Antipsoriatics Agents</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>calcipotriene scalp solution 0.005 %</i>	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>calcipotriene topical cream 0.005 %</i>	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>calcipotriene topical ointment 0.005 %</i>	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)	Tier 2	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
DIOOXIA TOPICAL CREAM 0.005-4 %	Tier 3	
DRITHOCREME HP TOPICAL CREAM 1 %	Tier 2	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>tazarotene topical cream 0.05 %</i> (Tazorac)	Tier 1	Age (Max 39 Years)
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	Tier 1	
TAZORAC TOPICAL CREAM 0.05 % (tazarotene)	Tier 3	Age (Max 39 Years)
ZITHRANOL TOPICAL SHAMPOO 1 %	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<b>II-23 Receptor Antagonist, Monoclonal Antibody</b>		
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
<b>Topical Agents,Miscellaneous</b>		
COLLANEX TOPICAL POWDER 100 %	Tier 3	
L-MESITRAN SOFT TOPICAL GEL 40 %	Tier 3	
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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
urea topical cream 20 % (Gormel)	Tier 1	
<b>Topical Immunosuppressive Agents</b>		
HYFTOR TOPICAL GEL 0.2 %	Tier 4	PA; SP
NUJO TOPICAL SOLUTION 0.1 %	Tier 3	
NUJU TOPICAL CREAM 0.1 % (tacrolimus-vehicle base no.238)	Tier 3	
OXIANUJO (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 % (tacrolimus-hyaluronate-niacin)	Tier 3	
OXIANUJO TOPICAL OINTMENT 0.1-4 % (tacrolimus-niacinamide)	Tier 3	
pimecrolimus topical cream 1 % (Elidel)	Tier 2	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: 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
<b>Topical Vit D Analog/Antiinflammatory, Steroidal</b>		
calcipotriene-betamethasone topical ointment 0.005-0.064 %	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
calcipotriene-betamethasone topical suspension 0.005-0.064 % (Taclonex)	Tier 2	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
DIOCHLOY TOPICAL SOLUTION 0.05- 0.005 % (clobetasol-calcipotriene)	Tier 3	
ENSTILAR TOPICAL FOAM 0.005- 0.064 %	Tier 3	ST: Requires prior prescription for Calcipotriene/Betamethasone within the past 120 days
WYNZORA TOPICAL CREAM 0.005- 0.064 %	Tier 3	ST: Requires prior prescription for Calcipotriene/Betamethasone within the past 120 days
<b>Diabetes</b>		

Drug	Status	Notes
<b>Antihypergly, (Dpp-4) Inhibitor &amp; Biguanide Comb.</b>		
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)
<b>Antihypergly, Incretin Mimetic(Glp-1 Recep.Agonist)</b>		
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	Tier 2	PA; QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	Tier 2	PA; QL (1.2 ML per 30 days)
<i>liraglutide subcutaneous pen injector 0.6 (Victoza 2-Pak) mg/0.1 ml (18 mg/3 ml)</i>	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 14 MG, 3 MG, 7 MG	Tier 2	PA; QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	Tier 2	PA; QL (2 ML per 28 days)
<b>Antihyperglycemic-Sod/Gluc Cotransport2(Sglt2)Inhib</b>		
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	Tier 2	QL (1 EA per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 2	QL (1 EA per 1 day)
<b>Antihyperglycemic - Dopamine Receptor Agonists</b>		
CYCLOSET ORAL TABLET 0.8 MG	Tier 3	ST: Requires prior prescription for Glipizide/metformin HCL, Glyburide/metformin HCL, Metformin HCL, or Riomet ER within the past 180 days
<b>Antihyperglycemic - Incretin Mimetics Combination</b>		
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)

Drug	Status	Notes
<b>Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)</b>		
acarbose oral tablet 100 mg, 25 mg, 50 mg (Precose)	Tier 1	
miglitol oral tablet 100 mg, 25 mg, 50 mg	Tier 2	
<b>Antihyperglycemic, Amylin Analog-Type</b>		
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	
<b>Antihyperglycemic, Dpp-4 Inhibitors</b>		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 2	QL (1 EA per 1 day)
<b>Antihyperglycemic, Insulin-Release Stimulant Type</b>		
glimepiride oral tablet 1 mg, 2 mg, 3 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 (Glucotrol XL) 24hr 10 mg, 2.5 mg, 5 mg	Tier 1	
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	
<b>Antihyperglycemic, Insulin-Response Enhancer (N-S)</b>		
pioglitazone oral tablet 15 mg, 30 mg, 45 mg (Actos)	Tier 1	
<b>Antihyperglycemic, Sglt-2 &amp; Dpp-4 Inhibitor Comb.</b>		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 2	QL (1 EA per 1 day)
<b>Antihyperglycemic,Biguanide Type(Non-Sulfonylurea)</b>		
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	
<b>Antihyperglycemic,Insulin &amp; Glp-1 Receptor Agonist</b>		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Tier 2	QL (30 ML per 28 days)

Drug	Status	Notes
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Tier 2	QL (15 ML per 28 days)
<b>Antihyperglycemic,Insulin-Rel Stim.&amp; Biguanide Cmb</b>		
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	
<b>Antihyperglycemic-Glucocorticoid Receptor Blocker</b>		
KORLYM ORAL TABLET 300 MG (mifepristone)	Tier 4	PA; SP
mifepristone oral tablet 300 mg (Korlym)	Tier 4	PA; SP
<b>Antihyperglycemic-Sglt2 Inhibitor &amp; Biguanide Comb</b>		
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, (dapaglifloz propaned- BIPHASIC 24HR 10-1,000 MG 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, (dapaglifloz propaned- BIPHASIC 24HR 5-1,000 MG metformin)	Tier 2	QL (2 EA per 1 day)
<b>Antihyperglycm,Insul-Resp.Enhancer &amp; Biguanide Cmb</b>		
pioglitazone-metformin oral tablet 15-500 mg	Tier 1	ST: Requires prior prescription for Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination within the past 120 days
pioglitazone-metformin oral tablet 15-850 (Actoplus MET) mg	Tier 1	ST: Requires prior prescription for Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination within the past 120 days
<b>Antihypergly-Sglt-2 Inhib,Dpp-4 Inhib,Biguanide Cb</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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)
<b>Blood Sugar Diagnostics</b>		
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)
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)
PRECISION XTRA TEST STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
<b>Diabetic Supplies</b>		
AUTOSOFT 30 INFUSION SET	Tier 3	
AUTOSOFT 90 INFUSION SET	Tier 3	
AUTOSOFT XC INFUSION SET 23" INFUSION SET	Tier 3	
AUTOSOFT XC INFUSION SET 32" INFUSION SET	Tier 3	
AUTOSOFT XC INFUSION SET 43" INFUSION SET	Tier 3	
BIGFOOT UNITY KIT	Tier 3	
BIGFOOT UNITY PEN CAP-ADMELOG DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-APIDRA DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-ASPART DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-BASAGLAR DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-FIASP DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-HUMALOG DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-LANTUS DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-LISPRO DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-LYUMJEV DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-NOVOLOG DEVICE	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
BIGFOOT UNITY PEN CAP-TOUJEO DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-TOUJEOMX DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-TRESIBA DEVICE	Tier 3	
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 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 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)
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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)
GLUCOCOM AUTOLINK	Tier 3	
GUARDIAN 4 GLUCOSE SENSOR DEVICE	Tier 3	PA
GUARDIAN 4 TRANSMITTER DEVICE	Tier 3	PA
GUARDIAN LINK 3 TRANSMITTER DEVICE	Tier 3	PA
GUARDIAN SENSOR 3 DEVICE	Tier 3	PA
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	
MEDTRONIC EXT INFUSION SET 23" INFUSION SET	Tier 3	
MEDTRONIC EXT INFUSION SET 32" INFUSION SET	Tier 3	
MINIMED 630G INSULIN PUMP	Tier 3	PA
MINIMED 770G INSULIN PUMP	Tier 3	PA
MINIMED 780G INSULIN PUMP	Tier 3	PA
MINIMED MIO ADVANCE INF SET23" INFUSION SET	Tier 3	
MINIMED MIO ADVANCE INF SET43" INFUSION SET	Tier 3	
MINIMED QUICK SET 18" INFUSION SET	Tier 3	
MINIMED QUICK SET 23" INFUSION SET	Tier 3	
MINIMED QUICK SET 32" INFUSION SET	Tier 3	
MINIMED QUICK SET 43" INFUSION SET	Tier 3	
MINIMED SILHOUETTE 18" INFUSION SET	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
MINIMED SILHOUETTE 23" INFUSION SET	Tier 3	
MINIMED SILHOUETTE 32" INFUSION SET	Tier 3	
MINIMED SILHOUETTE 43" INFUSION SET	Tier 3	
MINIMED SURE T 18" INFUSION SET	Tier 3	
MINIMED SURE T 23" INFUSION SET	Tier 3	
MINIMED SURE T 32" INFUSION SET	Tier 3	
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	Tier 3	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	Tier 2	QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 2	
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)
T:FLEX SUBCUTANEOUS CARTRIDGE	Tier 3	
T:SLIM X2 BASAL-IQ INSULIN PMP	Tier 3	PA
T:SLIM X2 CONTROL-IQ	Tier 3	PA
T:SLIM X2 SUBCUTANEOUS CARTRIDGE	Tier 3	
TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK	Tier 3	
TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK	Tier 3	
TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
TANDEM MOBI CARTRIDGE SUBCUTANEOUS CARTRIDGE	Tier 3	
TANDEM MOBI SYSTEM	Tier 3	PA
TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK	Tier 3	
TEMPO SMART BUTTON DEVICE	Tier 3	
TEMPO WELCOME KIT KIT	Tier 3	
TRUSTEEL INFUSION SET 23" INFUSION SET	Tier 3	
TRUSTEEL INFUSION SET 32" INFUSION SET	Tier 3	
VARISOFT INFUSION SET 23" INFUSION SET	Tier 3	
VARISOFT INFUSION SET 32" INFUSION SET	Tier 3	
VARISOFT INFUSION SET 43" INFUSION SET	Tier 3	
V-GO 20 DEVICE	Tier 2	
V-GO 30 DEVICE	Tier 2	
V-GO 40 DEVICE	Tier 2	
<b>Diabetic Ulcer Preparations,Topical</b>		
REGRANEX TOPICAL GEL 0.01 %	Tier 2	
<b>Hyperglycemics</b>		
diazoxide oral suspension 50 mg/ml (Proglycem)	Tier 1	
GLUCAGON (HCL) EMERGENCY KIT (glucagon hcl) INJECTION RECON SOLN 1 MG	Tier 1	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 1 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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
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)
<b>Insulins</b>		
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
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(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	Tier 2	QL (40 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 2	QL (30 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)

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	(Humalog Mix 75-25 KwikPen)	Tier 1	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>	(Admelog SoloStar U-100 Insulin)	Tier 1	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>	(Humalog Junior KwikPen U-100)	Tier 1	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	(Admelog U-100 Insulin lispro)	Tier 1	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)
MYXREDLIN INTRAVENOUS SOLUTION 100 UNIT/100 ML (1 UNIT/ML)		Tier 3	SP
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)
<b>Urine Glucose Test Aids</b>			
DIASTIX STRIP		Tier 3	QL (50 EA per 30 days)
NO-STICK GLUCOSE STRIP		Tier 3	QL (50 EA per 30 days)
<b>Urine Glucose/Acetone Test Aids,Strips</b>			
KETO-DIASTIX STRIP		Tier 3	QL (50 EA per 30 days)
<b>Ear - General Disorders</b>			
<b>Ear Preparations Anti-Inflammatory</b>			

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil)	Tier 1	
<b>Ear Preparations, Misc. Anti-Infectives</b>		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 1	
<i>CORTANE-B TOPICAL LOTION 1-1-0.1 %</i>	Tier 3	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Tier 1	
<b>Ear Preparations, Antibiotics</b>		
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i> (Cetraxal)	Tier 2	
<i>CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML</i>	Tier 3	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	Tier 1	
<b>Otic Preparations,Anti-Inflammatory-Antibiotics</b>		
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	Tier 1	
<b>Electrolyte Regulation</b>		
<b>Arginine Vasopressin (Avp) Receptor Antagonists</b>		
<i>tolvaptan oral tablet 15 mg</i> (Samsca)	Tier 4	SP; QL (30 EA per 365 days)
<i>tolvaptan oral tablet 30 mg</i> (Samsca)	Tier 4	SP; QL (60 EA per 365 days)
<b>Bicarbonate Producing/Containing Agents</b>		
<i>VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION</i>	Tier 3	
<b>Electrolyte Depleters</b>		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 1	
<i>FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG</i>	Tier 3	ST: At least 2 prior prescriptions for Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL, or Velphoro within the past 365 days; QL (3 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>	
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i> (Fosrenol)	Tier 2		
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	Tier 2		
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	Tier 2		
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	Tier 1		
<i>sevelamer hcl oral tablet 400 mg</i>	Tier 1		
<i>sodium polystyrene sulfonate oral powder</i>	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 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	Tier 3	PA	
XPHOZAH ORAL TABLET 20 MG, 30 MG	Tier 3	ST: At least 2 prior prescriptions for Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL, or Velphoro within the past 365 days; QL (2 EA per 1 day)	
<b>Potassium Replacement</b>			
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	Tier 3		
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	(potassium bicarb-citric acid)	Tier 1	
KLOR-CON M10 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	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	Tier 1		
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	Tier 2		
<i>potassium chloride oral packet 20 meq</i> (Klor-Con)	Tier 2		
<i>potassium chloride oral tablet extended release 10 meq</i> (Klor-Con 10)	Tier 1		
<i>potassium chloride oral tablet extended release 15 meq</i>	Tier 1		
<i>potassium chloride oral tablet extended release 20 meq</i> (K-Tab)	Tier 1		
<i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8)	Tier 1		

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	(Klor-Con M10)	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i>	(Klor-Con M15)	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i>	(Klor-Con M20)	Tier 1	
<b>Sodium/Saline Preparations</b>			
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	
NORMAL SALINE FLUSH INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 1	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>		Tier 1	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	(BD PosiFlush Normal Saline 0.9)	Tier 1	
<i>sodium chloride 0.9 % injection solution</i>		Tier 1	
<i>sodium chloride injection syringe 0.9 %</i>		Tier 1	
<b>Endocrine Disorder - Fertility</b>			
<b>Drugs To Treat Impotency</b>			
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG		Tier 3	Male Only; QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG		Tier 3	Male Only; QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG		Tier 3	Male Only; QL (1 EA per 5 days)
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG		Tier 3	QL: 6 INJECTIONS IN 30 DAYS; Male Only
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30 MG- 1 MG/ML	(papav-phentolamine in water)	Tier 1	Male Only
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i>	(Viagra)	Tier 1	Male Only; QL (1 EA per 5 days)
<i>tadalafil oral tablet 10 mg, 20 mg</i>	(Cialis)	Tier 1	Male Only; QL (1 EA per 5 days)
<i>tadalafil oral tablet 2.5 mg</i>		Tier 1	PA; Male Only
<i>tadalafil oral tablet 5 mg</i>	(Cialis)	Tier 1	PA; Male Only
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG- 50 MCG		Tier 3	Male Only
<b>Fertility Stimulating Preparations,Non-Fsh</b>			
CLOMID ORAL TABLET 50 MG	(clomiphene citrate)	Tier 3	PA
<i>clomiphene citrate oral tablet 50 mg</i>	(Clomid)	Tier 1	PA
<b>Follicle Stim./Luteinizing Hormones</b>			

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 4	PA
<b>Follicle-Stimulating Hormone (Fsh)</b>		
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML	Tier 4	PA; ST: Requires prior prescription for Gonal-f Rff, Gonal-f Rff Redi-ject, or Gonal-f within the past 120 DAYS
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML	Tier 4	PA
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 4	PA
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT	Tier 4	PA
<b>Human Chorionic Gonadotropin (Hcg)</b>		
chorionic gonadotropin, human intramuscular recon soln 10,000 unit  (Pregnyl)	Tier 3	PA; ST: Requires prior prescription for Novarel or Ovidrel within the past 120 days
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	Tier 2	PA
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	Tier 2	PA
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT  (chorionic gonadotropin, human)	Tier 3	PA; ST: Requires prior prescription for Novarel or Ovidrel within the past 120 days
<b>Pregnancy Facilitating/Maintaining Agent,Hormonal</b>		
CRINONE VAGINAL GEL 8 %	Tier 3	PA; ST: Requires prior prescription for Endometrin within the past 120 days
ENDOMETRIN VAGINAL INSERT 100 MG	Tier 2	
<b>Endocrine Disorder - Other</b>		
<b>Adrenal Steroid Inhibitors</b>		
ISTURISA ORAL TABLET 1 MG, 5 MG	Tier 4	PA; SP
RECORLEV ORAL TABLET 150 MG	Tier 4	PA; SP
<b>Adrenocorticotrophic Hormones</b>		
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

Drug	Status	Notes
<b>Antidiuretic And Vasopressor Hormones</b>		
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), 150 mcg/spray (0.1 ml)		Tier 1
desmopressin oral tablet 0.1 mg, 0.2 mg	(DDAVP)	Tier 1
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG		Tier 3 QL (1 EA per 1 day)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG		Tier 3 QL (1 EA per 1 day)
<b>Bone Formation Stim. Agents - Parathyroid Hormone</b>		
teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)	(Forteo)	Tier 4 PA; SP
teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)		Tier 4 PA; SP
<b>Bone Formation Stimulating Agts - Pth Rel Peptides</b>		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)		Tier 4 PA; SP
<b>Bone Resorption Inhibitor &amp; Vitamin D Combinations</b>		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT		Tier 2
<b>Bone Resorption Inhibitors</b>		
alendronate oral solution 70 mg/75 ml		Tier 2 QL (75 ML per 7 days)
alendronate oral tablet 10 mg, 35 mg, 5 mg		Tier 1
alendronate oral tablet 70 mg	(Fosamax)	Tier 1
calcitonin (salmon) injection solution 200 unit/ml	(Miacalcin)	Tier 1
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation		Tier 1
ibandronate oral tablet 150 mg		Tier 1
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: Requires prior prescription for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>	
risedronate oral tablet 35 mg  <b>Calcimimetic, Parathyroid Calcium Enhancer</b>	(Actonel)	Tier 1	ST: Requires prior prescription for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 7 days)
<b>Growth Hormone Receptor Antagonists</b>			
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 4	SP	
<b>Growth Hormone Releasing Hormone (Ghrh) &amp; Analogs</b>			
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	Tier 4	PA; SP	
<b>Growth Hormones</b>			
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	
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	
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	
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	
<b>Hyperparathyroid Tx Agents - Vitamin D Analog-Type</b>			

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 2	
<i>paricalcitol oral capsule 1 mcg, 2 mcg (Zemplar)</i>	Tier 2	
<i>paricalcitol oral capsule 4 mcg</i>	Tier 2	
<b>RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG</b>	Tier 2	QL (2 EA per 1 day)
<b>Insulin-Like Growth Factor-1 (Igf-1) Hormones</b>		
<b>INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML</b>	Tier 4	PA; SP
<b>Leptin Hormone Analogs</b>		
<b>MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)</b>	Tier 4	SP; QL (1 EA per 1 day)
<b>Lhrh (Gnrh) Antagonist, Estrogen And Progestin Comb</b>		
<b>MYFEMBREE ORAL TABLET 40-1-0.5 MG</b>	Tier 2	PA
<b>ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)</b>	Tier 2	PA
<b>Lhrh(Gnrh) Agonist Analog Pituitary Suppressants</b>		
<b>SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML</b>	Tier 4	PA; SP
<b>Lhrh(Gnrh) Antagonist, Pituitary Suppressant Agents</b>		
<i>cetrorelix subcutaneous kit 0.25 mg (Cetrotide)</i>	Tier 4	PA
<i>FYREMADEL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML (ganirelix)</i>	Tier 4	PA; ST: Requires prior prescription for Cetorelix Acetate within the past 120 days
<i>ganirelix subcutaneous syringe 250 mcg/0.5 ml (Fyremadel)</i>	Tier 4	PA; ST: Requires prior prescription for Cetorelix Acetate within the past 120 days
<b>ORILISSA ORAL TABLET 150 MG, 200 MG</b>	Tier 2	
<b>Natriuretic Peptides</b>		
<b>VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG</b>	Tier 4	PA; SP
<b>Parathyroid Hormones</b>		
<b>YORVIPATH SUBCUTANEOUS PEN INJECTOR 294 MCG/0.98 ML, 420 MCG/1.4 ML</b>	Tier 4	PA; SP
<b>Pituitary Suppressive Agents</b>		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	
<b>Endocrine Disorder - Thyroid</b>		
<b>Antithyroid Preparations</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	
<b>Iodine Containing Agents</b>		
<i>LUGOLS ORAL SOLUTION 5 %</i>	Tier 3	
<i>potassium iodide oral solution 1 gram/ml (SSKI)</i>	Tier 1	
<i>SSKI ORAL SOLUTION 1 GRAM/ML (potassium iodide)</i>	Tier 1	
<i>STRONG IODINE ORAL SOLUTION 5 %</i>	Tier 1	
<b>Thyroid Hormones</b>		
<i>ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG</i>	Tier 3	
<i>ADTHYZA ORAL TABLET 30 MG, 90 MG (thyroid (pork))</i>	Tier 3	
<i>ERMEZA ORAL SOLUTION 30 MCG/ML</i>	Tier 1	PA
<i>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</i>	Tier 1	QL (2 EA per 1 day)
<i>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)</i>	Tier 1	QL (2 EA per 1 day)
<i>levothyroxine oral tablet 300 mcg (Levo-T)</i>	Tier 1	QL (2 EA per 1 day)
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg (Cytomel)</i>	Tier 1	
<i>NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG</i>	Tier 1	
<i>THYQUIDITY ORAL SOLUTION 20 MCG/ML</i>	Tier 3	ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days; QL (20 ML per 1 day)
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg (NP Thyroid)</i>	Tier 1	
<i>TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG</i>	Tier 3	PA
<i>TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML</i>	Tier 3	PA

Drug	Status	Notes
<b>Eye - General Disorders</b>		
<b>Eye Antibiotic, Glucocorticoid And Nsaid Comb.</b>		
<i>prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Tier 1	
<i>prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %</i>	Tier 1	
<i>prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>	Tier 1	
<i>prednisolon-moxiflox-bromf(pf) ophthalmic (eye) drops 1-0.5-0.09 %</i>	Tier 1	
<b>Eye Antibiotic-Corticoid Combinations</b>		
<i>MAXITROL OPHTHALMIC (EYE) OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 %</i>	(neomycin-polymyxin b-dexameth)	Tier 3
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	(Neo-Polycin HC)	Tier 1
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	(Maxitrol)	Tier 1
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	(Maxitrol)	Tier 1
<i>NEO-POLYCIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1%</i>	(neomycin-bacitracin-poly-hc)	Tier 1
<i>prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %</i>		Tier 1
<i>prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %</i>		Tier 1
<i>TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %</i>		Tier 2
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>		Tier 1
<b>Eye Antihistamines</b>		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (12 ML per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	(Eye Allergy Itch-Redness Rlf)	Tier 1
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	(Eye Allergy Itch Relief)	Tier 1
<b>Eye Antiinflammatory Agents</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	Tier 3	ST: At least 2 prior prescriptions for Diclofenac Sodium, Ilevro, or Ketorolac Tromethamine within the 365 days; QL (60 EA per 15 days)
bromfenac ophthalmic (eye) drops 0.07 % (Prolensa)	Tier 1	ST: Requires prior prescription for Diclofenac Sodium or Ketorolac Tromethamine within the past 120 days; QL (3 ML per 16 days)
bromfenac ophthalmic (eye) drops 0.075 % (BromSite)	Tier 1	ST: Requires prior prescription for Diclofenac Sodium or Ketorolac Tromethamine within the past 120 days; QL (5 ML per 16 days)
clobetasol ophthalmic (eye) drops, suspension 0.05 %	Tier 1	ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 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)
difluprednate ophthalmic (eye) drops 0.05 % (Durezol)	Tier 2	QL (10 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	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	Tier 2	QL (3.4 ML per 16 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) 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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	Tier 1	ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days)
<b>MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %</b>	Tier 3	ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (25 ML per 14 days)
<i>prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	QL (20 ML per 14 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	QL (20 ML per 14 days)
<i>prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %</i>	Tier 1	
<i>prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %</i>	Tier 1	
<i>prednisolone sod ph-bromf (pf) ophthalmic (eye) drops 1-0.09 %</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 1	QL (20 ML per 14 days)
<b>Eye Antivirals</b>		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 2	
<b>Eye Local Anesthetics</b>		
<i>AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %</i>	Tier 3	
<i>ALCAINE OPHTHALMIC (EYE) DROPS (proparacaine) 0.5 %</i>	Tier 1	
<i>ALTACAIN OPHTHALMIC (EYE) DROPS 0.5 %</i>	Tier 1	
<i>ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %</i>	Tier 1	
<i>fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %</i>	Tier 1	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	Tier 1	
<i>IHEEZ (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL 3 %</i>	Tier 3	
<i>proparacaine ophthalmic (eye) drops 0.5 (Alcaine) %</i>	Tier 1	
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
tetracaine hcl ophthalmic (eye) drops 0.5 % (Altacaine)	Tier 1	
<b>Eye Sulfonamides</b>		
sulacetamide sodium ophthalmic (eye) drops 10 %	Tier 1	
sulacetamide sodium ophthalmic (eye) ointment 10 %	Tier 1	
sulacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	Tier 1	
<b>Eye Vasoconstrictors (Rx Only)</b>		
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %	Tier 1	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 3	PA
<b>Nicotinic Recept.Partial Agonist, Alpha4beta2 Spec</b>		
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	Tier 2	PA
<b>Ophthalmic (Eye) Antiparasitics</b>		
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	Tier 4	PA; SP
<b>Ophthalmic Antibiotics</b>		
bacitracin ophthalmic (eye) ointment 500 unit/gram	Tier 2	
bacitracin-polymyxin b ophthalmic (eye) (Polycin) ointment 500-10,000 unit/gram	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	
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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
NEO-POLYCIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G <i>(neomycin-bacitracin-polymyxin)</i>	Tier 1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflax)	Tier 1	
POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM <i>(bacitracin-polymyxin b)</i>	Tier 1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	Tier 1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>tobramycin-vancomycin ophthalmic (eye) drops 1-2.5 %, 1.5-5 %</i>	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 2	
<i>vancomycin in 0.9 % sodium chl ophthalmic (eye) drops 10 mg/ml</i>	Tier 1	
<b>Ophthalmic Antifungal Agents</b>		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	Tier 3	
<b>Ophthalmic Anti-Inflammatory Immunomodulator-Type</b>		
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 %	Tier 1	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i> (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
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	Tier 2	QL (60 EA per 30 days)
<b>Ophthalmic Human Nerve Growth Factor (Hngf)</b>		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	Tier 4	PA; SP
<b>Ophthalmic Mast Cell Stabilizers</b>		
ALOCRIL OPHTHALMIC (EYE) DROPS 2 %	Tier 2	ST: Requires prior prescription for Cromolyn 4% ophthalmic drops within the past 120 days; QL (20 ML per 30 days)
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	Tier 2	ST: Requires prior prescription for Cromolyn 4% ophthalmic drops within the past 120 days; QL (40 ML per 30 days)
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 1	QL (50 ML per 30 days)

Drug	Status	Notes
<b>Eye - Glaucoma</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
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 2	
<b>Miotics/Other Intraoc. Pressure Reducers</b>		
apraclonidine ophthalmic (eye) drops 0.5 %	Tier 1	
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 2	QL (1 ML per 12 days)
brimonidine ophthalmic (eye) drops 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	
carteolol ophthalmic (eye) drops 1 %	Tier 1	
dorzolamide (pf) ophthalmic (eye) drops 2 %	Tier 1	
dorzolamide ophthalmic (eye) drops 2 %	Tier 1	
dorzolamide-timolol (pf) ophthalmic (eye) (Cosopt (PF)) dropperette 2-0.5 %	Tier 2	ST: Requires prior prescription for Dorzolamide HCL/Timolol Maleate within the past 120 days; QL (2 EA per 1 day)
dorzolamide-timolol ophthalmic (eye) (Cosopt) drops 22.3-6.8 mg/ml	Tier 1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	Tier 3	
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 3	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	Tier 3	ST: At least 2 prior prescriptions for Brimonidine Tartrate, Brimonidine Tartrate/Timolol, Brinzolamide, Latanoprost, Lumigan, Simbrinza, or Travoprost within the past 365 days; QL (2.5 ML per 30 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	Tier 3	ST: At least 2 prior prescriptions for Brimonidine Tartrate, Brimonidine Tartrate/Timolol, Brinzolamide, Latanoprost, Lumigan, Simbrinza, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	Tier 2	
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	Tier 2	QL (1 EA per 1 day)
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i>	Tier 2	QL (2 EA per 1 day)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	Tier 2	
<i>timolol-bimatoprost (pf) ophthalmic (eye) drops 0.5-0.01 %</i>	Tier 1	
<i>timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %</i>	Tier 1	
<i>timolol-dorzolam-bimatopro(pf) ophthalmic (eye) drops 0.5-2-0.01 %</i>	Tier 1	
<i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)	Tier 2	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: At least 2 prior prescriptions for Bimatoprost, Latanoprost, Latanoprost pf, Lumigan, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	Tier 3	ST: At least 2 prior prescriptions for Bimatoprost, Latanoprost, Latanoprost pf, Lumigan, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
<b>Mydriatics</b>		
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %</i>	Tier 1	
<i>atropine ophthalmic (eye) drops 1 % (Isoto Atropine)</i>	Tier 1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	Tier 1	
<i>atropine sulfate (pf) ophthalmic (eye) dropperette 1 %</i>	Tier 1	
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	Tier 3	
<i>cyclopentolate ophthalmic (eye) drops 1 % (Cyclogyl) %</i>	Tier 1	
<i>cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %</i>	Tier 1	
<i>cyclopent-tropic-phen-ketr-watr ophthalmic (eye) drops 1 %-1 %-10 %-0.5 %, 1 %-1 %-2.5 %-0.5 %</i>	Tier 1	
<i>cyclop-trop-propa-phen-ket-watr ophthalmic (eye) drops 1 %-1 %-0.1 %-2.5 %-0.4 %</i>	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) (homatropine hbr) DROPS 5 %	Tier 1	
MYDCOMBI OPHTHALMIC (EYE) CARTRIDGE 2.5-1 %	Tier 3	
<i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>	Tier 1	
<i>tropicamide ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tropicamide ophthalmic (eye) drops 1 % (Mydriacyl)</i>	Tier 1	
<b>Ophthalmic Antifibrotic Agents</b>		
<i>mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml</i>	Tier 4	SP
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG	Tier 3	
<b>Eye - Miscellaneous</b>		
<b>Agents For Corneal Collagen Cross-Linking</b>		
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOSUS 0.146 % -0.146 %	Tier 4	SP
PHOTREXA OPHTHALMIC (EYE) DROPS 0.146 %	Tier 4	SP

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
PHOTREXA VISCOSA OPHTHALMIC (EYE) DROPS, VISCOSA 0.146 %	Tier 4	SP
<b>Artificial Tears</b>		
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 %	Tier 3	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	Tier 2	
<b>Eye Mydriatic And Nsaid Combinations</b>		
MYDRIATIC4(TROP-PROP-PE-KTRLC) (tropic-proparacaine-pe-OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 % ketor-wat)	Tier 1	
<b>Eye Preparations, Miscellaneous (Otc)</b>		
GELFILM OPHTHALMIC (EYE) FILM	Tier 3	
<b>Ophthalmic Cystine Depleting Agents</b>		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	Tier 4	PA; SP
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	Tier 4	PA; SP
<b>Fluid Replacement</b>		
<b>Nucleic Acid/Nucleotide Supplements</b>		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	Tier 4	PA; SP
<b>Gout And Related Diseases</b>		
<b>Colchicine</b>		
colchicine oral tablet 0.6 mg (Colcrys)	Tier 1	QL (4 EA per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	Tier 3	ST: Requires prior prescription for Colchicine capsules or tablet within the past 120 days; QL (10 ML per 1 day)
<b>Hyperuricemia Tx - Purine Inhibitors</b>		
allopurinol oral tablet 100 mg (Zyloprim)	Tier 1	
allopurinol oral tablet 300 mg	Tier 1	
febuxostat oral tablet 40 mg, 80 mg (Uloric)	Tier 2	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (30 EA per 30 days)
<b>Uricosuric Agents</b>		
probencid oral tablet 500 mg	Tier 1	
probencid-colchicine oral tablet 500-0.5 mg	Tier 1	
<b>Uricosuric And Xanthine Oxidase Inhibitor Comb.</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG	Tier 3	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (1 EA per 1 day)
<b>Hematological Disorders</b>		
<b>Agents To Tx Thrombotic Thrombocytopenic Purpura</b>		
CABLIVI INJECTION KIT 11 MG	Tier 4	PA; SP
CABLIVI INJECTION RECON SOLN 11 MG	Tier 4	PA; SP
<b>Anticoagulants,Coumarin Type</b>		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG  <i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Tier 1	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Tier 1	
<b>Antifibrinolytic Agents</b>		
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	Tier 1	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	Tier 1	
<i>tranexamic acid oral tablet 650 mg</i>	Tier 1	
<b>Citrates As Anticoagulants</b>		
ACD SOLUTION A SOLUTION 2.45-2.2 GRAM- 800 MG/100 ML	Tier 3	
ACD-A SOLUTION , 2.45-2.2 GRAM- 730 MG/100 ML	Tier 3	
<i>anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml</i>	Tier 1	
<i>citicric-sod citrat-sod phos-dex solution 0.327-2.63 gram/100 ml</i>	Tier 1	
REGIOCIT (EUA) SOLUTION 5.03-5.29 GRAM/L	Tier 3	
<i>sodium citrate in 0.9 % nacl solution 0.5 %</i>	Tier 1	
<i>sodium citrate intra-catheter solution 4 %</i>	Tier 1	
<i>sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)</i>	Tier 1	
<i>sodium citrate solution 4 gram /100 ml (4 %)</i>	Tier 1	
<b>Complement (C3) Inhibitors</b>		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	Tier 4	PA; SP
<b>Direct Factor Xa Inhibitors</b>		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	Tier 2	QL (74 EA per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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)
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, 2.5 MG	Tier 2	QL (2 EA per 1 day)
<b>Hematinics, Other</b>		
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
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
<b>Hemophilia Treatment Agents, Non- Factor Replacement</b>		
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
<b>Hemorrhologic Agents</b>		
pentoxifylline oral tablet extended release 400 mg	Tier 1	
<b>Heparin And Related Preparations</b>		
enoxaparin subcutaneous solution 300 (Lovenox) mg/3 ml	Tier 4	QL (30 ML per 30 days)
enoxaparin subcutaneous syringe 100 (Lovenox) 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	Tier 4	
fondaparinux subcutaneous syringe 10 (Arixtra) mg/0.8 ml	Tier 4	QL (24 ML per 30 days)
fondaparinux subcutaneous syringe 2.5 (Arixtra) mg/0.5 ml	Tier 4	QL (15 ML per 30 days)
fondaparinux subcutaneous syringe 5 (Arixtra) mg/0.4 ml	Tier 4	QL (12 ML per 30 days)
fondaparinux subcutaneous syringe 7.5 (Arixtra) mg/0.6 ml	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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	Tier 4	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	Tier 4	QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	Tier 4	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	Tier 4	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	Tier 4	QL (43.2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	Tier 4	QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	Tier 4	QL (18 ML per 30 days)
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	Tier 1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	Tier 1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>	Tier 1	
<b>Human Monoclonal Antibody Complement(C5) Inhibitor</b>		
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
<b>Hypoxia Inducible Factor Prolyl Hydroxylase Inh.</b>		
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	PA
<b>Leukocyte (Wbc) Stimulants</b>		
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA; SP
<b>Platelet Aggregation Inhibitors</b>		
ADULT ASPIRIN REGIMENT ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	\$0	
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	\$0	
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG	\$0	
<i>aspirin oral tablet,chewable 81 mg</i> (Aspirin Childrens)	\$0	
<i>aspirin oral tablet,delayed release (dr/ec)</i> (Adult Aspirin Regimen) 81 mg	\$0	
<i>aspirin-dipyridamole oral capsule, er</i> <i>multiphase 12 hr 25-200 mg</i>	Tier 1	
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	\$0	
BRILINTA ORAL TABLET 60 MG, 90 MG	Tier 2	QL (2 EA per 1 day)
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG	\$0	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	
<i>clopidogrel oral tablet 300 mg</i>	Tier 1	QL (4 EA per 30 days)
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	Tier 1	
<i>dipyridamole oral tablet 25 mg, 50 mg,</i> 75 mg	Tier 1	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	Tier 1	QL (1 EA per 1 day)
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG	\$0	
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	\$0	
ZONTIVITY ORAL TABLET 2.08 MG	Tier 3	QL (1 EA per 1 day)
<b>Platelet Reducing Agents</b>		
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	Tier 1	
<i>anagrelide oral capsule 1 mg</i>	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<b>Pyruvate Kinase Activators</b>		
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
<b>Sickle Cell Anemia Agents</b>		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 3	
ENDARI ORAL POWDER IN PACKET 5 (glutamine (sickle cell)) GRAM	Tier 4	PA; SP
<i>glutamine (sickle cell) oral powder in packet 5 gram</i> (Endari)	Tier 4	PA; SP
SIKLOS ORAL TABLET 1,000 MG	Tier 3	ST: Requires prior prescription for Droxia or Hydroxyurea within the past 365 days
SIKLOS ORAL TABLET 100 MG	Tier 3	QL (2 EA per 1 day)
<b>Spleen Tyrosine Kinase Inhibitors</b>		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 4	PA; SP
<b>Thrombin Inhibitors, Selective, Direct, &amp; Reversible</b>		
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa)	Tier 1	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
<b>Thrombopoietin Receptor Agonists</b>		
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
<b>Topical Hemostatics</b>		
ASTRINGYN TOPICAL SOLUTION 259 MG/G	Tier 3	
AVITENE FLOUR TOPICAL POWDER	Tier 3	
AVITENE TOPICAL POWDER IN PACKET	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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 JMI POWDER TOPICAL KIT 5,000 UNIT	Tier 3	
GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT	Tier 3	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200	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	
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	
THROMBI-GEL TOPICAL PADS, MEDICATED 10 CM2, 100 CM2, 40 CM2	Tier 1	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT	Tier 1	
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 1	
THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT	Tier 1	
THROMBIN-JMI TOPICAL SPRAY, NON-AEROSOL 20,000 UNIT	Tier 1	
THROMBI-PAD TOPICAL PADS, MEDICATED 3 X 3 "	Tier 1	
ULTRAFOAM TOPICAL SPONGE 2 X 6.25 X 7 CM-CM-MM, 8 X 12.5 X 1 CM, 8 X 12.5 X 3 CM-CM-MM, 8 X 6.25 X 1 CM	Tier 3	
VISTASEAL-FIBRIN SEALANT TOPICAL SYRINGE 500 UNIT-80 MG /ML (10 ML), 500 UNIT-80 MG /ML (2 ML), 500 UNIT-80 MG /ML (4 ML)	Tier 3	
<b>Vitamin K Preparations</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i> (Vitamin K1)	Tier 1	
<i>phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml</i>	Tier 1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 1	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML (phytonadione (vitamin k1))	Tier 1	
VITAMIN K1 INJECTION SOLUTION 10 MG/ML (phytonadione (vitamin k1))	Tier 1	
<b>Hormonal Deficiency</b>		
<b>Androgenic Agents</b>		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	Tier 3	PA
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	Tier 3	PA
METHITEST ORAL TABLET 10 MG (methyltestosterone)	Tier 3	PA
<i>methyltestosterone oral capsule 10 mg</i>	Tier 2	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	Tier 1	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Tier 1	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i> (Testim)	Tier 2	PA
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	Tier 2	PA
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	Tier 2	PA
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	Tier 2	PA
<i>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)</i> (AndroGel)	Tier 2	PA
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	Tier 2	PA
TLANDO ORAL CAPSULE 112.5 MG	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
<b>Estrogen &amp; Progestin With Antimineralocorticoid Cb</b>		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 3	
<b>Estrogen &amp; Selective Estrogen Recept Mod(Serm)Comb</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
DUAVEE ORAL TABLET 0.45-20 MG	Tier 2	
<b>Estrogen And Progestin Combinations</b>		
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)
<b>Estrogen/Androgen Combinations</b>		
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	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg</i> (Covaryx H.S.)	Tier 1	
<i>estrogens-methyltestosterone oral tablet 1.25-2.5 mg</i> (Covaryx)	Tier 1	
<b>Estrogenic Agents</b>		
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	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 10 MG/ML (estradiol valerate)	Tier 3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (estradiol cypionate)	Tier 3	
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: Requires prior prescription for Alora or Estradiol within the past 120 days; QL (52 GM per 30 days)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	Tier 1	
<i>estradiol transdermal gel in metered-dose pump 1.25 gram/actuation</i> (EstroGel)	Tier 1	ST: Requires prior prescription for Alora or Estradiol within the past 120 days
<i>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</i> (Dotti)	Tier 1	QL (2 EA per 7 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>estradiol transdermal patch weekly 0.025 (Climara) 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</i>	Tier 1	QL (1 EA per 7 days)
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml (Delestrogen)</i>	Tier 2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	Tier 1	
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg (Mimvey)</i>	Tier 1	
<b>EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)</b>	Tier 3	ST: Requires prior prescription for Alora or Estradiol within the past 120 days; QL (16.2 ML per 30 days)
<b>FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG (norethindrone ac-eth estradiol)</b>	Tier 1	
<b>JINTELI ORAL TABLET 1-5 MG-MCG (norethindrone ac-eth estradiol)</b>	Tier 1	
<b>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)</b>	Tier 1	QL (2 EA per 7 days)
<b>MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR</b>	Tier 3	QL (1 EA per 7 days)
<b>MIMVEY ORAL TABLET 1-0.5 MG (estradiol-norethindrone acet)</b>	Tier 1	
<i>norethindrone ac-eth estradiol oral tablet (Fyavolv) 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 1	
<b>PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG</b>	Tier 2	
<b>PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)</b>	Tier 2	
<b>PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)</b>	Tier 2	
<b>PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG</b>	Tier 2	
<b>Menopausal Symptoms Suppressant - Ssris</b>		
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	Tier 1	ST: Requires prior prescription for Paroxetine HCL or Venlafaxine HCL within the past 120 days; QL (1 EA per 1 day)
<b>Menopausal Symptoms Suppressant- Nk3 Receptor Antag</b>		
<b>VEOZAH ORAL TABLET 45 MG</b>	Tier 3	
<b>Progestational Agents</b>		
<b>CRINONE VAGINAL GEL 4 %</b>	Tier 3	PA

Drug	Status	Notes
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 2	
progesterone micronized oral capsule 100 mg, 200 mg (Prometrium)	Tier 1	
<b>Immunization</b>		
<b>Covid-19 Vaccines</b>		
COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	\$0	\$0 COPAY IF QUANTITY IS 0.3 AND 12 YEARS OF AGE OR OLDER
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	\$0	\$0 COPAY IF QUANTITY IS 0.25 AND AGE 6 MONTHS TO 11 YEARS
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS 0.5 AND 12 YEARS OF AGE OR OLDER
PFIZER COVID 2024-25(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	\$0	\$0 COPAY IF QUANTITY IS 3 AND AGE 5-11 YEARS
PFIZER COVID 2024-25(6MO-4Y)PF INTRAMUSCULAR SUSPENSION 3 MCG/0.3 ML	\$0	\$0 COPAY IF QUANTITY IS 0.3 AND AGE 6 MONTHS TO 4 YEARS
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS 0.5 AND 12 YEARS OF AGE OR OLDER
<b>Enteric Virus Vaccines</b>		
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	Tier 3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	Tier 3	
<b>Gram (-) Bacilli (Non-Enteric) Vaccines</b>		
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	Tier 3	
<b>Gram Positive Cocci Vaccines</b>		
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	\$0	Age (Min 19 Years)
<b>Influenza Virus Vaccines</b>		
AFLURIA TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
AFLURIA TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 180 DAYS, AND 65 YEARS OF AGE OR OLDER
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 180 DAYS, AND 18 YEARS OF AGE OR OLDER
FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUMIST TRIVALENT 2024-2025 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	\$0	\$0 COPAY IF QUANTITY IS 1 AND FILL OF 1 IN 180 DAYS
FLUZONE HIGH-DOSE TRIV 24-25 INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 180 DAYS, AND 65 YEARS OF AGE OR OLDER
FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
<b>Toxin-Producing Bacilli Vaccines/Toxoids</b>		
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	
<b>Viral/Tumorigenic Vaccines</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	\$0	\$0 COPAY IF FEMALE 18-45 YEARS OF AGE OR 60 YEARS OF AGE AND OLDER NOT COVERED FOR FEMALES 17 YEARS OF AGE AND YOUNGER OR 46-59 YEARS OF AGE \$0 COPAY IF MALE 60 YEARS OF AGE AND OLDER NOT COVERED FOR MALES 59 YEARS OF AGE AND YOUNGER; QL (1 EA per 1 FILL)
<i>adenovirus vac live type-4, 7 oral tablet,delayed release (dr/ec)</i>	Tier 3	
<i>adenovirus vaccine live type-4 oral tablet,delayed release (dr/ec)</i>	Tier 3	
<i>adenovirus vaccine live type-7 oral tablet,delayed release (dr/ec)</i>	Tier 3	
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	\$0	QL (1 EA per 1 FILL); Age (Min 60 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	Tier 2	QL (2 ML per 1 LIFETIME)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	Tier 3	QL (2 ML per 1 LIFETIME)
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	Tier 3	QL (2 EA per 1 LIFETIME); Age (Min 50 Years)
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG	Tier 3	QL (2 EA per 1 LIFETIME); Age (Min 50 Years)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	Tier 3	QL (2 ML per 1 LIFETIME)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	Tier 2	QL (2 ML per 1 LIFETIME)
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	Tier 3	QL (2 ML per 1 LIFETIME)
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	Tier 2	QL (2 ML per 1 LIFETIME)
<b>Immunosuppression/Modulation</b>		
<b>Immunomodulators</b>		
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
<i>imiquimod topical cream in packet 5 %</i>	Tier 1	QL (2 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
QUIDROXZAR TOPICAL GEL 5-0.1-30 %	Tier 3	
QUIHOXAXIA TOPICAL GEL 5-1-2 % (imiquimod-levocetirizine-niacin)	Tier 3	
QUIHOXVAR TOPICAL GEL 5-0.05-1 % (imiquimod-tretinoin-levocetir)	Tier 3	
<b>Immunosuppressives</b>		
AZASAN ORAL TABLET 100 MG, 75 MG (azathioprine)	Tier 3	
<i>azathioprine oral tablet 100 mg, 75 mg</i> (Azasan)	Tier 1	
<i>azathioprine oral tablet 50 mg</i> (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	
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	Tier 1	
<i>cyclosporine modified oral capsule 50 mg</i>	Tier 1	
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	Tier 1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	Tier 1	
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i> (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
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	Tier 1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	Tier 2	
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	Tier 1	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic)	Tier 2	
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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
<i>sirolimus oral solution 1 mg/ml</i>	Tier 1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg (Prograf)</i>	Tier 1	
<i>tacrolimus oral capsule,extended release 24hr 0.5 mg, 1 mg, 5 mg (Astagraf XL)</i>	Tier 1	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	
<b>Rho Kinase Inhibitor</b>		
REZUROCK ORAL TABLET 200 MG	Tier 4	PA; SP
<b>Infectious Disease - Bacterial</b>		
<b>Absorbable Sulfonamides</b>		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml (Sulfatrim)</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg (Bactrim)</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg (Bactrim DS)</i>	Tier 1	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (sulfamethoxazole-trimethoprim)	Tier 1	
<b>Betalactams</b>		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Tier 4	PA; SP
<b>Cephalosporins - 1St Generation</b>		
<i>cefadroxil oral capsule 500 mg</i>	Tier 1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	Tier 1	
<b>Cephalosporins - 2Nd Generation</b>		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 375 mg/5 ml</i>	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
<b>Cephalosporins - 3Rd Generation</b>		
cefdinir oral capsule 300 mg	Tier 1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
<b>Chemotherapeutics, Antibacterial, Misc.</b>		
fosfomycin tromethamine oral packet 3 gram	Tier 1	
methenamine hippurate oral tablet 1 gram (Hiprex)	Tier 1	
methenamine mandelate oral tablet 0.5 gram, 1 gram	Tier 1	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	Tier 2	
trimethoprim oral tablet 100 mg	Tier 1	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG	Tier 2	
URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG	Tier 3	
URIMAR-T ORAL TABLET 120-10.8-0.12 MG	Tier 3	
URO-458 ORAL TABLET 81-10.8-40.8 MG	Tier 2	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG	Tier 1	
<b>Fecal Microbiota Transplantation (Fmt)</b>		
REBYOTA RECTAL ENEMA 150 ML	Tier 4	PA; SP
VOWST ORAL CAPSULE	Tier 4	PA; SP
<b>Macrolides</b>		
azithromycin oral packet 1 gram (Zithromax)	Tier 1	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	Tier 1	
azithromycin oral tablet 250 mg, 500 mg (Zithromax)	Tier 1	
azithromycin oral tablet 600 mg	Tier 1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
clarithromycin oral tablet 250 mg, 500 mg	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	Tier 2	
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)
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 500 MG	(erythromycin) Tier 1	
<i>erythromycin oral capsule,delayed release(dr/ec) 250 mg</i>	Tier 1	
<i>erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	(Ery-Tab) Tier 1	
<b>Nitrofuran Derivatives</b>		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	(Macrodantin) Tier 1	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	(Macrobid) Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	(Furadantin) Tier 2	PA
<b>Oxazolidinones</b>		
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	(Zyvox) Tier 2	
<i>linezolid oral tablet 600 mg</i>	(Zyvox) Tier 1	
SIVEXTRO ORAL TABLET 200 MG	Tier 2	ST: Requires prior prescription for Linezolid (600mg tablets) within the past 120 days; QL (6 EA per 6 days)
<b>Penicillins</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1	
<i>amoxicillin oral tablet,chewable 125 mg, 250 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i>	(Augmentin) Tier 1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i>	(Augmentin ES-600) Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	Tier 2	
<i>ampicillin oral capsule 500 mg</i>	Tier 1	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG</i> (amoxicillin)	Tier 3	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	
<b>Pleuromutilin Derivatives</b>		
XENLETA ORAL TABLET 600 MG	Tier 3	PA
<b>Quinolones</b>		
BAXDELA ORAL TABLET 450 MG	Tier 3	PA
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML (ciprofloxacin)	Tier 2	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	Tier 1	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	Tier 1	
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	Tier 1	
FACTIVE ORAL TABLET 320 MG	Tier 3	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>moxifloxacin oral tablet 400 mg</i>	Tier 1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 2	
<b>Tetracyclines</b>		
<i>doxycycline hyclate oral capsule 100 mg</i> (Vibramycin)	Tier 1	QL (2 EA per 1 day)
<i>doxycycline hyclate oral capsule 50 mg</i> (Morgidox)	Tier 1	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	
<i>doxycycline hyclate oral tablet 150 mg</i> (Acticlate)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 150mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 75 mg</i> (Acticlate)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	Tier 1	
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	Tier 1	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral tablet 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	Tier 1	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
MONDOXYNE NL ORAL CAPSULE 100 MG (doxycycline monohydrate)	Tier 1	
NUZYRA ORAL TABLET 150 MG	Tier 3	PA
<b>Infectious Disease - Fungal</b>		
<b>Antifungal Agents</b>		
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 1	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	Tier 3	PA
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	Tier 1	
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan)	Tier 1	
<i>fluconazole oral tablet 100 mg, 200 mg</i> (Diflucan)	Tier 1	
<i>fluconazole oral tablet 150 mg, 50 mg</i>	Tier 1	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	Tier 1	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	Tier 1	
<i>ketoconazole oral tablet 200 mg</i>	Tier 1	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG	Tier 3	PA
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	Tier 3	
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i> (Noxafil)	Tier 2	PA
<i>posaconazole oral tablet,delayed release (dr/ec) 100 mg</i> (Noxafil)	Tier 2	PA
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	
VIVJOA ORAL CAPSULE 150 MG	Tier 3	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)	Tier 2	
<b>Antifungal Antibiotics</b>		
BREXFEMME ORAL TABLET 150 MG	Tier 3	PA

<b>Drug</b>	<b>Status</b>	<b>Notes</b>	
griseofulvin microsize oral suspension 125 mg/5 ml	Tier 1		
griseofulvin microsize oral tablet 500 mg	Tier 2		
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	Tier 2		
nystatin oral suspension 100,000 unit/ml	Tier 1		
nystatin oral tablet 500,000 unit	Tier 1		
<b>Infectious Disease - Miscellaneous</b>			
<b>Aminoglycosides</b>			
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	Tier 4	PA; SP	
neomycin oral tablet 500 mg	Tier 1		
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
<b>Antibacterial Agents,Miscellaneous</b>			
glycine urologic solution irrigation solution 1.5 %	(Glycine Urologic)	Tier 1	
<b>Antileprotics</b>			
dapsone oral tablet 100 mg, 25 mg	Tier 1		
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 4	PA; SP	
<b>Anti-Mycobacterium Agents</b>			
ethambutol oral tablet 100 mg, 400 mg	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	(Mycobutin)	Tier 2	
TRECATOR ORAL TABLET 250 MG	Tier 3		
<b>Antitubercular Antibiotics</b>			
cycloserine oral capsule 250 mg	Tier 1		
pretomanid oral tablet 200 mg	Tier 3	QL (1 EA per 1 day)	
PRIFTIN ORAL TABLET 150 MG	Tier 3		
rifampin oral capsule 150 mg, 300 mg	Tier 1		
SIRTURO ORAL TABLET 100 MG, 20 MG	Tier 4	PA; SP	

Drug	Status	Notes
<b>Lincosamides</b>		
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	
<b>Rifamycins And Related Derivative Antibiotics</b>		
AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC) 194 MG	Tier 3	ST: Requires prior prescription for generic oral Ciprofloxacin, Azithromycin, Ofloxacin, or Levofloxacin 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
<b>Vancomycin And Derivatives</b>		
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 2	QL (600 ML per 1 FILL)
<b>Infectious Disease - Parasitic</b>		
<b>2Nd Gen. Anaerobic Antiprotozoal-Antibacterial</b>		
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	Tier 3	ST: At least 2 prior prescriptions for Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, or Tinidazole within the past 365 days; QL (1 EA per 30 days)
tinidazole oral tablet 250 mg, 500 mg	Tier 1	
<b>Amebacides</b>		
HUMATIN ORAL CAPSULE 250 MG (paromomycin)	Tier 3	
paromomycin oral capsule 250 mg (Humatin)	Tier 1	
<b>Anaerobic Antiprotozoal-Antibacterial Agents</b>		
LIKMEZ ORAL SUSPENSION 500 MG/5 ML	Tier 3	PA
metronidazole oral tablet 250 mg, 500 mg	Tier 1	
<b>Anthelmintics</b>		
albendazole oral tablet 200 mg	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
<b>Antimalarial Drugs</b>		
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	
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)
KRINTAFEL ORAL TABLET 150 MG	Tier 2	QL (2 EA per 1 FILL)
mefloquine oral tablet 250 mg	Tier 1	
primaquine oral tablet 26.3 mg (15 mg base)	Tier 2	
pyrimethamine oral tablet 25 mg (Daraprim)	Tier 4	PA; SP
quinine sulfate oral capsule 324 mg (Qualaquin)	Tier 1	
SOVUNA ORAL TABLET 200 MG (hydroxychloroquine)	Tier 2	QL (100 EA per 30 days)
<b>Antiparasitics</b>		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	Tier 3	QL (50 ML per 1 day)
nitazoxanide oral tablet 500 mg (Alinia)	Tier 1	QL (2 EA per 1 day)
<b>Antiprotozoal Drugs,Miscellaneous</b>		
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	
pentamidine inhalation recon soln 300 mg (Nebupent)	Tier 1	
<b>Infectious Disease - Viral</b>		
<b>Antiretroviral - Capsid Inhibitors</b>		
SUNLENCA ORAL TABLET 300 MG	Tier 4	PA; SP
<b>Antiretroviral-Integrase Inhibitor And Nnrti Comb.</b>		
JULUCA ORAL TABLET 50-25 MG	Tier 4	QL (1 EA per 1 day)

Drug	Status	Notes
<b>Antiretroviral-Integrase Inhibitor And Nrti Comb.</b>		
DOVATO ORAL TABLET 50-300 MG	Tier 4	QL (1 EA per 1 day)
<b>Antiretroviral-Nucleoside,Nucleotide,Protease Inh.</b>		
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 4	QL (1 EA per 1 day)
<b>Antiviral - Main Protease (Mpro) Inhibitor</b>		
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)
<b>Antiviral Monoclonal Antibodies</b>		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	Tier 4	PA; SP
<b>Antiviral Nucleotide Analogs</b>		
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	Tier 1	QL (40 EA per 29 days); Age (Min 18 Years)
<b>Antivirals, General</b>		
<i>acyclovir oral capsule 200 mg</i>	Tier 1	
<i>acyclovir oral suspension 200 mg/5 ml (Zovirax)</i>	Tier 2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	
LIVTENCITY ORAL TABLET 200 MG	Tier 3	PA; SP
<i>oseltamivir oral capsule 30 mg (Tamiflu)</i>	Tier 1	QL (40 EA per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg (Tamiflu)</i>	Tier 1	QL (20 EA per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml (Tamiflu)</i>	Tier 1	QL (360 ML per 180 days)
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)
<i>ribavirin inhalation recon soln 6 gram (Virazole)</i>	Tier 1	
<i>rimantadine oral tablet 100 mg (Flumadine)</i>	Tier 1	
TEMBEXA ORAL SUSPENSION 10 MG/ML	Tier 2	
TEMBEXA ORAL TABLET 100 MG	Tier 2	
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG	Tier 2	
<i>valacyclovir oral tablet 1 gram, 500 mg (Valtrex)</i>	Tier 1	
<i>valganciclovir oral recon soln 50 mg/ml (Valcyte)</i>	Tier 1	
<i>valganciclovir oral tablet 450 mg (Valcyte)</i>	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
XOFLUZA ORAL TABLET 20 MG, 40 MG	Tier 2	QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 80 MG	Tier 2	QL (2 EA per 180 days)
<b>Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib</b>		
APTIVUS ORAL CAPSULE 250 MG	Tier 4	QL (4 EA per 1 day)
<i>darunavir oral tablet 600 mg</i> (Prezista)	Tier 4	QL (2 EA per 1 day)
<i>darunavir oral tablet 800 mg</i> (Prezista)	Tier 4	QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 4	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	Tier 4	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 75 MG	Tier 4	QL (16 EA per 1 day)
<b>Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog</b>		
CIMDUO ORAL TABLET 300-300 MG	Tier 4	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG	Tier 4	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)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada)	Tier 4	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (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)
<b>Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb</b>		
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	Tier 4	QL (1 EA per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 4	QL (2 EA per 1 day)
<b>Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.</b>		
<i>maraviroc oral tablet 150 mg</i> (Selzentry)	Tier 4	QL (2 EA per 1 day)
<i>maraviroc oral tablet 300 mg</i> (Selzentry)	Tier 4	QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 4	QL (31 ML per 1 day)
<b>Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor</b>		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	Tier 4	PA
<b>Antivirals, Hiv-Specific, Fusion Inhibitors</b>		

Drug	Status	Notes
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	Tier 4	QL (2 EA per 1 day)
<b>Antivirals, Hiv-Specific, Non-Nucleoside, Rti</b>		
EDURANT ORAL TABLET 25 MG	Tier 4	QL (1 EA per 1 day)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	Tier 4	
<i>efavirenz oral tablet 600 mg</i>	Tier 4	
<i>etravirine oral tablet 100 mg</i> (Intelence)	Tier 4	QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i> (Intelence)	Tier 4	QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG	Tier 4	QL (4 EA per 1 day)
<i>nevirapine oral suspension 50 mg/5 ml</i>	Tier 4	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	Tier 4	QL (2 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 4	QL (3 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Tier 4	QL (1 EA per 1 day)
<b>Antivirals, Hiv-Specific, Nucleoside Analog, Rti</b>		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	Tier 4	QL (960 ML per 30 days)
<i>abacavir oral tablet 300 mg</i>	Tier 4	QL (2 EA per 1 day)
<i>emtricitabine oral capsule 200 mg</i> (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 SOLUTION 10 MG/ML	Tier 4	QL (850 ML per 30 days)
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	Tier 4	QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i> (Epivir)	Tier 4	QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i> (Epivir)	Tier 4	QL (1 EA per 1 day)
<i>stavudine oral capsule 15 mg, 20 mg</i>	Tier 4	QL (2 EA per 1 day)
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	Tier 4	QL (6 EA per 1 day)
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	Tier 4	QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	Tier 4	QL (2 EA per 1 day)
<b>Antivirals, Hiv-Specific, Nucleotide Analog, Rti</b>		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (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 4	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 4	QL (1 EA per 1 day)

Drug	Status	Notes
<b>Antivirals, Hiv-Specific, Protease Inhibitor Comb</b>		
lopinavir-ritonavir oral solution 400-100 mg/5 ml (Kaletra)	Tier 4	QL (480 ML per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg (Kaletra)	Tier 4	QL (10 EA per 1 day)
lopinavir-ritonavir oral tablet 200-50 mg (Kaletra)	Tier 4	QL (4 EA per 1 day)
<b>Antivirals, Hiv-Specific, Protease Inhibitors</b>		
atazanavir oral capsule 150 mg	Tier 4	QL (2 EA per 1 day)
atazanavir oral capsule 200 mg (Reyataz)	Tier 4	QL (2 EA per 1 day)
atazanavir oral capsule 300 mg (Reyataz)	Tier 4	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	Tier 4	QL (1 EA per 1 day)
fosamprenavir oral tablet 700 mg	Tier 4	QL (4 EA per 1 day)
NORVIR ORAL CAPSULE 100 MG	Tier 4	QL (12 EA per 1 day)
NORVIR ORAL POWDER IN PACKET 100 MG	Tier 4	QL (12 EA per 1 day)
REYATAZ ORAL POWDER IN PACKET 50 MG	Tier 4	QL (5 EA per 1 day)
ritonavir oral tablet 100 mg (Norvir)	Tier 4	QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 4	
<b>Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr</b>		
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (cabotegravir)	\$0	ST: Requires prior prescription for Descovy or generic Truvada within the past 120 days; \$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	ST: Requires prior prescription for Descovy or generic Truvada within the past 120 days; \$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 4	QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG	Tier 4	QL (2 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ISENTRESS ORAL TABLET 400 MG	Tier 4	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	Tier 4	QL (6 EA per 1 day)
TIVICAY ORAL TABLET 50 MG	Tier 4	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	Tier 4	QL (6 EA per 1 day)
VOCABRIA ORAL TABLET 30 MG	Tier 4	SP; QL (1 EA per 1 day); Age (Min 12 Years)
<b>Arv Cmb Nucleoside,Nucleotide,&amp;Non-Nucleoside Rti</b>		
efavirenz-emtricitabin-tenofovir oral tablet (Atripla) 600-200-300 mg	Tier 4	QL (1 EA per 1 day)
efavirenz-lamivu-tenofovir disop oral tablet 400-300-300 mg	Tier 4	QL (1 EA per 1 day)
efavirenz-lamivu-tenofovir disop oral tablet 600-300-300 mg	Tier 4	QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 4	QL (1 EA per 1 day)
<b>Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor</b>		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	Tier 4	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 4	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 4	QL (1 EA per 1 day)
<b>Arv Comb-Nrtis &amp; Integrase Inhibitor</b>		
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 4	QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	Tier 4	QL (6 EA per 1 day)
<b>Cytochrome P450 Inhibitors</b>		
TYBOST ORAL TABLET 150 MG	Tier 2	QL (1 EA per 1 day)
<b>Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo</b>		
VOSEVI ORAL TABLET 400-100-100 MG	Tier 4	PA; SP
<b>Hep C Virus - Ns5a &amp; Ns5b Polymerase Inhib. Combo.</b>		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	Tier 4	PA; SP
EPCLUSA ORAL TABLET 200-50 MG	Tier 4	PA; SP
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	Tier 4	PA; SP
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	Tier 4	PA; SP
HARVONI ORAL TABLET 45-200 MG	Tier 4	PA; SP
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	Tier 4	PA; SP

Drug	Status	Notes
<b>Hep C Virus,Nucleotide Analog Ns5b Polymerase Inh</b>		
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	Tier 4	PA; SP
SOVALDI ORAL TABLET 200 MG, 400 MG	Tier 4	PA; SP
<b>Hepatitis B Treatment Agents</b>		
<i>adefovir oral tablet 10 mg</i> (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)
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	Tier 4	SP; QL (1 EA per 1 day)
<i>lamivudine oral tablet 100 mg</i>	Tier 1	QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG	Tier 4	SP; QL (1 EA per 1 day)
<b>Hepatitis C Treatment Agents</b>		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 4	PA; SP
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 4	PA; SP
<i>ribavirin oral capsule 200 mg</i>	Tier 1	
<i>ribavirin oral tablet 200 mg</i>	Tier 1	
<b>Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb</b>		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	Tier 4	PA; SP
MAVYRET ORAL TABLET 100-40 MG	Tier 4	PA; SP
<b>Inflammatory Disease</b>		
<b>Anti-Arthritic And Chelating Agents</b>		
CUPRIMINE ORAL CAPSULE 250 MG (penicillamine)	Tier 4	PA; SP
D-PENAMINE ORAL TABLET 125 MG	Tier 4	PA; SP
<i>penicillamine oral capsule 250 mg</i> (Cuprimine)	Tier 4	PA; SP
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	Tier 4	PA; SP
<b>Anti-Arthritic, Folate Antagonist Agents</b>		
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)
<b>Anti-Flam. Interleukin-1 Receptor Antagonist</b>		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	Tier 4	PA; SP
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Tier 4	PA; SP
<b>Anti-Inflammatory Tumor Necrosis Factor Inhibitor</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml (Hyrimoz(CF) Pen)	Tier 4	PA; SP
adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml (Hyrimoz(CF))	Tier 4	PA; SP
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	Tier 4	PA; SP
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	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
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)	Tier 4	PA; SP
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)	Tier 4	PA; SP
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)	Tier 4	PA; SP
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)	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
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 PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 4	PA; SP

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	Tier 4	PA; SP
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2)	Tier 4	PA; SP
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML, 80 MG/0.8 ML- 40 MG/0.4 ML	Tier 4	PA; SP
HYRIMOZ(CF) PEN SUBCUTANEOUS (adalimumab-adaz) PEN INJECTOR 40 MG/0.4 ML	Tier 4	PA; SP
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	Tier 4	PA; SP
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML	Tier 4	PA; SP
HYRIMOZ(CF) SUBCUTANEOUS (adalimumab-adaz) SYRINGE 40 MG/0.4 ML	Tier 4	PA; SP
SIMLANDI(CF) AUTOINJECTOR (adalimumab-ryvk) SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	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
<b>Anti-Inflammatory, Pyrimidine Synthesis Inhibitor</b>		
leflunomide oral tablet 10 mg, 20 mg (Arava)	Tier 1	
<b>Anti-Inflammatory, Phosphodiesterase- 4(Pde4) Inhib.</b>		
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
<b>Antinflammatory, Sel.Costim.Mod.,T- Cell Inhibitor</b>		
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	Tier 4	PA; SP

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	Tier 4	PA; SP
<b>Bradykinin B2 Receptor Antagonists</b>		
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Sajazir)	Tier 4	PA; SP
SAJAZIR SUBCUTANEOUS SYRINGE (icatibant) 30 MG/3 ML	Tier 4	PA; SP
<b>C1 Esterase Inhibitors</b>		
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	Tier 4	PA; SP
<b>Glucocorticoids</b>		
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	
<i>budesonide oral capsule, delayed, extend.release 3 mg</i>	Tier 2	
<i>budesonide oral tablet,delayed and ext.release 9 mg</i> (Uceris)	Tier 2	ST: Requires prior prescription for Balsalazide Disodium within the past 120 days
<i>deflazacort oral suspension 22.75 mg/ml</i> (Emflaza)	Tier 4	PA; SP
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i> (Emflaza)	Tier 4	PA; SP
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	Tier 3	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 1	
DEXONTO IONTOPHORETIC SOLUTION 0.4 %	Tier 3	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (deflazacort)	Tier 4	PA; SP
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	Tier 1	
MEDROL ORAL TABLET 2 MG	Tier 2	
MEDROLOAN II SUIK KIT 40 MG/ML	Tier 3	
MEDROLOAN SUIK KIT 40 MG/ML	Tier 3	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	Tier 1	
<i>methylprednisolone oral tablet 32 mg</i>	Tier 1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>prednisolone oral solution 15 mg/5 ml</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i>	(Orapred ODT)	Tier 2
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML		Tier 2
<i>prednisone oral solution 5 mg/5 ml</i>	Tier 1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	Tier 1	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML	Tier 3	
SOLU-CORTEF INJECTION RECON SOLN 100 MG	(hydrocortisone sod succinate)	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	
<b>Gold Salts</b>		
RIDAURA ORAL CAPSULE 3 MG	Tier 3	
<b>Immunomodulator,B-Lymphocyte Stim(Blys)-Spec Inhib</b>		
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	Tier 4	PA; SP
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	Tier 4	PA; SP
<b>Interleukin-6 (IL-6) Receptor Inhibitors</b>		
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	PA; SP

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 4	PA; SP
<b>Janus Kinase (Jak) Inhibitors</b>		
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
<b>Mineralocorticoids</b>		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 1	
<b>Monoclonal Antibody-Human Interleukin 12/23 Inhib</b>		
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
<b>Nsaids, Cyclooxygenase 2 Inhibitor - Type</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg (Celebrex)</i>	Tier 1	
<b>Nsaids, Cyclooxygenase Inhibitor-Type</b>		
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG</i>	(naproxen) Tier 1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 1	
<i>etodolac oral tablet 400 mg</i>	(Lodine) Tier 1	
<i>etodolac oral tablet 500 mg</i>	Tier 1	
<i>flurbiprofen oral tablet 100 mg</i>	Tier 1	
<i>IBU ORAL TABLET 400 MG, 600 MG, 800 MG</i>	(ibuprofen) Tier 1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	(Children's Advil) Tier 1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	(IBU) Tier 1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>indomethacin oral capsule, extended release 75 mg</i>	Tier 1	
<i>indomethacin rectal suppository 100 mg</i>	Tier 1	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	Tier 1	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)</i>	Tier 1	
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	Tier 1	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	Tier 1	
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	Tier 1	
<i>ketorolac oral tablet 10 mg</i>	Tier 1	QL (20 EA per 5 days)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1	
<i>naproxen oral tablet 250 mg, 375 mg</i>	Tier 1	
<i>naproxen oral tablet 500 mg (Naprosyn)</i>	Tier 1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg (EC-Naproxen)</i>	Tier 1	
<i>naproxen sodium oral tablet 275 mg</i>	Tier 1	
<i>naproxen sodium oral tablet 550 mg (Anaprox DS)</i>	Tier 1	
<i>oxaprozin oral tablet 600 mg (Daypro)</i>	Tier 1	
<i>piroxicam oral capsule 10 mg</i>	Tier 1	
<i>piroxicam oral capsule 20 mg (Feldene)</i>	Tier 1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	
<b>TOLECTIN 600 ORAL TABLET 600 MG (tolmetin)</b>	Tier 3	
<i>tolmetin oral capsule 400 mg</i>	Tier 1	
<b>TORONOVA II SUIK KIT 30 MG/ML</b>	Tier 3	
<b>TORONOVA SUIK KIT 30 MG/ML</b>	Tier 3	
<b>Plasma Kallikrein Inhibitors</b>		
<b>ORLADEYO ORAL CAPSULE 110 MG, 150 MG</b>	Tier 4	PA; SP
<b>TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)</b>	Tier 4	PA; SP
<b>TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)</b>	Tier 4	PA; SP
<b>Local Anesthesia</b>		
<b>Local Anesthetics</b>		
<b>GLYDO MUCOUS MEMBRANE JELLY (lidocaine hcl) IN APPLICATOR 2 %</b>	Tier 1	
<b>KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML</b>	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)	Tier 1	
<i>lidocaine hcl mucous membrane solution 2 %</i> (Lidocaine Viscous)	Tier 1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	Tier 1	
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 % (lidocaine hcl)	Tier 1	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML)	Tier 3	
<b>Periodontal Anesthetics</b>		
ORAQIX DENTAL CARTRIDGE 2.5-2.5 %	Tier 3	
<b>Lower Gastrointestinal Disorders - Bowel Inflammation</b>		
<b>Chronic Inflam. Colon Dx, 5-A-Salicylat,Rectal Tx</b>		
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	Tier 1	
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	Tier 1	
<b>Drug Tx-Chronic Inflam. Colon Dx,5-Aminosalicylat</b>		
<i>balsalazide oral capsule 750 mg</i> (Colazal)	Tier 1	
<i>mesalamine oral capsule, extended release 500 mg</i> (Pentasa)	Tier 2	
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	Tier 2	
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram</i>	Tier 2	
<i>mesalamine oral tablet,delayed release (dr/ec) 800 mg</i>	Tier 2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	Tier 2	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	Tier 1	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	Tier 1	
<b>Hemorrhoidal Prep, Anti-Infam Steroid/Local Anest</b>		
<i>lidocaine hcl-hydrocortisone ac rectal cream 3-0.5 %</i>	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	
<b>Ibs Agents,Mixed Opioid Receptor Agonists/Antagonists</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 3	PA
<b>Integrin Receptor Antagonist, Monoclonal Antibody</b>		
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	Tier 4	PA; SP
<b>Irritable Bowel Agents, Guanylate Cylase-C Agonist</b>		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 2	QL (1 EA per 1 day)
<b>Local Anorectal Nitrate Preparations</b>		
<i>nitroglycerin rectal ointment 0.4 % (w/w) (Rectiv)</i>	Tier 1	
<b>Rectal Preparations</b>		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG	(hydrocortisone acetate)	Tier 1
<i>hydrocortisone acetate rectal suppository 25 mg</i>	(Anucort-HC)	Tier 1
<b>Rectal/Lower Bowel Prep., Glucocort. (Non-Hemorr)</b>		
CORTIFOAM RECTAL FOAM 10 % (80 MG)		Tier 3
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	(Cortenema)	Tier 1
<b>Lower Gastrointestinal Disorders - Other</b>		
<b>Ammonia Inhibitors</b>		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	(carglumic acid)	Tier 4
<i>carglumic acid oral tablet, dispersible 200 mg</i>	(Carbaglu)	Tier 4
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
PHEBURANE ORAL GRANULES 483 MG/GRAM		Tier 4
RAVICTI ORAL LIQUID 1.1 GRAM/ML		Tier 4
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	(Buphenyl)	Tier 4
<i>sodium phenylbutyrate oral tablet 500 mg</i>	(Buphenyl)	Tier 4
<b>Antidiarrheal - G.I. Chloride Channel Inhibitors</b>		

Drug	Status	Notes
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG	Tier 4	SP; ST: Requires prior prescription for Antiretrovirals within the past 120 days; QL (2 EA per 1 day)
<b>Antidiarrheal - Tryptophan Hydroxylase Inhibitor</b>		
XERMELO ORAL TABLET 250 MG	Tier 4	PA; SP
<b>Antidiarrheals</b>		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Tier 2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg (Lomotil)</i>	Tier 1	
<i>loperamide oral capsule 2 mg (Anti-Diarrheal (loperamide))</i>	Tier 1	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	Tier 1	
<b>Bile Salts</b>		
CHENODAL ORAL TABLET 250 MG	Tier 4	PA; SP
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 4	PA; SP
<i>ursodiol oral capsule 300 mg</i>	Tier 1	
<i>ursodiol oral tablet 250 mg</i>	Tier 1	
<i>ursodiol oral tablet 500 mg (URSO Forte)</i>	Tier 1	
<b>Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog</b>		
OCALIVA ORAL TABLET 10 MG, 5 MG	Tier 4	PA; SP
<b>Ileal Bile Acid Transporter (Ibat) Inhibitor</b>		
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
<b>Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type</b>		
<i>alosetron oral tablet 0.5 mg, 1 mg (Lotronex)</i>	Tier 1	
<b>Laxatives And Cathartics</b>		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML	\$0	\$0 COPAY IF QUANTITY IS 320, FILL OF 2 IN 365 DAYS AND AGE 45-75 YEARS; QL (320 ML per 1 FILL)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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)
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)
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	Tier 1	
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	Tier 1	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	Tier 1	QL (2 EA per 1 day)
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)	\$0	\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i> (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)
<i>peg-electrolyte soln oral recon soln 420 gram</i> (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)

Drug	Status	Notes	
PLENU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	\$0	ST: Requires prior prescription for Clenpiq, a generic bowel prep, or Sutab within the past 120 days; \$0 COPAY IF QUANTITY IS 3, FILL OF 2 IN 365 DAYS, TRIAL OF SUTAB, CLENPIQ OR GENERIC BOWEL PREP IN LAST 120 DAYS, AND AGE 45-75 YEARS; QL (3 EA per 1 FILL)	
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: Requires prior prescription for Clenpiq, a generic bowel prep, or Sutab within the past 120 days; \$0 COPAY IF QUANTITY IS 2, FILL OF 2 IN 365 DAYS, TRIAL OF SUTAB, CLENPIQ OR GENERIC BOWEL PREP IN LAST 120 DAYS, AND AGE 45-75 YEARS; QL (2 EA 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)
<b>Narcotic Antagonists, Peripherally-Acting</b>			
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	
<b>Ppar Agonist</b>			
IQIRVO ORAL TABLET 80 MG	Tier 4	PA; SP	
LIVDELZI ORAL CAPSULE 10 MG	Tier 4	PA; SP	
<b>Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs</b>			
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	Tier 4	PA; SP	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	Tier 4	PA; SP
<b>Medical Supplies</b>		
<b>Bandages And Related Supplies</b>		
ACESO AG TOPICAL BANDAGE 4 X 4 "	Tier 3	
ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 "	Tier 3	
ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 ", 5 1/16 X 5 1/16 ", 6 1/16 X 6 1/16 ", 8 1/4 X 8 1/4 "	Tier 3	
CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL	Tier 3	
CURAD XEROFORM PETROLATM DRESS TOPICAL BANDAGE 1 X 8 "	Tier 3	
CURAFIL GEL WOUND TOPICAL GEL	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2"	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET	Tier 3	
CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 "	Tier 3	
CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "-YARD	Tier 3	
DYNAFOAM AG TOPICAL BANDAGE 4 X 4 "	Tier 3	
DYNAGINATE AG TOPICAL BANDAGE 12 ", 2 X 2 ", 4 X 5 ", 4 X 8 "	Tier 3	
KENDALL AMD ANTIMICRB FOAM DRS TOPICAL BANDAGE 0.5 %- 4" X 4"	Tier 3	
KERAGEL TOPICAL GEL	Tier 3	
KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD	Tier 3	
KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75"	Tier 3	
MAXORB EXTRA TOPICAL BANDAGE 4 X 4 "	Tier 3	
MEDIHONEY (HYDROCOLLOID-HONEY) TOPICAL BANDAGE 2 X 2 ", 4 X 5 "	Tier 3	
OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM	Tier 3	
PETROLEUM GAUZE TOPICAL BANDAGE	Tier 3	
PIVOT SILVER ALGINATE TOPICAL BANDAGE 1 X 12 ", 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 "	Tier 3	
PURACOL PLUS AG TOPICAL BANDAGE 2 X 2.2 "	Tier 3	
RESTORE CALCIUM ALGINATE TOPICAL BANDAGE 4 X 4 3/4 "	Tier 3	
RESTORE TOPICAL BANDAGE 1 X 12 ", 2 X 2 "	Tier 3	
SILIGENTLE AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 "	Tier 3	
SILINOIN TOPICAL SHEET 5 CM X 14 CM	Tier 3	
SPECTRAGEL TOPICAL GEL	Tier 3	
STRATACTX TOPICAL GEL	Tier 3	
STRATAGRIT TOPICAL GEL	Tier 3	
STRATAVRT TOPICAL GEL	Tier 3	
THERAHONEY TOPICAL BANDAGE 4 X 5 "	Tier 3	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 4 X 4 ", 5 X 9 "	Tier 3	
ZENPHOR TOPICAL BANDAGE 2 X 4.7 "	Tier 3	
ZENPHOR TOPICAL GEL	Tier 3	
<b>Blood Administration Sets</b>		
IVENIX BLOOD PRODUCT ADMIN SET BLOOD ADMINISTRATION SET	Tier 3	
<b>Catheters And Related Devices</b>		
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 16- 16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR- "	Tier 3	
ADVANCE PLUS INTERMITTENT 14-16 (catheter) FR-"	Tier 3	
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8 FR- 16"	Tier 3	
APOGEE IC INTERMIT CATHETER 14- 6 FR-"	Tier 3	
APOGEE PLUS INTERMITT CATHETER 16-16 FR-"	Tier 3	
BARDEX I.C. FOLEY CATHETER 24 FR	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
CURITY DRAINAGE BAG 2,000 ML	Tier 3	
DOVER COATED LATEX FOLEY COMBO PACK	Tier 3	
DOVER FOLEY CATHETER 24 FR	Tier 3	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR	Tier 3	
DOVER RED RUBBER ROBINSON CATH 8 FR	Tier 3	
DOVER UNIVERSAL TRAY (catheterization tray)	Tier 3	
FEMALE CATHETER 14 FR	Tier 3	
KENGUARD FOLEY CATHETER 18-16 FR-"	Tier 3	
KENGUARD FOLEY CATHETER TRAY (catheterization tray)	Tier 3	
LOFRIC 12-16 FR-"	Tier 3	
LOFRIC 14-16 FR-'' (catheter)	Tier 3	
LOFRIC HYDRO-KIT COMBO PACK 14 FR- 16"	Tier 3	
LOFRIC ORIGO 14-16 FR-'' (catheter)	Tier 3	
LOFRIC PRIMO NELATON CATHETER 16-16 FR-"	Tier 3	
LOFRIC SENSE NELATON CATHETER 14-6 FR-"	Tier 3	
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-"	Tier 3	
MONO-FLO DRAINAGE BAG 2,000 ML	Tier 3	
ROBINSON CLEAR VINYL CATHETER 16 FR	Tier 3	
SELF-CATHETER, FEMALE 14 FR	Tier 3	
SILASTIC FOLEY CATHETER 20 FR	Tier 3	
SPEEDICATH (FEMALE) 16 FR	Tier 3	
TOUCH-TROL 10 FR	Tier 3	
VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8"	Tier 3	
<b>Durable Medical Equipment,Misc</b>		
ALL FLOW 1000 KIT (nebulizer accessories)	Tier 3	
ALL FLOW 1000 PFT FILTER (nebulizer accessories)	Tier 3	
ALL FLOW 3000 KIT (nebulizer accessories)	Tier 3	
ALL FLOW 3000 PFT FILTER (nebulizer accessories)	Tier 3	
ALL FLOW 4000 KIT (nebulizer accessories)	Tier 3	
ALL FLOW 4000 PFT FILTER (nebulizer accessories)	Tier 3	
ALL FLOW 5000 KIT (nebulizer accessories)	Tier 3	
ALL FLOW 5000 PFT FILTER (nebulizer accessories)	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ALL FLOW 6000 PFT FILTER (nebulizer accessories)	Tier 3	
AMIELLE VAGINAL TRAINER KIT	Tier 3	
ARGYLE TRACHEOSTOMY CARE TRAY	Tier 3	
CEFALY COMBO PACK	Tier 3	
CLEVER CHOICE NEB KIT-ADULT (nebulizer accessories)	Tier 3	
CLEVER CHOICE NEB KIT-CHILD (nebulizer accessories)	Tier 3	
INNOSPIRE REPLACEMENT FILTER (nebulizer accessories)	Tier 3	
INSPIRATION ELITE FILTER (nebulizer accessories)	Tier 3	
NOSE CLIP (nebulizer accessories)	Tier 3	
PARI BABY CONV KIT - SIZE 1 KIT	Tier 3	
PARI BABY CONV KIT - SIZE 2 KIT	Tier 3	
PARI BABY CONV KIT - SIZE 3 KIT	Tier 3	
PARI TREK S PORTABLE PWR KIT (nebulizer accessories)	Tier 3	
PILLOW MASK CHILD (nebulizer accessories)	Tier 3	
PRO COMFORT TENS ELECTRODE PAD	Tier 3	
PRO COMFORT TENS UNIT COMBO PACK	Tier 3	
PRO-CEPTION VAGINAL	Tier 3	
PRONEB ULTRA II FILTER ASSEM (nebulizer accessories)	Tier 3	
PTS COLLECT CAPILLARY TUBE	Tier 3	
REUSABLE NEBULIZER KIT KIT	Tier 3	
RUBBER MOUTHPIECE (nebulizer accessories)	Tier 3	
SAMI THE SEAL MASK (nebulizer accessories)	Tier 3	
SIDESTREAM MASK (nebulizer accessories)	Tier 3	
SILICONE MASK (nebulizer accessories)	Tier 3	QL (2 EA per 180 days)
TENS 502 DEVICE	Tier 3	
TENS 504 DEVICE	Tier 3	
<b>Durable Medical Equipment,Misc(Group 1)</b>		
ACCU-CHEK FASTCLIX LANCET (lancets)	Tier 2	
DRUM		
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	Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 2	
BULLSEYE MINI SAFETY LANCETS 25 GAUGE	Tier 2	
BUTTERFLY TOUCH LANCET 30 GAUGE (lancets)	Tier 2	
CAREONE ULTRA THIN LANCET (lancets)	Tier 2	
CARESENS LANCETS 30 GAUGE (lancets)	Tier 2	
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 2	
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
CHOSEN LANCET 30 GAUGE (lancets)	Tier 2	
CHOSEN SAFETY LANCET 28 GAUGE (lancets)	Tier 2	
CLEVER CHEK LANCETS 30 GAUGE (lancets)	Tier 2	
COAGUCHEK LANCETS (lancets)	Tier 2	
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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
EASY TOUCH SAFETY LANCETS 23 GAUGE, 32 GAUGE	Tier 2	
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE	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
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
<i>lancets</i>	(Accu-Chek Fastclix Lancet Drum)	Tier 2
<i>lancets 21 gauge, 26 gauge, 30 gauge</i>	(Advocate Lancet)	Tier 2
<i>lancets 28 gauge</i>	(Acti-Lance Lancets)	Tier 2
<i>lancets 33 gauge</i>	(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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
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	

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
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	
SOFT TOUCH LANCETS	(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	
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	
TEL CARE 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	

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
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	
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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
<b>Feeding Devices</b>		
ENTERAL GRAVITY BAG SET-ENFIT	Tier 3	
KANGAROO 924 SAFETY SCREW (pump set)	Tier 3	
KANGAROO EPUMP SET	Tier 3	
KANGAROO GRAVITY SET	Tier 3	
RELIZORB CARTRIDGE	Tier 3	
<b>Incontinence Supplies</b>		
FLEXI-SEAL SIGNAL FMS RECTAL	Tier 3	
TENS CARE ITOUCH SURE VAGINAL DEVICE	Tier 3	
<b>Medical Supplies,Miscellaneous</b>		
VARITHENA ADMINISTRATION PACK	Tier 3	
VIBRANT ORAL CAPSULE	Tier 3	
VIBRANT STARTER KIT COMBO PACK	Tier 3	
<b>Medical Supplies,Miscellaneous(Group 2)</b>		
EAR POPPER INFLATION DEVICE NASAL DEVICE	Tier 3	
PCCA ACCUPEN-15 DEVICE	Tier 3	
<b>Medical Supplies,Miscellaneous(Group 3)</b>		
XENOVIEW EMPTY DELIVERY BAG	Tier 3	
<b>Ostomy Supplies</b>		
ASSURA EASICLOSE MINI POUCH 10 1/4-470 "-ML	Tier 3	
NUTRIPORT BALLOON KIT	Tier 3	
SENSURA CLICK OSTOMY POUCH	Tier 3	
SENSURA FLEX OSTOMY BASE PLATE	Tier 3	
SENSURA FLEX OSTOMY POUCH	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
SENSURA OSTOMY BASE PLATE	Tier 3	
<b>PARENTERAL ADMINISTRATION SETS</b>		
BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1", 24 GAUGE X 3/4"	Tier 3	
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4"	Tier 3	
FILTERED EXTENSION SET INFUSION SET	Tier 3	
HALO B-LOCK CLOSED LINE ADAPTR	Tier 3	
HALO CLOSED BAG ADAPTOR	Tier 3	
HALO CLOSED LINE ADAPTOR	Tier 3	
HALO CLOSED SYRINGE ADAPTOR	Tier 3	
HI-VOLUME PUMPING CHAMBER SET	Tier 3	
INSUFLO INFUSION SET 25 X 18 MM	Tier 3	
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 "	Tier 3	
I-PORT	Tier 3	
I-PORT ADVANCE 6 MM INJEC PORT	Tier 3	
I-PORT ADVANCE 9 MM INJEC PORT	Tier 3	
IVENIX ADMIN SET 2INLET 2YSITE INFUSION SET	(iv administration set) Tier 3	
IVENIX ADMIN SET 2INLET Y-SITE INFUSION SET	(iv administration set) Tier 3	
IVENIX ADMIN SET SINGLE-INLET INFUSION SET	(iv administration set) Tier 3	
MICROBORE EXTENSION SET INFUSION SET	(iv admin extension set) Tier 3	
MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY	Tier 3	
NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 "	Tier 3	
PHASEAL ASSEMBLY FIXTURE DEVICE	Tier 3	
PHASEAL CONNECTOR LUER LOCK	Tier 3	
PHASEAL INFUSION ADAPTER	Tier 3	
PHASEAL INFUSION CLAMP	Tier 3	
PHASEAL INJECTOR LUER	Tier 3	
PHASEAL INJECTOR LUER LOCK	Tier 3	
PHASEAL SECONDARY SET INFUSION SET	Tier 3	
PHASEAL Y-SITE	Tier 3	
RATE FLOW REGULATOR IV SET INFUSION SET	(iv administration set) Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
TRANSFER SET	Tier 3	
<b>Syringes And Accessories</b>		
ALLERGIST TRAY 1/2 ML 27GX3/8" SYRINGE 1/2 ML 27 GAUGE X 3/8"	Tier 3	
ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 1/2", 1 ML 27 GAUGE X 3/8"	Tier 3	
ALLERGIST TRAY INTRADERMAL BEV (tuberculin-allergy SYRINGE 1 ML 26 GAUGE X 3/8" syringes)	Tier 3	
ALLERGIST TRAY REGULAR BEVEL SYRINGE 1 ML 27 GAUGE X 3/8"	Tier 3	
AQINJECT 3.0 LOCK SYRINGE (syringe (disposable)) SYRINGE 3 ML	Tier 3	
AQINJECT LUER LOCK SYRINGE SYRINGE 10 ML	Tier 3	
AQINJECT LUER LOCK SYRINGE (syringe (disposable)) SYRINGE 20 ML, 5 ML	Tier 3	
AQINJECT SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1", 1 ML 25 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1"	Tier 3	
BD ALLERGIST TRAY REG BEVEL SYRINGE 1 ML 27 X 1/2"	Tier 3	
BD ALLERGIST TRAY REG BEVEL TRAY 1/2 ML 27 X 1/2"	Tier 3	
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"	Tier 2	
BD INSULIN SYRINGE ULTRA-FINE (insulin syringe-needle u- SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 100) 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	Tier 2	
BD LUER-LOK SYRINGE SYRINGE 10 ML	Tier 3	
BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 27 X 1/2"	Tier 3	
BD SLIP TIP SYRINGE SYRINGE 10 ML	Tier 3	
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64"	Tier 2	
BD VEO INSULIN SYRINGE UF (insulin syringe-needle u- SYRINGE 0.3 ML 31 GAUGE X 15/64", 100) 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	Tier 2	
CAREPOINT LUER LOCK SYR- NEEDLE SYRINGE 3 ML 22 GAUGE X 1"	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>	
CAREPOINT SAFETY LL SYR-NEEDLE SYRINGE 1 ML 25 GAUGE X 1"	Tier 3		
ECLIPSE SYRINGE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1"	Tier 3		
EXTENDED RESERVOIR 3 ML	Tier 3		
INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1"	Tier 3		
INTERLINK LEVER LOCK CANNULA	Tier 3		
INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML	Tier 3		
KENDALL DISINFECTANT CAP	Tier 3		
MAGELLAN SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1"	Tier 3		
MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2"	Tier 3		
MAGELLAN TUBERCULIN SAFETY SYR SYRINGE 1 ML 28 GAUGE X 1/2"	Tier 3		
MONOJECT CONTROL SYRINGE LUER SYRINGE 12 ML	Tier 3		
MONOJECT ENFIT STERILE SYRINGE SYRINGE 1 ML, 3 ML, 35 ML, 6 ML, 60 ML	Tier 3		
MONOJECT ENFIT SYRINGE CAP	Tier 3		
MONOJECT ENFIT SYRINGE SYRINGE 12 ML	Tier 3		
MONOJECT LUER-LOCK TIP SYRINGE 12 ML	Tier 3		
MONOJECT MAGELLAN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 3 ML 20 GAUGE X 1"	Tier 3		
MONOJECT MAGELLAN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8"	(syringe with needle, safety)	Tier 3	
MONOJECT PHARMACY TRAY REG TIP SYRINGE 1 ML	Tier 3		
MONOJECT REGULAR LUER SYRINGE 12 ML	Tier 3		
MONOJECT REGULAR LUER SYRINGE 3 ML	(syringe (disposable))	Tier 3	
MONOJECT SAFETY SYRINGES SYRINGE , 12 ML 21X 1 1/2", 3 ML 22 GAUGE X 1 1/2", 6 ML	Tier 3		
MONOJECT SMARTIP CANNULA SYRINGE 12 ML, 3 ML, 6 ML	Tier 3		
MONOJECT SYRINGE SYRINGE 3 ML	(syringe (disposable))	Tier 3	
MONOJECT SYRINGE SYRINGE 3 ML 22 GAUGE X 1", 6 ML, 6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML 21 X 1", 6 ML 22 X 1 1/2"	Tier 3		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
MONOJECT TB LUER LOK SYRINGE 1 ML	Tier 3	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2"	Tier 3	
NORM-JECT SYRINGE 10 ML	Tier 3	
NORM-JECT SYRINGE 20 ML (syringe (disposable))	Tier 3	
NORM-JECT TUBERKULIN SYRINGE 1 ML	Tier 3	
PARADIGM RESERVOIR 1.8 ML, 3 ML	Tier 3	
PISTON SYRINGE WITH ENFIT SYRINGE 60 ML	Tier 3	
SURGUARD2 SAFETY SYRINGE 1 ML (syringe with needle, 25 GAUGE X 5/8", 3 ML 22 GAUGE X 1" safety)	Tier 3	
SURGUARD2 SAFETY SYRINGE 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2", 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2"	Tier 3	
syringe (disposable) syringe 5 ml (Aqinjct Luer Lock Syringe)	Tier 3	
syringe with needle, safety syringe 0.5 ml 30 gauge x 1/2"	Tier 3	
TOOMEY SYRINGE SYRINGE 70 ML	Tier 3	
TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1"	Tier 3	
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8"	Tier 3	
<b>Miscellaneous Agents</b>		
<b>Amyloidosis Agents-Transthyretin (Ttr) Suppression</b>		
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	Tier 4	PA; SP
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML	Tier 4	PA; SP
<b>Anaphylaxis Therapy Agents</b>		
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml (Auvi-Q)	Tier 1	QL (4 EA per 1 FILL)
epinephrine injection auto-injector 0.15 mg/0.3 ml (EpiPen Jr)	Tier 1	QL (4 EA per 1 FILL)
NEFFY NASAL SPRAY, NON-AEROSOL 2 MG/SPRAY (0.1 ML)	Tier 3	QL (4 EA per 1 FILL)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML	Tier 2	QL (4 EA per 1 FILL)
SYMJEPI INJECTION SYRINGE 0.3 MG/0.3 ML (epinephrine)	Tier 2	QL (4 EA per 1 FILL)
<b>Cxcr4 Chemokine Receptor Antagonist</b>		
XOLREMDI ORAL CAPSULE 100 MG	Tier 4	PA; SP
<b>Genetic D/O Tx-Exon Inclusion Antisense Oligonucle</b>		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	Tier 4	PA; SP
<b>Miscellaneous Agents</b>		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML	Tier 3	
<b>Parasympathetic Agents</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
<i>pilocarpine hcl oral tablet 5 mg (Salagen (pilocarpine))</i>	Tier 1	
<b>Pharmacological Chaperone-Alpha-Galactosid.A Stabz</b>		
GALAFOLD ORAL CAPSULE 123 MG	Tier 4	PA; SP
<b>Pku Treatment Agents - Phenylalanine Ammonia Lyase</b>		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	Tier 4	PA; SP
<b>Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase</b>		
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
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	Tier 4	SP
<i>sapropterin oral tablet,soluble 100 mg</i>	Tier 4	SP
<b>Systemic Enzyme Inhibitors</b>		
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

Drug	Status	Notes
<b>Thyroid Hormone Receptor (Thr) Agonist</b>		
REZDIFRA ORAL TABLET 100 MG, 60 MG, 80 MG	Tier 4	PA; SP
<b>Topical Anticholinergic Hyperhidrosis Tx Agents</b>		
QBREXZA TOPICAL TOWELETTE 2.4 %	Tier 2	PA
<b>Neoplastic Disease</b>		
<b>Alkylating Agents</b>		
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
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
<b>Antiandrogenic Agents</b>		
abiraterone oral tablet 250 mg, 500 mg (Zytiga)	Tier 4	PA; SP
bicalutamide oral tablet 50 mg (Casodex)	Tier 1	
ERLEADA ORAL TABLET 240 MG, 60 MG	Tier 4	PA; SP
EULEXIN ORAL CAPSULE 125 MG (flutamide)	Tier 3	
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
<b>Antibiotic Antineoplastics</b>		
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2	Tier 4	PA; SP
<b>Antimetabolites</b>		
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 tablet 50 mg	Tier 1	
methotrexate sodium (pf) injection recon soln 1 gram	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	
ONUREG ORAL TABLET 200 MG, 300 MG	Tier 4	PA; SP
<i>pemetrexed intravenous recon soln 100 mg, 500 mg</i>	Tier 4	PA; SP
<i>pemetrexed intravenous solution 25 mg/ml</i> (Pemfexy)	Tier 4	PA; SP
PEMFEXY INTRAVENOUS SOLUTION (pemetrexed) 25 MG/ML	Tier 4	PA; SP
PURIXAN ORAL SUSPENSION 20 MG/ML	Tier 4	SP; ST: Requires prior prescription for Mercaptopurine 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: Requires prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, or Trexall within the past 120 days if 12 years of age and older; QL (120 ML per 60 days)
<b>Antineoplastic Aromatase Inhibitors</b>		
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>exemestane oral tablet 25 mg</i> (Aromasin)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>letrozole oral tablet 2.5 mg</i> (Femara)	Tier 1	
<b>Antineoplastic - Braf Kinase Inhibitors</b>		
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
ZELBORAFA ORAL TABLET 240 MG	Tier 4	PA; SP

Drug	Status	Notes	
<b>Antineoplastic - Hedgehog Pathway Inhibitor</b>			
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	
<b>Antineoplastic - Immunotherapy, T-Cell Engager</b>			
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	Tier 4	PA; SP	
<b>Antineoplastic - Janus Kinase (Jak) Inhibitors</b>			
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 4	PA; SP	
<b>Antineoplastic - Kras Protein Inhibitor</b>			
KRAZATI ORAL TABLET 200 MG	Tier 4	PA; SP	
LUMAKRAS ORAL TABLET 120 MG, 320 MG	Tier 4	PA; SP	
<b>Antineoplastic - Mek1 And Mek2 Kinase Inhibitors</b>			
COTELLIC ORAL TABLET 20 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	
<b>Antineoplastic - Mtor Kinase Inhibitors</b>			
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Tier 4	PA; SP	
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	Tier 4	PA; SP	
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	(everolimus (antineoplastic))	Tier 4	PA; SP
<b>Antineoplastic - Protein Methyltransferase Inhibit</b>			
TAZVERIK ORAL TABLET 200 MG	Tier 4	PA; SP	
<b>Antineoplastic - Topoisomerase I Inhibitors</b>			
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 4	SP	
<b>Antineoplastic Immunomodulator Agents</b>			
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	(Revlimid)	Tier 4	PA; SP

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
<b>Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs</b>		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	Tier 4	SP; QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	Tier 4	SP; QL (1 EA per 30 days)
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG	Tier 4	SP; QL (2 EA per 365 days)
ORGOVYX ORAL TABLET 120 MG	Tier 4	PA; SP
<b>Antineoplastic Systemic Enzyme Inhibitors</b>		
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 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
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	Tier 4	PA; SP
<i>erlotinib oral tablet 100 mg, 150 mg (Tarceva)</i>	Tier 4	PA; SP
<i>erlotinib oral tablet 25 mg</i>	Tier 4	PA; SP

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
<i>gefitinib oral tablet 250 mg</i> (Iressa)	Tier 4	PA; SP
GILOTrif ORAL TABLET 20 MG, 30 MG, 40 MG	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
<i>imatinib oral tablet 100 mg, 400 mg</i> (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
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 4	PA; SP
INREBIC ORAL CAPSULE 100 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
<i>lapatinib oral tablet 250 mg</i> (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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
<i>pazopanib oral tablet 200 mg</i> (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; SP
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 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
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	Tier 4	PA; SP
STIVARGA ORAL TABLET 40 MG	Tier 4	PA; SP
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	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
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 4	PA; SP
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 4	PA; SP
TEPMETKO ORAL TABLET 225 MG	Tier 4	PA; SP
TRUQAP ORAL TABLET 160 MG, 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
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Tier 4	PA; SP

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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
<b>Antineoplastic, Histone Deacetylase Inhibitors, Hdis</b>		
ZOLINZA ORAL CAPSULE 100 MG	Tier 4	SP
<b>Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors</b>		
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
<b>Antineoplastic-Enzyme Inhib, Antiandrogen Comb.</b>		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 4	PA; SP
<b>Antineoplastic-Hypoxia Inducible Factor (Hif) Inh</b>		
WELIREG ORAL TABLET 40 MG	Tier 4	PA; SP
<b>Antineoplastic-Isocitrate Dehydrogenase Inhibitors</b>		
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
<b>Antineoplastics, Miscellaneous</b>		
<i>etoposide oral capsule 50 mg</i>	Tier 1	
LYSODREN ORAL TABLET 500 MG	Tier 4	SP
MATULANE ORAL CAPSULE 50 MG	Tier 4	SP

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	Tier 4	PA; SP
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 4	SP
<b>Antineoplastic-Select Inhib Of Nuclear Exp (Sine)</b>		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 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
<b>Chemotherapy Rescue/Antidote Agents</b>		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 1	
MESNEX ORAL TABLET 400 MG	Tier 3	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	Tier 4	SP; QL (24 EA per 14 days)
<b>Intrapleural Sclerosing Agents, Antineoplast. Adj.</b>		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM	Tier 3	
<i>sterile talc intrapleural suspension for reconstitution 5 gram</i>	Tier 1	
STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM	Tier 3	
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM	Tier 3	
<b>Photoactivated, Antineopls. &amp; Premalignant Lesions</b>		
AMELUZ TOPICAL GEL 10 %	Tier 3	
LEVULAN TOPICAL SOLUTION 20 %	Tier 3	
<b>Radioactive Therapeutic Agents</b>		
HICON ORAL KIT 1,000 MCI/ML (1 ML), 250 MCI/0.25 ML, 500 MCI/0.5 ML	Tier 3	
PLUVICTO INTRAVENOUS SOLUTION 27 MCI/ML (1,000 MBQ/ML)	Tier 4	PA; SP
<i>sodium iodide-123 oral capsule 3.7 mbq (100 microci), 7.4 mbq (200 microci)</i>	Tier 1	
<i>sodium iodide-131 oral capsule 3.7 mbq (100 microci)</i>	Tier 1	
<b>Selective Estrogen Receptor Modulators (Serm)</b>		
ORSERDU ORAL TABLET 345 MG, 86 MG	Tier 4	PA; SP

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	Tier 2	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>toremifene oral tablet 60 mg</i> (Fareston)	Tier 4	PA; SP
<b>Selective Retinoid X Receptor Agonists (Rxr)</b>		
<i>bexarotene oral capsule 75 mg</i> (Targretin)	Tier 4	PA; SP
<b>Steroid Antineoplastics</b>		
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 1	
<b>Neurological Disease - Miscellaneous</b>		
<b>Agents To Treat Multiple Sclerosis</b>		
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
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 4	PA; SP
BETASERON SUBCUTANEOUS (interferon beta-1b) RECON SOLN 0.3 MG	Tier 4	PA; SP
COPAXONE SUBCUTANEOUS (glatiramer) SYRINGE 20 MG/ML, 40 MG/ML	Tier 4	PA; SP
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	Tier 4	PA; SP
<i>fingolimod oral capsule 0.5 mg</i> (Gilenya)	Tier 4	PA; SP
GILENYA ORAL CAPSULE 0.25 MG	Tier 4	PA; SP
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	Tier 4	PA; SP
GLATOPA SUBCUTANEOUS SYRINGE (glatiramer) 20 MG/ML, 40 MG/ML	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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 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
<i>teriflunomide oral tablet 14 mg, 7 mg</i> (Aubagio)	Tier 4	PA; SP
VUMERTY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	Tier 4	PA; SP
<b>Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr</b>		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	Tier 4	PA; SP
FIRDAPSE ORAL TABLET 10 MG	Tier 4	PA; SP
<b>Amyotrophic Lateral Sclerosis Agents</b>		
EXSERVAN ORAL FILM 50 MG	Tier 4	PA; SP
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	Tier 4	PA; SP
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	Tier 4	PA; SP
<i>riluzole oral tablet 50 mg</i> (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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<b>Genetic Disorder Therapy - Hdac Inhibitor</b>		
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	Tier 4	PA; SP
<b>Glypromate (Gpe) Analogs</b>		
DAYBUE ORAL SOLUTION 200 MG/ML	Tier 4	PA; SP
<b>Movement Disorders(Drug Therapy)</b>		
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
<i>tetrabenazine oral tablet 12.5 mg, 25 mg (Xenazine)</i>	Tier 4	PA; SP
<b>Nuclear Factor Erythroid 2-Rel. Factor 2 Activator</b>		
SKYCLARYS ORAL CAPSULE 50 MG	Tier 4	PA; SP
<b>Pseudobulbar Affect (Pba) Agents, Nmda Antagonists</b>		
NUEDEXTA ORAL CAPSULE 20-10 MG	Tier 3	PA
<b>Sphingosine 1-Phosphate (S1p) Receptor Modulator</b>		
ZEPOZIA ORAL CAPSULE 0.92 MG	Tier 4	PA; SP
ZEPOZIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	Tier 4	PA; SP
ZEPOZIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	Tier 4	PA; SP
<b>Oral/Pharyngeal Disorders</b>		
<b>Dental Aids And Preparations</b>		
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Periogard)	Tier 1
KOURZEQ DENTAL PASTE 0.1 %	(triamcinolone acetonide)	Tier 3
ORALONE DENTAL PASTE 0.1 %	(triamcinolone acetonide)	Tier 1

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
PERIOPHARM MUCOUS MEMBRANE MOUTHWASH 0.12 % (chlorhexidine gluconate)	Tier 1	
Q-CARE RX Q2 KIT 0.12 %	Tier 3	
Q-CARE RX Q4 KIT 0.12 %	Tier 3	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Oralone)	Tier 1	
<b>Nose Preparations, Miscellaneous (Rx)</b>		
cocaine nasal solution 4 % (Numbrino)	Tier 1	
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	Tier 1	
NUMBRINO NASAL SOLUTION 4 % (cocaine)	Tier 1	
<b>Periodontal Collagenase Inhibitors</b>		
doxycycline hyclate oral tablet 20 mg	Tier 1	
<b>Other Drugs</b>		
<b>Abortifacient, Progesterone Receptor Antagonist-Typ</b>		
MIFEPRIFEX ORAL TABLET 200 MG (mifepristone)	Tier 3	
<i>mifepristone oral tablet 200 mg</i> (Mifeprifex)	Tier 1	
<b>Agents For Stomatological Use</b>		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	Tier 3	
<b>Appetite Stim. For Anorexia, Cachexia, Wasting Synd.</b>		
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	Tier 1	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	Tier 1	ST: Requires prior prescription for Megestrol Acetate 40mg/mL suspension within the past 120 days
<b>Blood Collection Set With Local Anesthetics</b>		
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	
<b>Blood Testing Preparations, In-Vitro</b>		
COAGUCHEK XS	Tier 3	
<b>Bulk Chemicals</b>		
<i>alum, ammonium (bulk) powder</i>	Tier 3	
<i>ascorbic acid(vitamin c)(bulk) granules 100 %</i>	Tier 3	
<i>balsam peru (bulk) liquid</i>	Tier 3	
<i>benzoin (bulk) topical tincture</i>	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>citric acid anhydrous (bulk) granules 100 %</i>	Tier 3	
TRI-CHLOR TOPICAL SOLUTION 80 %	Tier 3	
<i>trichloroacetic acid topical recon soln 100 %, 20 %, 25 %, 30 %, 35 %, 40 %, 50 %, 75 %, 80 %, 90 %</i>	Tier 3	
<b>Cardioplegic Solutions</b>		
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Tier 1	
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	
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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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 (Plegisol) meq/l (= K+)	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	
<b>Cholinesterase Reactivat.&amp; Muscarinic Antg.Antidote</b>		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML	Tier 3	
<b>Cholinesterase Reactivating,Organophos. Antidotes</b>		
pralidoxime intramuscular pen injector 600 mg/2 ml	Tier 3	
<b>Conception Assistance Supplies</b>		
CONCEPTION KIT	Tier 3	
<b>Condoms</b>		
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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
<b>Cryopreservative Agents</b>		
CRYOSERV SOLUTION 99 %	Tier 3	
<b>Cystic Fibrosis - Inhaled Osmotic Agents</b>		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	Tier 4	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)
<b>Diagnostic Test Devices And Supplies</b>		
ADVIN COVID-19 AG HOME TEST KIT	Tier 3	QL (8 EA per 30 days)
BD VERITOR AT-HOME COVID19 TST KIT	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
BINAXNOW COVID 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)
CELLTRION DIATRUST COV-19 HOME 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)
<i>eua patient assessment</i>	Tier 3	
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)
GOTOKNOW COVID-19 AG HOME TEST KIT	Tier 3	QL (8 EA per 30 days)
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)
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)
<b>Diluent Solutions</b>		
DILUENT FOR ROTARIX ORAL SYRINGE	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION	Tier 3	
STERILE HYDROGEL FOR JELMYTO INTRA-PYELOCALYCEAL SOLUTION	Tier 3	
<b>Drugs To Treat Hereditary Tyrosinemia</b>		
<i>nitisinone</i> 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
<b>Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing</b>		
CERDELGA ORAL CAPSULE 84 MG	Tier 4	SP
<i>miglustat</i> 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
<b>Environment Allergens And Irritants, Other</b>		
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH,MEDICATED	Tier 3	
<b>General Anesthetics - Benzodiazepine, Injectable</b>		
<i>midazolam</i> (pf) injection solution 5 mg/ml	Tier 1	
<i>midazolam</i> injection solution 5 mg/ml	Tier 1	
<b>General Anesthetics,Inhalant</b>		
<i>desflurane</i> inhalation liquid 100 % (Suprane)	Tier 1	
<i>isoflurane</i> inhalation liquid 99.9 % (Terrell)	Tier 1	
<i>sevoflurane</i> inhalation liquid (Ultane)	Tier 1	
SUPRANE INHALATION LIQUID 100 % (desflurane)	Tier 3	
TERRELL INHALATION LIQUID 99.9 % (isoflurane)	Tier 1	
<b>General Inhalation Agents</b>		
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	
<i>sodium chloride</i> inhalation solution for nebulization 0.9 %, 10 %	Tier 1	
<i>sodium chloride</i> inhalation solution for nebulization 3 % (NebuSal)	Tier 1	
<i>sodium chloride</i> inhalation solution for nebulization 7 % (Hyper-Sal)	Tier 1	

Drug	Status	Notes
<b>Homeopathic Drugs</b>		
AURUMHEEL ORAL DROPS	Tier 3	
CANTHARIS COMPOSITUM ORAL DROPS	Tier 3	
CRALONIN ORAL DROPS	Tier 3	
EYE ORAL TABLET,SOLUBLE	Tier 3	
LAMIOFLUR ORAL DROPS	Tier 3	
PLANTAGO-HOMACCORD ORAL DROPS	Tier 3	
POPULUS COMPOSITUM ORAL DROPS	Tier 3	
PSORINOHEEL ORAL DROPS	Tier 3	
RENEEL ORAL TABLET,SOLUBLE	Tier 3	
SABAL-HOMACCORD ORAL DROPS	Tier 3	
SYZYGIUM COMPOSITUM ORAL DROPS	Tier 3	
VERTIGOHEEL ORAL DROPS	Tier 3	
VERTIGOHEEL ORAL TABLET,SOLUBLE	Tier 3	
<b>Medical Imaging Supplies</b>		
ECOVUE HV ULTRASOUND GEL TOPICAL GEL	Tier 3	
ECOVUE ULTRASOUND GEL TOPICAL GEL	Tier 3	
<b>Metabolic Deficiency Agents</b>		
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	Tier 4	PA; SP
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML (levocarnitine)	Tier 3	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	Tier 1	
<i>levocarnitine oral solution 100 mg/ml</i> (Carnitor (sugar-free))	Tier 1	
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	Tier 1	
<b>Metabolic Disease Enzyme Replace, Hypophosphatasia</b>		
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
<b>Metabolic Dx Enzyme Replacemt,Sev.Comb.Immune Def.</b>		
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	Tier 4	PA; SP
<b>Metallic Poison,Agents To Treat</b>		
CHEMET ORAL CAPSULE 100 MG	Tier 3	
CUVRIOR ORAL TABLET 300 MG	Tier 4	PA; SP

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	Tier 3	
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	Tier 3	
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	
<b>Muscarinic Receptor Antagonists</b>		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML	Tier 3	
<b>Needles/Needleless Devices</b>		
AQINJECT SAFETY NEEDLE NEEDLE 18 GAUGE X 1 1/2" (safety needles)	Tier 3	
AQINJECT SAFETY NEEDLE NEEDLE 23 GAUGE X 1", 25 GAUGE X 1"	Tier 3	
AQINJECT STANDARD NEEDLE NEEDLE 18 GAUGE X 1 1/2" (needle (disp) 18 g)	Tier 3	
AQINJECT STANDARD NEEDLE NEEDLE 23 GAUGE X 1" (needle (disp) 23 gauge)	Tier 3	
AQINJECT STANDARD NEEDLE NEEDLE 25 GAUGE X 1"	Tier 3	
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 2	
BD ECLIPSE LUER-LOK NEEDLE 30 X 1/2 "	Tier 3	
BD FILTER NEEDLE-5 MICRON NEEDLE 19 X 1 1/2 " (filter needles)	Tier 3	
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	
BD PRECISIONGLIDE NEEDLE 27 GAUGE X 3/8"	Tier 3	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4"	Tier 2	
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	Tier 2	
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	Tier 2	
<i>blunt needle, disposable needle 18 x 1 1/2 "</i>	Tier 3	
CAREPOINT PRECISION NEEDLE NEEDLE 21 GAUGE X 1"	Tier 3	
DROPSAFE SICURA SAFETY NEEDLE NEEDLE 25 GAUGE X 1"	Tier 3	
EASYPPOINT NEEDLE NEEDLE 25 GAUGE X 1 1/2"	Tier 3	
ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 5/8"	Tier 3	
<i>filter needles needle 19 x 1 "</i>	Tier 3	
<i>filter needles needle 19 x 1 1/2 "</i> (BD Filter Needle-5 Micron)	Tier 3	
FREEFLEX PLUS TRANSFER ADAPTER DEVICE 20 MM	Tier 3	
HALO CLOSED VIAL ADAPTOR DEVICE 13 MM, 20 MM, 28 MM	Tier 3	
HALO VIAL CONVERTER DEVICE 13 MM	Tier 3	
MAGELLAN SAFETY NEEDLE NEEDLE (safety needles) 18 GAUGE X 1 1/2"	Tier 3	
MAGELLAN SAFETY NEEDLE NEEDLE 23 GAUGE X 5/8", 25 GAUGE X 1"	Tier 3	
MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1"	Tier 3	
MONOJECT HYPODERMIC NEEDLES NEEDLE 22 GAUGE X 1 1/2", 22 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 27 GAUGE X 1/2", 30 GAUGE X 3/4"	Tier 3	
MONOJECT HYPODERMIC NEEDLES (needle (disp) 23 gauge) NEEDLE 23 GAUGE X 1"	Tier 3	
PHASEAL PROTECTOR DEVICE 13 MM, 20 MM, 28 MM	Tier 3	
<i>safety needles needle 18 gauge x 1 1/2" (Aqinj Safety Needle)</i>	Tier 3	
SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1 1/2"	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 1 1/2"	Tier 3	
<b>Ointment/Cream Bases</b>		
RADIAGEL TOPICAL GEL	Tier 3	
<b>Oral Lipid Supplements</b>		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	Tier 4	PA; SP
<b>Oral Mucositis/Stomatitis Agents</b>		
GELX MUCOUS MEMBRANE GEL	Tier 3	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	Tier 3	
<b>Saliva Stimulant Agents</b>		
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM	Tier 3	
<b>Saliva Substitute Agents</b>		
NUMOISYN MUCOUS MEMBRANE LIQUID	Tier 3	
<b>Sexual Dysfunction Devices</b>		
RAPPORT VACUUM THERAPY KIT	Tier 3	
<b>Skin Tissue Replacement</b>		
APLIGRAF TOPICAL DISK	Tier 3	
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 7 X 7 CM	Tier 3	
GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	Tier 3	
GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	Tier 3	
GRAFIX XC TOPICAL SHEET 7.5 X 15 CM	Tier 3	
MIRO3D TOPICAL SHEET 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 4 X 4 X 2 CM, 5 X 5 X 2 CM, 7 X 5 X 2 CM	Tier 3	
MIRODERM FENESTRATED PLUS TOPICAL SHEET 3 X 3 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
MIRODERM FENESTRATED TOPICAL SHEET 2 X 2 CM, 2 X 3 CM, 3 X 3 CM, 3 X 7 CM, 4 X 4 CM, 5 X 5 CM, 7 X 10 CM, 8 X 15 CM, 8 X 8 CM	Tier 3	
MIROTRACT TOPICAL SHEET 3 MM X 5 CM, 3 MM X 9 CM, 5 MM X 5 CM, 5 MM X 9 CM	Tier 3	
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM	Tier 3	
TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM	Tier 3	
<b>Solvents</b>		
<i>isopropyl alcohol solution 70 %</i> (Alcohol, Rubbing)	Tier 3	
<i>isopropyl alcohol solution 91 %, 99 %</i>	Tier 3	
MURI-LUBE OIL	Tier 3	
<b>Somatostatic Agents</b>		
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	Tier 4	PA; SP
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	Tier 4	SP
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> (Sandostatin)	Tier 4	SP
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	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
<b>Support Hosiery</b>		
T.E.D. ANTI-EMBOLISM STOCKING	Tier 3	
T.E.D. KNEE LENGTH-M-LONG	Tier 3	
T.E.D. KNEE LENGTH-S-REGULAR	Tier 3	
<b>Suspending Agents</b>		
GELFILM IMPLANT FILM	Tier 3	
<i>hydroxypropyl cellulose powder</i>	Tier 3	
<b>Tissue/Wound Adhesives</b>		
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	
<b>Urine Acetone Test Aids</b>		
KETONE CARE STRIP	Tier 3	QL (50 EA per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
KETONE URINE TEST STRIP	Tier 3	QL (50 EA per 30 days)
KETOSTIX STRIP	Tier 3	QL (50 EA per 30 days)
TRUEPLUS KETONE STRIP	Tier 3	QL (50 EA per 30 days)
<b>Urine Multiple Test Aids</b>		
CHEK-STIX CONTROL STRIP	Tier 3	QL (50 EA per 30 days)
CHEMSTRIP 10 MD STRIP	Tier 3	QL (50 EA per 30 days)
CHEMSTRIP 10/SG STRIP	Tier 3	QL (50 EA per 30 days)
CHEMSTRIP 2 GP STRIP	Tier 3	QL (50 EA per 30 days)
CHEMSTRIP 50B STRIP	Tier 3	QL (50 EA per 30 days)
CHEMSTRIP 7 STRIP	Tier 3	QL (50 EA per 30 days)
CHEMSTRIP 9 STRIP	Tier 3	QL (50 EA per 30 days)
COMBISTIX REAGENT STRIP	Tier 3	QL (50 EA per 30 days)
HEMA-COMBISTIX STRIP	Tier 3	QL (50 EA per 30 days)
LABSTIX REAGENT STRIP	Tier 3	QL (50 EA per 30 days)
MULTISTIX 10 SG STRIP	Tier 3	QL (50 EA per 30 days)
MULTISTIX 5 STRIP	Tier 3	QL (50 EA per 30 days)
MULTISTIX 7 STRIP	Tier 3	QL (50 EA per 30 days)
MULTISTIX 8 SG STRIP	Tier 3	QL (50 EA per 30 days)
MULTISTIX 9 SG STRIP	Tier 3	QL (50 EA per 30 days)
MULTISTIX 9 STRIP	Tier 3	QL (50 EA per 30 days)
MULTISTIX STRIP	Tier 3	QL (50 EA per 30 days)
URISTIX 4 STRIP	Tier 3	QL (50 EA per 30 days)
URISTIX REAGENT STRIP	Tier 3	QL (50 EA per 30 days)
<b>Vaccine Adjuvants</b>		
SHINGRIX ADJUVANT COMPONENT-PF INTRAMUSCULAR SUSPENSION	Tier 3	QL (2 ML per 1 LIFETIME); Age (Min 50 Years)
<b>Vehicles</b>		
GEL VEHICLE FOR NEXOBRID TOPICAL GEL	Tier 3	
<b>Wound Healing Agents, Local</b>		
FILSUEZ TOPICAL GEL 10 %	Tier 4	PA; SP
<b>Other Respiratory Disorders</b>		
<b>Antifibrotic Therapy - Pyridone Analogs</b>		
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
<b>Cystic Fib.Transmemb Conduct.Reg.(Cftr)Potentiator</b>		
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	Tier 4	PA; SP

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
KALYDECO ORAL TABLET 150 MG	Tier 4	PA; SP
<b>Cystic Fibrosis-Cftr Potentiator &amp; Corrector Comb.</b>		
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
<b>Lung Surfactants</b>		
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	
<b>Mucolytics</b>		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 4	PA; SP
<b>Pulmonary Fibrosis - Systemic Enzyme Inhibitors</b>		
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 4	PA; SP
<b>Pain Management - Analgesics</b>		
<b>Analgesic, Non-Salicylate &amp; Barbiturate Comb.</b>		
butalbital-acetaminophen oral tablet 50-325 mg (Tencon)	Tier 1	
TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)	Tier 1	
<b>Analgesic, Salicylate, Barbiturate,&amp; Xanthine Cmb</b>		
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	Tier 1	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	Tier 1	
<b>Analgesic,Non-Salicylate,Barbiturate,&amp;Xanthine Cmb</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>butalbital-acetaminophen-caff oral tablet (Esgic) 50-325-40 mg</i>	Tier 1	
<b>Analgesic/Antipyretics, Salicylates</b>		
<i>aspirin oral tablet 325 mg (Bayer Aspirin)</i>	\$0	
<i>aspirin oral tablet,delayed release (dr/ec) (Bayer Aspirin) 325 mg</i>	\$0	
<i>BAYER ASPIRIN ORAL TABLET 325 MG (aspirin)</i>	\$0	
<i>BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (aspirin)</i>	\$0	
<i>choline,magnesium salicylate oral liquid 500 mg/5 ml</i>	Tier 1	
<i>diflunisal oral tablet 500 mg</i>	Tier 2	
<i>ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (aspirin)</i>	\$0	
<b>Analgesics, Narcotic Agonist And Nsaid Combination</b>		
<i>hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg</i>	Tier 1	
<b>Analgesics,Narcotics</b>		
<i>BELBUCA Buccal Film 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (buprenorphine hcl)</i>	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	Tier 1	
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine transdermal patch weekly (Butrans) 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	Tier 1	
<i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>	Tier 1	
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
<i>codeine sulfate oral tablet 60 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML	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	
<i>fentanyl citrate buccal lozenge on a handle</i> 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	Tier 1	PA
<i>fentanyl transdermal patch 72 hour</i> 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 120 mg	(Hysingla ER) Tier 1	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 2	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
hydromorphone rectal suppository 3 mg	Tier 1	
levorphanol tartrate oral tablet 2 mg	Tier 2	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)
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 TABLET,SOLUBLE 40 MG	(methadone) Tier 1	QL (1 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Tier 1	PA
<i>morphine intramuscular pen injector 10 mg/0.7 ml</i>	Tier 1	
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>morphine oral tablet 15 mg</i>	Tier 1	
<i>morphine oral tablet 30 mg</i>	Tier 2	
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i> (MS Contin)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	Tier 1	
<b>NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG</b>	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<b>NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG</b>	Tier 3	QL (6 EA per 1 day)
<i>oxycodone oral capsule 5 mg</i>	Tier 1	
<i>oxycodone oral concentrate 20 mg/ml</i>	Tier 2	PA
<i>oxycodone oral solution 5 mg/5 ml</i>	Tier 1	
<i>oxycodone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	Tier 1	
<i>oxycodone oral tablet, oral only 15 mg</i> (RoxyBond)	Tier 1	
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 20 mg, 40 mg</i> (OxyContin)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<b>OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG</b> (oxycodone)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<b>OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG</b> (oxycodone)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	Tier 1	
<b>ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG, 5 MG</b>	(oxycodone) Tier 3	
<i>tramadol oral solution 5 mg/ml</i>	(Qdolo) Tier 1	PA
<i>tramadol oral tablet 50 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 100 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 200 mg, 300 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
<b>XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG</b>	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<b>XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG</b>	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<b>XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG</b>	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day)

Drug	Status	Notes
<b>Antimigraine Preparations</b>		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 2	PA
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
<i>dihydroergotamine injection solution 1 mg/ml</i>	Tier 2	QL (15 ML per 14 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	Tier 2	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (8 ML per 28 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)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 1	QL (10 EA per 7 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	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
REYVOW ORAL TABLET 100 MG, 50 MG	Tier 2	PA
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	Tier 1	QL (27 EA per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	Tier 1	QL (27 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT)	Tier 1	QL (27 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	Tier 1	QL (27 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	Tier 1	QL (36 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)	Tier 1	QL (3 EA per 5 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml</i> (Imitrex STATdose Refill)	Tier 1	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i> (Imitrex STATdose Pen)	Tier 1	QL (18 ML per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>	
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: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate 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	
zolmitriptan oral tablet 2.5 mg, 5 mg (Zomig)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)	
zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)	
ZOMIG ORAL TABLET 2.5 MG, 5 MG (zolmitriptan)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)	
<b>Calcitonin Gene-Related Peptide (Cgrp) Inhibitors</b>			
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	Tier 2	PA	
<b>Narc.&amp; Non-Sal.Analgesic, Barbiturate &amp; Xanthine Cmb</b>			
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)	
<b>Narcotic &amp; Salicylate Analgesics, Barb.&amp; Xanthine</b>			
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)
<b>Narcotic Analgesic &amp; Non-Salicylate Analgesic Comb</b>			
acetaminophen-codeine oral solution 120-12 mg/5 ml	Tier 1	QL (150 ML per 1 day); Age (Min 12 Years)	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
acetaminophen-codeine oral tablet 300-60 mg	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG  (benzhydrocodone-acetaminophen)	Tier 3	ST: Requires prior prescription for Hydrocodone/acetaminophen tablets within the past 120 days; QL (12 EA per 1 day)
benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg  (Apadaz)	Tier 1	ST: Requires prior prescription for 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 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	QL (12 EA per 1 day)
hydrocodone-acetaminophen oral tablet 5-300 mg	Tier 1	QL (13 EA per 1 day)
oxycodone-acetaminophen oral solution 5-325 mg/5 ml	Tier 2	QL (61 ML per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg  (Endocet)	Tier 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)
<b>Narcotic Withdrawal Therapy Agents</b>		
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML	Tier 4	SP; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.36 ML per 21 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 16 MG/0.32 ML	Tier 4	SP; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.32 ML per 5 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 24 MG/0.48 ML	Tier 4	SP; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.48 ML per 5 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 32 MG/0.64 ML	Tier 4	SP; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.64 ML per 5 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 64 MG/0.18 ML	Tier 4	SP; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.18 ML per 21 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 8 MG/0.16 ML	Tier 4	SP; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.16 ML per 5 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 96 MG/0.27 ML	Tier 4	SP; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.27 ML per 21 days)
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>buprenorphine-naloxone sublingual film (Suboxone) 12-3 mg, 8-2 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>buprenorphine-naloxone sublingual film (Suboxone) 2-0.5 mg, 4-1 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	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; SP
SUBOXONE SUBLINGUAL FILM 12-3 (buprenorphine-naloxone) MG, 8-2 MG	Tier 3	QL (2 EA per 1 day)
SUBOXONE SUBLINGUAL FILM 2-0.5 (buprenorphine-naloxone) MG, 4-1 MG	Tier 3	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	Tier 2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	Tier 2	QL (2 EA per 1 day)
<b>Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist</b>		
<i>lofexidine oral tablet 0.18 mg (Lucemyra)</i>	Tier 1	PA
LUCEMYRA ORAL TABLET 0.18 MG (lofexidine)	Tier 3	PA
<b>Skeletal Muscle Relaxant, Salicylate, Narc Analgesic</b>		
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
<b>Parkinsons Disease</b>		

Drug	Status	Notes
<b>Antiparkinsonism Drugs, Anticholinergic</b>		
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	
<b>Antiparkinsonism Drugs, Other</b>		
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	
apomorphine subcutaneous cartridge 10 mg/ml (APOKYN)	Tier 4	PA; SP
bromocriptine oral capsule 5 mg (Parlodel)	Tier 1	
bromocriptine oral tablet 2.5 mg (Parlodel)	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	Tier 1	
carbidopa-levodopa-entacapone oral tablet 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	Tier 2	
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
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: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	Tier 2	QL (1 EA per 1 day)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 1	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	Tier 3	ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (10 EA per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1	
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	
XADAGO ORAL TABLET 100 MG, 50 MG	Tier 3	ST: Requires prior prescription for Carbidopa/Levodopa (Sinemet IR/CR, Duopa, Parcopa, or Rytary) within the past 120 days; QL (1 EA per 1 day)
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	Tier 3	ST: Requires prior prescription for Selegiline capsules or tablets within the past 120 days; QL (2 EA per 1 day)
<b>Decarboxylase Inhibitors</b>		
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	Tier 1	
<b>Seizure Disorder</b>		
<b>Anticonvulsant - Benzodiazepine Type</b>		
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	Tier 1	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	Tier 1	QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Klonopin)	Tier 1	
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	Tier 1	
<i>LIBERVANT Buccal Film 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG</i>	Tier 3	QL (10 EA per 30 days)
<i>NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)</i>	Tier 3	QL (10 EA per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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)
<b>Anticonvulsant - Cannabinoid Type</b>		
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 4	SP; ST: At least 2 prior prescriptions for Clobazam, Lamotrigine, Levetiracetam, Topiramate, Valproic Acid (as Sodium Salt), or Valproic Acid within the past 365 days
<b>Anticonvulsants</b>		
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)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	Tier 2	SP
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 2	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 2	QL (2 EA per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	(Carbatrol)	Tier 1
<i>carbamazepine oral suspension 100 mg/5 ml</i>	(Tegretol)	Tier 1
<i>carbamazepine oral tablet 200 mg</i>	(Epitol)	Tier 1
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	(Tegretol XR)	Tier 1
<i>carbamazepine oral tablet, chewable 100 mg</i>		Tier 1
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	(carbamazepine)	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

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
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	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	(Depakote Sprinkles)	Tier 1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	(Depakote ER)	Tier 1	
<i>divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	(Depakote)	Tier 1	
EPITOL ORAL TABLET 200 MG	(carbamazepine)	Tier 1	
EPRONTIA ORAL SOLUTION 25 MG/ML		Tier 3	PA
<i>ethosuximide oral capsule 250 mg</i>	(Zarontin)	Tier 1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	(Zarontin)	Tier 1	
<i>felbamate oral suspension 600 mg/5 ml</i>		Tier 1	QL (30 ML per 1 day)
<i>felbamate oral tablet 400 mg</i>	(Felbatol)	Tier 1	QL (9 EA per 1 day)
<i>felbamate oral tablet 600 mg</i>	(Felbatol)	Tier 1	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)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	(Neurontin)	Tier 1	
<i>gabapentin oral solution 250 mg/5 ml</i>	(Neurontin)	Tier 1	
<i>gabapentin oral solution 300 mg/6 ml (6 ml)</i>		Tier 1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	(Neurontin)	Tier 1	
<i>lacosamide intravenous solution 200 mg/20 ml</i>	(Vimpat)	Tier 1	SP
<i>lacosamide oral solution 10 mg/ml</i>	(Vimpat)	Tier 1	QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	(Vimpat)	Tier 1	QL (2 EA per 1 day)
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)		Tier 3	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days

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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>lamotrigine oral tablet,disintegrating 25 mg, 50 mg</i> (Lamictal ODT)	Tier 1	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (6 EA per 1 day)
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	Tier 1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	Tier 1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	Tier 1	
<i>methsuximide oral capsule 300 mg</i> (Celontin)	Tier 1	
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	Tier 1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	Tier 1	
<i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg</i> (Oxtellar XR)	Tier 1	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR or ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (1 EA per 1 day)
<i>oxcarbazepine oral tablet extended release 24 hr 600 mg</i> (Oxtellar XR)	Tier 1	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR or ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (4 EA per 1 day)
<i>PHENYTEK ORAL CAPSULE 200 MG, 300 MG</i> (phenytoin sodium extended)	Tier 3	
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	Tier 1	
<i>phenytoin oral tablet,chewable 50 mg</i> (Dilantin Infatabs)	Tier 1	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	Tier 1	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	Tier 1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> (Lyrica)	Tier 1	
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	Tier 1	
<i>primidone oral tablet 125 mg</i>	Tier 1	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	Tier 1	

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
<i>rufinamide oral suspension 40 mg/ml</i>	(Banzel)	Tier 1	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)
<i>rufinamide oral tablet 200 mg</i>	(Banzel)	Tier 1	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)
<i>rufinamide oral tablet 400 mg</i>	(Banzel)	Tier 1	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 TABLET 500 MG	(vigabatrin)	Tier 4	PA; SP
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	
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>		Tier 1	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR or ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (4 EA per 1 day)
<i>tiagabine oral tablet 16 mg</i>		Tier 1	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR or ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (3 EA per 1 day)
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	(Topamax)	Tier 1	
<i>topiramate oral capsule,extended release 24hr 100 mg, 200 mg</i>	(Trokendi XR)	Tier 1	QL (2 EA per 1 day)

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
<i>topiramate oral capsule,extended release 24hr 25 mg</i>	(Trokendi XR)	Tier 1	QL (8 EA per 1 day)
<i>topiramate oral capsule,extended release 24hr 50 mg</i>	(Trokendi XR)	Tier 1	QL (4 EA per 1 day)
<i>topiramate oral capsule,sprinkle,er 24hr 100 mg, 25 mg, 50 mg</i>	(Qudexy XR)	Tier 1	ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (1 EA per 1 day)
<i>topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg</i>	(Qudexy XR)	Tier 1	ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (2 EA per 1 day)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	(Topamax)	Tier 1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>		Tier 1	
<i>valproic acid oral capsule 250 mg</i>		Tier 1	
<i>vigabatrin oral powder in packet 500 mg</i>	(Vigadron)	Tier 4	PA; SP
<i>vigabatrin oral tablet 500 mg</i>	(Sabril)	Tier 4	PA; SP
<i>VIGADRONE ORAL POWDER IN PACKET 500 MG</i>	(vigabatrin)	Tier 4	PA; SP
<i>VIGADRONE ORAL TABLET 500 MG</i>	(vigabatrin)	Tier 4	PA; SP
<i>VIGAFYDE ORAL SOLUTION 100 MG/ML</i>		Tier 4	PA; SP
<i>VIGPODER ORAL POWDER IN PACKET 500 MG</i>	(vigabatrin)	Tier 4	PA; SP
<i>VIMPAT ORAL TABLETS,DOSE PACK 50 MG (14)- 100 MG (14)</i>		Tier 2	
<i>XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1- 100MG X1), 350 MG/DAY (200 MG X1- 150MG X1)</i>		Tier 2	QL (2 EA per 1 day)
<i>XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG</i>		Tier 2	QL (1 EA per 1 day)
<i>XCOPRI ORAL TABLET 200 MG</i>		Tier 2	QL (2 EA per 1 day)
<i>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)</i>		Tier 2	QL (1 EA per 1 day)
<i>ZONISADE ORAL SUSPENSION 100 MG/5 ML</i>		Tier 3	PA
<i>zonisamide oral capsule 100 mg, 25 mg</i>	(Zonegran)	Tier 1	
<i>zonisamide oral capsule 50 mg</i>		Tier 1	
<b>Neuroactive Steroid Gaba-A Receptor Modulator</b>			

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ZTALMY ORAL SUSPENSION 50 MG/ML	Tier 4	PA; SP
<b>Skeletal Muscle Disorder</b>		
<b>Agents To Tx Periodic Paralysis - Carbon Anhyd Inh</b>		
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
<b>Retinoic Acid Receptor (Rar) Agonists</b>		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	Tier 4	PA; SP
<b>Skeletal Muscle Relaxants</b>		
baclofen oral solution 10 mg/5 ml (2 mg/ml) (Ozobax DS)	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 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)
dantrolene oral capsule 100 mg	Tier 2	QL (4 EA per 1 day)
dantrolene oral capsule 25 mg (Dantrium)	Tier 2	QL (3 EA per 1 day)
dantrolene oral capsule 50 mg	Tier 2	QL (3 EA per 1 day)
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)
orphenadrine citrate oral tablet extended release 100 mg	Tier 1	QL (2 EA per 1 day)
OZOBAX DS ORAL SOLUTION 10 MG/5 ML (2 MG/ML) (baclofen)	Tier 3	PA
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)
<b>Smoking Cessation</b>		
<b>Smoking Deterrent Agents (Ganglionic Stim,Others)</b>		
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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 (Nicorette) 2 mg, 4 mg	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr (Nicoderm CQ)	\$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 IN 365 DAYS, TRIAL OF NICOTINE TRANSDERMAL PATCH, AND 18 YEARS OF AGE OR OLDER; QL (10 ML per 2 days)
QUIT 2 BUCCAL GUM 2 MG (nicotine (polacrilex))	\$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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
<b>Smoking Deterrent-Nicotinic Recept.Partial Agonist</b>		
varenicline oral tablet 0.5 mg	\$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)
varenicline oral tablet 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)
varenicline 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 354, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
<b>Smoking Deterrents, Other</b>		
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
<b>Upper Gastrointestinal Disorders - Digestive</b>		
<b>Gastric Enzymes</b>		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Tier 4	PA; SP
<b>Pancreatic Enzymes</b>		
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	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300-78,300 UNIT	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
<b>Upper Gastrointestinal Disorders - Spastic Disease</b>		
<b>Anticholinergics/Antispasmodics</b>		
<i>dicyclomine oral capsule 10 mg</i>	Tier 1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 1	
<i>dicyclomine oral tablet 20 mg</i>	Tier 1	
<b>Belladonna Alkaloids</b>		
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)	Tier 1	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i> (Hyosyne)	Tier 1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i> (Hyosyne)	Tier 1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i> (Oscimin)	Tier 1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i> (Levbid)	Tier 1	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i> (Ed-Spaz)	Tier 1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i> (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	
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)	Tier 3	
<b>Upper Gastrointestinal Disorders - Ulcer Disease</b>		
<b>Anticholinergics,Quaternary Ammonium</b>		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i> (Librax (with clidinium))	Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG	Tier 3	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)	Tier 1	
glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)	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
<b>Anti-Ulcer Preparations</b>		
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	Tier 1
sucralfate oral tablet 1 gram	(Carafate)	Tier 1
<b>Anti-Ulcer-H.Pylori Agents</b>		
bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg	(Pylera)	Tier 2
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)		Tier 3
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG		Tier 3
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)		Tier 3
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG		Tier 3
<b>Histamine H2-Receptor Inhibitors</b>		
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 2
famotidine oral tablet 20 mg	(Acid Controller)	Tier 1
famotidine oral tablet 40 mg	(Pepcid)	Tier 1
nizatidine oral capsule 150 mg, 300 mg		Tier 1
<b>Intestinal Motility Stimulants</b>		
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY		Tier 4
metoclopramide hcl oral solution 5 mg/5 ml		Tier 1
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	Tier 1

Drug	Status	Notes	
<b>Potassium-Competitive Acid Blockers (Pcabs)</b>			
VOQUEZNA ORAL TABLET 10 MG, 20 MG	Tier 3	PA	
<b>Proton-Pump Inhibitors</b>			
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 5 MG	Tier 3	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 365 days; QL (1 EA per 1 day)	
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	(Acid Reducer (esomeprazole))	Tier 1	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	(Nexium)	Tier 1	QL (2 EA per 1 day)
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	(Acid Reducer (lansoprazole))	Tier 1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	(Prevacid)	Tier 1	
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg</i>	(Prevacid SoluTab)	Tier 2	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 120 days
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	Tier 2	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC within the past 120 days; QL (1 EA per 1 day)	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	Tier 1		
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	(Protonix)	Tier 1	
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	(AcipHex)	Tier 1	QL (1 EA per 1 day)
<b>Urinary Tract - Functional Disorders</b>			
<b>Benign Prostatic Hypertrophy/Micturition Agents</b>			
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	(Uroxatral)	Tier 1	
<i>dutasteride oral capsule 0.5 mg</i>	(Avodart)	Tier 1	
<i>finasteride oral tablet 5 mg</i>	(Proscar)	Tier 1	
<i>silodosin oral capsule 4 mg, 8 mg</i>	(Rapaflo)	Tier 1	
<i>tamsulosin oral capsule 0.4 mg</i>	(Flomax)	Tier 1	
<b>Cystine-Depleting Agents, Nephropathic Cystinosis</b>			

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 4	SP
PROCYSB1 ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	Tier 4	PA; SP
PROCYSB1 ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	Tier 4	PA; SP
<b>Endothelin-Angiotensin Receptor Antagonist</b>		
FILSPARI ORAL TABLET 200 MG, 400 MG	Tier 4	PA; SP
<b>Kidney Stone Agents</b>		
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG (tiopronin)	Tier 4	SP
<i>tiopronin oral tablet 100 mg</i> (Thiola)	Tier 4	SP
<i>tiopronin oral tablet,delayed release (dr/ec) 100 mg, 300 mg</i> (Thiola EC)	Tier 4	SP
<b>Overactive Bladder Agents, Beta-3 Adrenergic Recep</b>		
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)
<b>Oxalosis Agent - Oxalate Inhibitor, Sirna Based</b>		
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)	Tier 4	PA; SP
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML	Tier 4	PA; SP
<b>Polycystic Kidney Disease Agent, Avp Recep. Antag</b>		
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
<b>Urinary Ph Modifiers</b>		
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	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>potassium citrate oral tablet extended release 15 meq (Urocit-K 15)</i>	Tier 1	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i>	Tier 1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	Tier 3	
<i>sodium citrate-citric acid oral solution (Oracit) 490-640 mg/5 ml</i>	Tier 1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	Tier 3	
<b>Urinary Tract Analgesic Agents</b>		
ELMIRON ORAL CAPSULE 100 MG	Tier 2	PA
<b>Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)</b>		
<i>phenazopyridine oral tablet 100 mg, 200 mg (Pyridium)</i>	Tier 1	
<b>Urinary Tract Antispasmodic, M(3) Selective Antag.</b>		
<i>solifenacain oral tablet 10 mg, 5 mg (Vesicare)</i>	Tier 1	
<b>Urinary Tract Antispasmodic/Antiincontinence Agent</b>		
<i>flavoxate oral tablet 100 mg</i>	Tier 1	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 1	
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	Tier 3	ST: Requires prior prescriptions for Myrbetriq and Oxybutynin Chloride within the past 365 days
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	Tier 1	
<i>tolterodine oral tablet 1 mg, 2 mg (Detrol)</i>	Tier 1	
<i>trospium oral tablet 20 mg</i>	Tier 1	
<b>Vaginal Disorders</b>		
<b>Vaginal Antibiotics</b>		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Tier 3	ST: At least 2 prior prescriptions for Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, or Tinidazole within the past 365 days; QL (3 EA per 30 days)
<i>clindamycin phosphate vaginal cream 2 % (Cleocin)</i>	Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
CLINDESSE VAGINAL CREAM, EXTENDED RELEASE 2 %	Tier 3	ST: Requires prior prescription for generic Clindamycin vaginal cream within the past 120 days
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> (Vandazole)	Tier 2	
<i>metronidazole vaginal gel 1.3 % (65 mg/5 gram)</i> (Nuvessa)	Tier 1	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM) (metronidazole)	Tier 3	
<b>Vaginal Antifungals</b>		
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 2	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	Tier 1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	
<b>Vaginal Antiseptics</b>		
FEM PH VAGINAL GEL 0.9-0.025 %	Tier 3	
RELAGARD VAGINAL GEL 0.9-0.025 %	Tier 3	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	Tier 3	
<b>Vaginal Estrogen For Sexual Dysfunction</b>		
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	Tier 3	ST: Requires prior prescriptions for Estradiol and Premarin within the past 365 days; QL (18 EA per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	Tier 3	ST: Requires prior prescriptions for Estradiol and Premarin within the past 365 days; QL (18 EA per 28 days)
<b>Vaginal Estrogen Preparations</b>		
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	Tier 1	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvafem)	Tier 2	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	Tier 2	
YUVAFEM VAGINAL TABLET 10 MCG (estradiol)	Tier 2	
<b>Vitamin And/Or Mineral Deficiency</b>		
<b>Fluoride Preparations</b>		
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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
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 PREVI DENTAL GEL 1.1-3 %	Tier 3	
JUST RIGHT 5000 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	
<b>Folic Acid Preparations</b>		
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	
<b>Iron Replacement</b>		
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON	Tier 3	
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML	Tier 3	
<b>Multivitamin Preparations</b>		
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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG	Tier 1	
<b>Prenatal Vitamin Preparations</b>		
ATABEX OB ORAL TABLET 29-1 MG	Tier 3	
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG -374 MG	Tier 1	
BAL-CARE DHA ORAL COMBO PACK, TABLET AND CAP, DR 27-1-430 MG	Tier 1	
CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG	Tier 3	
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 B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL 20 MG IRON-1 MG -25 MG/25 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	
CLASSIC PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	Tier 3	
C-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG	Tier 1	
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG	Tier 3	
COMPLETENATE ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG	Tier 1	
DERMACINRX PRENATRIX ORAL TABLET 27 MG IRON- 1 MG	Tier 3	
DERMACINRX PRENATRYL ORAL TABLET 27 MG IRON- 1 MG	Tier 3	
DERMACINRX PRETRATE ORAL TABLET 27 MG IRON- 1 MG	Tier 3	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG -400 MG	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
KPN ORAL TABLET 9 MG IRON- 267 MCG	Tier 3	
MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG	Tier 1	
MINI PRENATAL ORAL TABLET 6.75 MG IRON- 200 MCG	Tier 3	
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG (pnv,calcium 72-iron-folic acid)	Tier 1	
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG	Tier 1	
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG	Tier 1	
MYNATAL ORAL TABLET 90-1-50 MG	Tier 1	
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG	Tier 1	
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG	Tier 1	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG	Tier 1	
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET,CHEWABLE 28 MG IRON -1 MG	Tier 3	
NATAVI PNV ORAL CAPSULE 13.5 MG IRON- 0.5 MG-150 MG	Tier 3	
NEONATAL COMPLETE ORAL TABLET 29-1 MG	Tier 3	
NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON- 1 MG	Tier 3	
NEONATAL-DHA ORAL COMBO PACK 29-1-200-500 MG	Tier 3	
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG	Tier 3	
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG	Tier 3	
NESTABS ORAL TABLET 32-1,000 MG-MCG	Tier 3	
NEWGEN ORAL TABLET 32-1,000 MG-MCG	Tier 1	
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG	Tier 3	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	Tier 3	
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG	Tier 3	
OBSTETRIX DHA ORAL COMBO PACK,TABLET AND CAP,DR 29 MG IRON-1 MG -50 MG	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
OBSTETRIX DHA PRENATAL DUO ORAL COMB PACK, TABLET DR,CAPSULE DR 29 MG IRON- 1,700 MCG DFE	Tier 1	
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC) 29 MG IRON- 1,700 MCG DFE, 29 MG IRON-1 MG -50 MG	Tier 3	
ONE A DAY WOMEN'S PRENATAL DHA ORAL COMBO PACK 28 MG IRON- 800 MCG	Tier 3	
ONE DAILY PRENATAL ORAL COMBO PACK 28-800-440 MG-MCG-MG	Tier 1	
ONE-A-DAY PRENATAL-1 ORAL CAPSULE 27 MG IRON- 800 MCG-235 MG	Tier 3	
<i>pnv cmb#95-ferrous fumarate-fa oral tablet 28 mg iron- 800 mcg</i>	Tier 1	
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG	Tier 1	
PNV-SELECT ORAL TABLET 27-1 MG	Tier 1	
PR NATAL 400 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-400 MG	Tier 1	
PR NATAL 400 ORAL COMBO PACK 29-1-400 MG	Tier 1	
PR NATAL 430 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-430 MG	Tier 1	
PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG -430 MG	Tier 1	
PREGEN DHA ORAL CAPSULE 28 MG- 1,000MCG- 35 MG-200 MG	Tier 3	
PRENA1 CHEW ORAL TABLET,CHEW,IR - DR,BIPHASE 1.4 MG	Tier 1	
PRENA1 PEARL ORAL CAPSULE,IR - DELAY REL,BIPHASE 30-1.4-200 MG	Tier 1	
PRENA1 TRUE ORAL COMBO PACK 30 MG IRON- 1.4 MG-300 MG	Tier 1	
PRENAISSANCE ORAL CAPSULE 29- 1.25-55-325 MG	Tier 1	
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG	Tier 1	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 3	
PRENATABS FA ORAL TABLET 29-1 MG	Tier 1	
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON- 975 MCG-200 MG	Tier 1	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG	Tier 3	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG	Tier 1	
PRENATAL 19 ORAL TABLET 29 MG IRON- 1 MG	Tier 3	
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 1	
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG	Tier 3	
PRENATAL ESSENTIALS ORAL CAPSULE 6 MG IRON- 272 MCG DFE	Tier 3	
PRENATAL FORMULA ORAL TABLET 28 MG IRON- 800 MCG (pnv cmb#95-ferrous fumarate-fa)	Tier 1	
PRENATAL FORMULA ORAL TABLET 9 MG IRON- 267 MCG	Tier 3	
PRENATAL FORMULA-DHA ORAL CAPSULE 28 MG-800 MCG- 200 MG	Tier 3	
PRENATAL MULTI ORAL TABLET 27- 800 MG-MCG	Tier 3	
PRENATAL MULTI-DHA (ALGAL OIL) ORAL CAPSULE 27MG IRON- 800 MCG-250 MG	Tier 1	
PRENATAL MULTI-DHA(WITH VIT K) ORAL CAPSULE 27 MG IRON-800 MCG-260 MG	Tier 3	
PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG (pnv cmb#95-ferrous fumarate-fa)	Tier 1	
PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG	Tier 1	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG (pnv cmb#95-ferrous fumarate-fa)	Tier 1	
PRENATAL ORAL TABLET 28-800 MG- MCG	Tier 1	
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG (pnv,calcium 72-iron-folic acid)	Tier 1	
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG	Tier 3	
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (pvn,calcium 72-iron,carb- folic)	Tier 1	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG	Tier 1	
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG (prenatal vit-iron fum-folic ac)	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
prenatal vit no. 179-iron-folic oral tablet 28 mg iron- 800 mcg	Tier 1	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG, 27 MG IRON- 800 MCG, 28 MG IRON- 800 MCG	Tier 1	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG (pnv,calcium 72-iron-folic acid)	Tier 1	
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG (prenatal vit-iron fum-folic ac)	Tier 1	
prenatal vit-iron fum-folic ac oral tablet 28 mg iron- 800 mcg (Prenatal Tablet)	Tier 1	
PRENATAL WITH DHA-FOLIC ACID ORAL TABLET,CHEWABLE 400-32.5 MCG-MG	Tier 1	
PRENATE ELITE ORAL TABLET 26 MG IRON- 1 MG	Tier 3	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG	Tier 3	
R-NATAL OB ORAL CAPSULE 20 MG IRON- 1 MG-320 MG	Tier 1	
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 1	
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG -250 MG	Tier 3	
SELECT-OB ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 1	
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 1	
SE-NATAL-19 ORAL TABLET 29 MG IRON- 1 MG	Tier 3	
SIMILAC PRENATAL ORAL COMBO PACK 27 MG IRON-800 MCG-200 MG	Tier 3	
STUART ONE ORAL CAPSULE 27 MG IRON- 800 MCG-200 MG	Tier 3	
TENDERA-OB ORAL CAPSULE 27 MG IRON-1 MG -205 MG	Tier 3	
THERANATAL COMPLETE ORAL COMBO PACK 27 MG IRON- 1 MG-150 MG	Tier 3	
THERANATAL ONE ORAL CAPSULE 27 MG IRON-1000 MCG-300 MG	Tier 3	
THERANATAL ORAL TABLET 27 MG IRON- 1 MG	Tier 3	
THERANATAL OVAVITE ORAL COMBO PACK 18-1-125 MG-MG-UNIT	Tier 3	
THERANATAL PLUS ORAL COMBO PACK 27 MG IRON- 1 MG-300 MG	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	Tier 3	
TRICARE ORAL TABLET 27 MG IRON- 1 MG	Tier 3	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG	Tier 3	
TRINATE ORAL TABLET 28 MG IRON- 1 MG	Tier 1	
ULTRA PRENATAL PLUS DHA ORAL CAPSULE 23 MG-800 MCG- 250 MG- 200 MG	Tier 3	
VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG	Tier 3	
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	Tier 1	
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	Tier 3	
VITAFOL-OB ORAL TABLET 65-1 MG	Tier 3	
VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG	Tier 1	
VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	Tier 3	
VITAMEDMD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG	Tier 3	
VITAMEDMD REDICHEW RX ORAL TABLET,CHEW,IR - DR,BIPHASE 1.4 MG	Tier 3	
VITAPEARL ORAL CAPSULE,IR - DELAY REL,BIPHASE 30-1.4-200 MG	Tier 3	
VITATRUE ORAL COMBO PACK 30 MG IRON- 1.4 MG-300 MG	Tier 3	
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG	Tier 1	
WESNATAL DHA COMPLETE ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG	Tier 3	
WESNATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG	Tier 1	
WESTAB PLUS ORAL TABLET 27 MG      (pnv,calcium 72-iron-folic IRON- 1 MG                                  acid)	Tier 1	
WOMEN'S PRENATAL PLUS DHA ORAL COMBO PACK 28 MG-975 MCG- 200 MG	Tier 1	
<b>Prenatal Vitamins Without Iron</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
NATAL PNV ORAL TABLET 6 MG IRON- 833.5 MCG DFE	Tier 1	
NATAVI PRIMA ORAL CAPSULE 4 MG IRON- 0.5 MG-150 MG	Tier 3	
ONE-A-DAY PRENATAL ORAL TABLET,CHEWABLE 400 MCG- 25 MG	Tier 3	
PRENATAL GUMMIES ORAL TABLET,CHEWABLE 400 MCG-35 MG- 25 MG-5 MG	Tier 1	
PRENATAL GUMMIES(ZINC CHELATE) ORAL TABLET,CHEWABLE 180 MCG-35 MG- 25 MG-5 MG	Tier 1	
PRENATAL ORAL TABLET,CHEWABLE 400 MCG	Tier 1	
<b>Vitamin B Preparations</b>		
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	
<b>Vitamin B1 Preparations</b>		
<i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>	Tier 1	
<b>Vitamin B12 Preparations</b>		
<i>cyanocobalamin (vitamin b-12) injection (Dodox) solution 1,000 mcg/ml</i>	Tier 1	
DODEX INJECTION SOLUTION 1,000 (cyanocobalamin (vitamin MCG/ML b-12))	Tier 1	
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	Tier 1	
<i>mecobalamin (vitamin b12) injection recon soln 10,000 mcg</i>	Tier 1	
<b>Vitamin B6 Preparations</b>		
<i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>	Tier 1	
<b>Vitamin C Preparations</b>		
<i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>	Tier 1	
<b>Vitamin D Preparations</b>		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg (Rocaltrol)</i>	Tier 1	
<i>calcitriol oral solution 1 mcg/ml (Rocaltrol)</i>	Tier 2	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 1	
<i>VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT)</i>	(ergocalciferol (vitamin d2))	Tier 1
<b>Weight Reduction</b>		
<b>Anorexic Agents</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>benzphetamine oral tablet 50 mg</i>	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
<i>diethylpropion oral tablet 25 mg</i>	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
<i>diethylpropion oral tablet extended release 75 mg</i>	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
LOMAIRA ORAL TABLET 8 MG (phentermine)	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
<i>phendimetrazine tartrate oral capsule, extended release 105 mg</i>	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
<i>phendimetrazine tartrate oral tablet 35 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
<i>phentermine oral capsule 15 mg, 30 mg, 37.5 mg</i>	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
<i>phentermine oral tablet 37.5 mg</i> (Adipex-P)	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
<b>Anti-Obesity - Melanocortin 4 Receptor Agonists</b>		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 4	PA; SP
<b>Fat Absorption Decreasing Agents</b>		
<i>orlistat oral capsule 120 mg</i> (Xenical)	Tier 2	PA

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