

Denver Health Medical Plan

Elevate Exchange, Colorado

Option and Peak Formulary

Administered by MedImpact

Effective July 2025

Foreword

This document represents the efforts of the MedImpact Healthcare Systems Pharmacy and Therapeutics (P & T) and Formulary Committees to provide physicians and pharmacists with a method to evaluate the safety, efficacy and cost-effectiveness of commercially available drug products. A structured approach to the drug selection process is essential in ensuring continuing patient access to rational drug therapies.

This is accomplished through the auspices of the MedImpact P & T and Formulary Committees. These committees meet quarterly and more often as warranted to ensure clinical relevancy of the Formulary. To accommodate changes to this document, updates are made accessible as necessary.

Access to the most current version of the Denver Health Medical Plan (DHMP) Elevate Formulary can be obtained by visiting www.elevatehealthplans.org.

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

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

How to Use the Formulary

The Formulary is a list of medications available to MedImpact members under their pharmacy benefit. All drugs are listed by their generic names and most common proprietary (branded) name. The Formulary may be accessed by using the index, either by generic or proprietary name and by therapeutic drug category. In situations where an FDA-approved generic equivalent is available, brand names are listed for reference purposes only, and do not denote coverage for the brand, unless specifically noted.

All drugs are listed in each category in alphabetical order by generic name. Where an FDA-approved generic is available for the listed generic name, the generic name is **bolded**.

For certain agents within the Formulary, a recommended prescribing guideline may apply. These are denoted throughout the document using the following symbols:

Symbol	Guideline	Description
AGE	Age Edit	Coverage may depend on patient age
G	Gender Edit	Coverage may depend on patient gender
PA	Prior Authorization	Requires specific physician request process
QL	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period
ST	Step Therapy	Coverage may depend on previous use of another drug

Please refer to the prescribing guideline appendix within this document for details regarding specific agents.

Benefit Coverage and Limitations

This printed Formulary does not provide information regarding the specific coverage and limitations an individual member may be subject to. Many members have specific benefit inclusions, exclusions, copays, or a lack of coverage, which are not reflected in the Formulary.

The Formulary applies only to outpatient drugs provided to members, and does not apply to medications used in inpatient settings. If a member has any specific questions regarding their coverage, they should refer to their plan's Member Handbook or contact their plan's Member Services at (303) 602-2090 or toll free at 1-855-823-8872. TTY/TDD users should call 711.

Depending upon a member's specific benefit parameters, the following topics may apply:

1. Generic Substitution

When available, FDA-approved generic drugs are to be used in all situations, regardless of the brand name indicated. The generic names are bolded in the formulary listing wherever an FDA-approved generic drug product is

available. Greater economy is realized through the use of generic equivalents. This policy is not meant to preclude or supplant any state statutes that may exist. All drugs that are or become available generically are subject to review by MedImpact's Pharmacy and Therapeutics Committee.

MedImpact approves such multi-source drugs for addition to the MAC list based on the following criteria:

- A multi-source drug product manufactured by at least one (1) nationally marketed company.
- At least one (1) of the generic manufacturer's products must have an "A" rating or the generic product has been determined to be unassociated with efficacy, safety or bioequivalency concerns by the MedImpact P & T Committee.
- Drug product will be approved for generic substitution by the MedImpact P & T Committee.

This list is reviewed and updated periodically based on the clinical literature and pharmacokinetic characteristics of currently available versions of these drug products.

If a member or physician requests a brand name product in lieu of an approved generic, the member, based upon their coverage, will typically be required to pay the difference in cost between the brand and the generic. If a physician determines that there is a documented medical need for the brand equivalent, a request for coverage may be made using the medication request process.

• **Important Note for Contraceptives:**

The plan will cover, at no cost to the member, any necessary contraceptive product and will defer to the member's provider's determination. This coverage includes brand names of generic products when a provider determines them to be medically necessary.

2. Tier Benefit Design

The Formulary may be applied to a tier benefit design, where the member shares the cost of prescription drug therapy based on the drug's tier and copayment or coinsurance. In most instances, generically available drugs will be covered in a separate lower tier (low copay), preferred branded drugs listed on the Formulary will be covered under a higher tier, and branded drugs not on the Formulary will be covered under a separate non-preferred branded drug copay tier. Specialty drugs will be covered under the highest tier (highest copay). Essential health benefit/preventative medications, if available on your plan's formulary (applies to new and non-grandfathered plans), will be covered without cost sharing (zero copay).

Tier Definitions

- | | |
|---------|---|
| Tier 1: | EHB Zero Copay/Preventative |
| Tier 2: | Generic medications (formulary agents) |
| Tier 3: | Preferred brand medications (formulary agents) |
| Tier 4: | Non-preferred brand/Preferred specialty medications (non-formulary agents when formulary exception is approved by plan) |
| Tier 5: | Specialty medications (30-day supply max) |
| Tier 6: | Medical medications (not covered under the pharmacy benefit) |

3. Medication Request Process

Depending upon plan benefit design, a medication request process may apply as follows:

A. Coverage Exceptions

Drugs that are listed in the Formulary with associated Prior Authorization (PA) require evaluation, per MedImpact P & T Committee Prior Authorization guidelines prior to dispensing at a pharmacy. Each request will be reviewed on an individual patient need basis. If the request does not meet the guidelines established by the P & T Committee, the request will not be approved and alternative therapy may be recommended.

If the request does not meet the guidelines established by the P & T Committee, the request will not be approved and alternative therapy may be recommended.

B. Obtaining Coverage

Coverage, questions or information regarding the medication request or formulary process may be obtained by:

1. Faxing a completed **Prior Authorization Request** to DHMP Pharmacy Department at (303) 602-2081.
2. Contacting DHMP Pharmacy Department at (303) 602-2070 and providing all necessary information requested.

Non-approved requests may be appealed.

The prescriber must provide information to support the appeal on the basis of medical necessity. Prior Authorization is generally not available for drugs that are specifically excluded by benefit design.

4. General Exclusions

- A. Over the Counter (OTC) medications or their equivalents, except those listed on the formulary.
- B. Dietary supplements.
- C. Any drug products used for cosmetic purposes (anti-wrinkle, hair removal, hair growth)
- D. Blood or blood plasma (except anti-hemophilic factors).
- E. Pigmenting / De-pigmenting.
- F. Infertility.
- G. Weight loss.
- H. Therapeutic devices or appliances (except for formulary diabetic monitoring supplies).
- I. Investigational or experimental treatments.
- J. Drugs specifically listed as not covered.
- K. Foreign sourced drugs or drugs not approved by the United States Food & Drug Administration, except in certain cases of drug shortage, when allowed under the individual's pharmacy benefit.

The P & T and Formulary Committees recognize that not all medical needs can be met with this document and encourage inquiries about alternative therapies.

5. Pharmacist and Physician Communication

The Formulary is a tool to promote cost-effective prescription drug use. The P & T and Formulary Committees have made every attempt to create a document that meets all therapeutic needs; however, the art of medicine makes this a formidable task. MedImpact welcomes the participation of physicians, pharmacists, and ancillary medical providers, in this dynamic process. Physicians and pharmacists are highly encouraged to direct any suggestions, comments or formulary additions to MedImpact at the following address:

Chairperson, Pharmacy & Therapeutics Committee
MedImpact Healthcare Systems, Inc.
10181 Scripps Gateway Court
San Diego, CA 92131

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

Drug	Status	Notes
PALFORZIA INITIAL (1-3 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3 MG	Tier 4	PA
PALFORZIA INITIAL (4-17 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	Tier 4	PA
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	Tier 4	PA
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	Tier 3	PA
Antihistamines - 1St Generation		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i> (Carbzah)	Tier 2	Age (Min 2 Years)
<i>carbinoxamine maleate oral suspension,extended rel 12 hr 4 mg/5 ml</i> (Karbinal ER)	Tier 2	ST: Requires prior prescription for immediate release Carbinoxamine Maleate oral solution within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 2	Age (Min 2 Years)
CARBZAH ORAL LIQUID 4 MG/5 ML (carbinoxamine maleate)	Tier 2	Age (Min 2 Years)
<i>clemastine oral tablet 2.68 mg</i>	Tier 2	
CLEMASZ ORAL TABLET 2.68 MG (clemastine)	Tier 2	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 2	
<i>cyproheptadine oral tablet 4 mg</i>	Tier 2	
DIPHEN ORAL ELIXIR 12.5 MG/5 ML (diphenhydramine hcl)	Tier 2	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 2	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 2	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML (carbinoxamine maleate)	Tier 4	ST: Requires prior prescription for immediate release Carbinoxamine Maleate oral solution within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (promethazine)	Tier 4	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> (Phenergan)	Tier 2	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 2	
Antihistamines - 2Nd Generation		
<i>cetirizine oral solution 1 mg/ml</i> (Allergy Relief (cetirizine))	Tier 2	
CLARINEX ORAL TABLET 5 MG (desloratadine)	Tier 4	QL (1 EA per 1 day)

Drug	Status	Notes
<i>desloratadine oral tablet 5 mg</i> (Clarinet)	Tier 2	QL (1 EA per 1 day)
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	Tier 2	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (1 EA per 1 day)
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	Tier 2	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (10 ML per 1 day)
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	Tier 2	
Nasal Antihistamine		
<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	Tier 2	QL (60 ML per 30 days)
<i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy)	Tier 2	QL (60 ML per 30 days)
<i>olopatadine nasal spray, non-aerosol 0.6 %</i>	Tier 2	QL (30.5 GM per 30 days)
Nasal Antihistamine & Anti-Inflam. Steroid Comb.		
<i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i> (Dymista)	Tier 2	ST: Requires prior prescription for Flunisolide (nasal formulation) or Fluticasone within the past 120 days; QL (23 GM per 30 days)
DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY (azelastine-fluticasone)	Tier 4	ST: Requires prior prescription for Flunisolide (nasal formulation) or Fluticasone within the past 120 days; QL (23 GM per 30 days)
Nasal Anti-Inflammatory Steroids		
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	Tier 2	QL (25 ML per 30 days)
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	Tier 2	QL (16 GM per 30 days)
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone))	Tier 2	QL (17 GM per 30 days)
OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG	Tier 4	ST: Requires prior prescription for Flunisolide or Fluticasone within the past 120 days; QL (5 GM per 12 days)

Drug	Status	Notes
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	Tier 3	ST: Requires prior prescription for nasal Flunisolide or Fluticasone within the past 120 days; QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 3	ST: Requires prior prescription for nasal Flunisolide or Fluticasone within the past 120 days; QL (10.6 GM per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	Tier 3	ST: Requires prior prescription for one of the following intranasal corticosteroids: Flunisolide, Fluticasone Propionate, or Mometasone within the past 120 days; QL (32 ML per 30 days)
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION	Tier 4	ST: Requires prior prescription for Flunisolide or Fluticasone within the past 120 days; QL (6.1 GM per 30 days)
Antiemesis/Antivertigo		
Antiemetic, Cannabinoid-Type		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	Tier 2	ST: Requires prior prescription for a 5HT3 antagonist, corticosteroid, Emend, or Megestrol suspension within the past 120 days; QL (2 EA per 1 day)
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (dronabinol)	Tier 4	ST: Requires prior prescription for a 5HT3 antagonist, corticosteroid, Emend, or Megestrol suspension within the past 120 days; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML	Tier 4	ST: Requires prior prescription for generic Dronabinol capsules or Megestrol suspension within the past 120 days; QL (60 ML per 30 days)
Antiemetic/Antivertigo Agents		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	Tier 3	QL (1 EA per 28 days)
<i>aprepitant oral capsule 125 mg</i>	Tier 2	QL (1 EA per 21 days)
<i>aprepitant oral capsule 40 mg</i>	Tier 2	QL (1 EA per 28 days)

Drug		Status	Notes
<i>aprepitant oral capsule 80 mg</i>	(Emend)	Tier 2	QL (2 EA per 21 days)
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	(Emend)	Tier 2	QL (3 EA per 21 days)
COMPAZINE ORAL TABLET 10 MG, 5 MG	(prochlorperazine maleate)	Tier 4	
COMPAZINE RECTAL SUPPOSITORY 25 MG	(prochlorperazine)	Tier 4	
COMPRO RECTAL SUPPOSITORY 25 MG	(prochlorperazine)	Tier 2	
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG	(doxylamine-pyridoxine (vit b6))	Tier 4	QL (120 EA per 30 days)
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (drlec) 10-10 mg</i>	(Diclegis)	Tier 2	QL (120 EA per 30 days)
EMEND ORAL CAPSULE 80 MG	(aprepitant)	Tier 4	QL (2 EA per 21 days)
EMEND ORAL CAPSULE,DOSE PACK 125 MG (1)- 80 MG (2)	(aprepitant)	Tier 4	QL (3 EA per 21 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)		Tier 3	QL (3 EA per 21 days)
<i>granisetron hcl oral tablet 1 mg</i>		Tier 2	ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (8 EA per 30 days)
<i>meclizine oral tablet 12.5 mg</i>		Tier 2	
<i>meclizine oral tablet 25 mg</i>	(Dramamine (meclizine))	Tier 2	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>		Tier 2	QL (50 ML per 15 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>		Tier 2	
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>		Tier 2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	(Compazine)	Tier 2	
<i>prochlorperazine rectal suppository 25 mg</i>	(Compro)	Tier 2	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	(Promethegan)	Tier 2	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	(promethazine)	Tier 2	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR		Tier 4	ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (1 EA per 7 days)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	(Transderm-Scop)	Tier 2	

Drug	Status	Notes
TRANSDERM-SCOP TRANSDERMAL (scopolamine base) PATCH 3 DAY 1 MG OVER 3 DAYS	Tier 4	
<i>trimethobenzamide oral capsule 300 mg</i>	Tier 2	
VARUBI ORAL TABLET 90 MG	Tier 4	QL (2 EA per 14 days)
Asthma And Copd		
Anticholinergic, Orally Inhaled Short Acting		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	Tier 3	QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 2	
Anticholinergics, Orally Inhaled Long Acting		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	Tier 4	ST: Requires prior prescription for Spiriva within the past 120 days; QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	Tier 3	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER (tiotropium bromide) INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	Tier 2	QL (30 EA per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	Tier 4	ST: Requires prior prescription for Spiriva within the past 120 days; QL (1 EA per 30 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	Tier 4	QL (90 ML per 30 days)
Beta-Adrenergic Agents		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 2	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 2	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 2	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 2	
Beta-Adrenergic Agents, Inhaled, Short Acting		
<i>albuterol sulfate inhalation hfa aerosol (Ventolin HFA) inhaler 90 mcg/actuation</i>	Tier 2	
<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 2	
<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	

Drug		Status	Notes
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	(Xopenex HFA)	Tier 2	
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTION	(albuterol sulfate)	Tier 4	ST: Requires prior prescription for Albuterol Sulfate 90mcg HFA inhaler within the past 120 days
XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTION	(levalbuterol tartrate)	Tier 4	
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting			
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTION		Tier 3	QL (4 GM per 30 days)
Beta-Adrenergic Agents, Orally Inhaled, Long Acting			
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	(Brovana)	Tier 2	ST: Requires prior prescription for Perforomist, Serevent, or Striverdi within the past 120 days; QL (120 ML per 30 days)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	(arformoterol)	Tier 4	ST: Requires prior prescription for Perforomist, Serevent, or Striverdi within the past 120 days; QL (120 ML per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	(Perforomist)	Tier 2	QL (120 ML per 30 days)
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	(formoterol fumarate)	Tier 4	QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE		Tier 3	QL (60 EA per 30 days)
Beta-Adrenergic And Anticholinergic Combinations			
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTION	(umeclidinium-vilanterol)	Tier 3	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG		Tier 4	ST: Requires prior prescription for Anoro Ellipta and Stiolto Respimat within the past 365 days; QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTION		Tier 3	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTION		Tier 4	ST: Requires prior prescription for Anoro Ellipta and Stiolto Respimat within the past 365 days; QL (1 EA per 30 days)

Drug	Status	Notes
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	Tier 2	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	Tier 3	QL (4 GM per 30 days)
Beta-Adrenergic And Glucocorticoid Combinations		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE (fluticasone propion-salmeterol)	Tier 4	QL (60 EA per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (fluticasone propion-salmeterol)	Tier 3	QL (12 GM per 30 days)
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION (fluticasone propion-salmeterol)	Tier 4	ST: Requires prior prescription for Advair HFA or BreoEllipta within the past 120 days; QL (1 EA per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	Tier 3	QL (32.1 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE (fluticasone furoate-vilanterol)	Tier 3	QL (60 EA per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	Tier 3	QL (60 EA per 30 days)
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION (budesonide-formoterol)	Tier 2	QL (30.9 GM per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> (Breyna)	Tier 2	QL (30.9 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	Tier 4	ST: Requires prior prescription for Advair HFA or BreoEllipta within the past 120 days; QL (39 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION	Tier 4	ST: Requires prior prescription for Advair HFA or BreoEllipta within the past 120 days; QL (13 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	Tier 4	ST: Requires prior prescription for Advair HFA or BreoEllipta within the past 120 days; QL (1 EA per 30 days)

Drug	Status	Notes
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (Wixela Inhub)	Tier 2	QL (60 EA per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION (budesonide-formoterol)	Tier 4	QL (30.9 GM per 30 days)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE (fluticasone propion-salmeterol)	Tier 2	QL (60 EA per 30 days)
Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled		
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	Tier 3	QL (10.7 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	Tier 3	QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	Tier 3	QL (2 EA per 1 day)
Glucocorticoids, Orally Inhaled		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 4	ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (12.2 GM per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 3	QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 4	ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	Tier 4	ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (1 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort)	Tier 2	QL (120 ML per 30 days)
<i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation</i>	Tier 2	QL (60 EA per 30 days)

Drug	Status	Notes
<i>fluticasone propionate inhalation blister with device 250 mcg/actuation</i>	Tier 2	QL (120 EA per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	Tier 2	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	Tier 2	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Tier 2	QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	Tier 4	ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (1 EA per 30 days)
PULMICORT INHALATION (budesonide) SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML	Tier 4	QL (120 ML per 30 days)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 4	ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (21.2 GM per 30 days)
Interleukin-4(IL-4) Receptor Alpha Antagonist, Mab		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	Tier 4	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	Tier 4	PA
Interleukin-5(IL-5) Receptor Alpha Antagonist, Mab		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	Tier 4	PA
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	Tier 4	PA
Leukotriene Receptor Antagonists		
ACCOLATE ORAL TABLET 10 MG, 20 (zafirlukast) MG	Tier 4	
<i>montelukast oral granules in packet 4 (Singulair) mg</i>	Tier 2	
<i>montelukast oral tablet 10 mg (Singulair)</i>	Tier 2	
<i>montelukast oral tablet,chewable 4 mg, 5 (Singulair) mg</i>	Tier 2	
SINGULAIR ORAL GRANULES IN (montelukast) PACKET 4 MG	Tier 4	
SINGULAIR ORAL TABLET 10 MG (montelukast)	Tier 4	
SINGULAIR ORAL (montelukast) TABLET,CHEWABLE 4 MG, 5 MG	Tier 4	

Drug	Status	Notes
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	Tier 2	
Mast Cell Stabilizers		
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	Tier 2	
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML (cromolyn)	Tier 4	
Mast Cell Stabilizers, Orally Inhaled		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 2	
Monoclonal Antibodies To Immunoglobulin E(Ige)		
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	Tier 4	PA
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	Tier 4	PA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	Tier 4	PA
Monoclonal Antibody - Interleukin-5 Antagonists		
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	Tier 5	PA
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 4	PA
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	Tier 4	PA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	Tier 4	PA
Phosphodiesterase-4 (Pde4) Inhibitors		
DALIRESP ORAL TABLET 250 MCG, 500 MCG (roflumilast)	Tier 4	QL (1 EA per 1 day)
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML	Tier 4	PA
<i>roflumilast oral tablet 250 mcg, 500 mcg</i> (Daliresp)	Tier 2	QL (1 EA per 1 day)
Respiratory Aids, Devices, Equipment		
ACE AEROSOL CLOUD ENHANCER SPACER (inhalational spacing device)	Tier 4	
AEROCHAMBER MECHANICAL VENT SPACER (inhalational spacing device)	Tier 4	
AEROCHAMBER MINI SPACER (inhalational spacing device)	Tier 4	
AEROCHAMBER MV SPACER (inhalational spacing device)	Tier 4	
AEROCHAMBER PLUS FLOW-VU SPACER (inhalational spacing device)	Tier 4	

Drug		Status	Notes
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER		Tier 4	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER		Tier 4	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER		Tier 4	
AEROCHAMBER PLUS Z STAT LG MSK SPACER		Tier 4	
AEROCHAMBER PLUS Z STAT MD MSK SPACER		Tier 4	
AEROCHAMBER PLUS Z STAT SM MSK SPACER		Tier 4	
AEROCHAMBER PLUS Z STAT SPACER	(inhalational spacing device)	Tier 4	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER	(inhalational spacing device)	Tier 4	
AEROTRACH PLUS SPACER	(inhalational spacing device)	Tier 4	
AEROVENT PLUS SPACER	(inhalational spacing device)	Tier 4	
BREATHERITE MDI SPACER SPACER	(inhalational spacing device)	Tier 4	
BREATHERITE SPACER-MASK, NEO. SPACER		Tier 4	
BREATHERITE SPACER-MASK,ADULT SPACER		Tier 4	
BREATHERITE SPACER-MASK,CHILD SPACER		Tier 4	
BREATHERITE SPACER- MASK,INFANT SPACER		Tier 4	
BREATHERITE SPACER- MASK,S.CHLD SPACER		Tier 4	
BREATHERITE VALVED MDI CHAMBER SPACER	(inhalational spacing device)	Tier 4	
BREATHERITE VALVED MDI SPACER SPACER	(inhalational spacing device)	Tier 4	
CLEVER CHOICE CHAMBER-LRG MASK SPACER		Tier 4	
CLEVER CHOICE CHAMBER-MED MASK SPACER		Tier 4	
CLEVER CHOICE CHAMBER-SM MASK SPACER		Tier 4	
COMFORTSEAL LARGE MASK DEVICE		Tier 4	
COMFORTSEAL MEDIUM MASK DEVICE		Tier 4	

Drug		Status	Notes
COMFORTSEAL SMALL MASK DEVICE		Tier 4	
COMPACT SPACE CHAMBER SPACER	(inhalational spacing device)	Tier 4	
COMPACT SPACE CHAMBER-LRG MASK SPACER		Tier 4	
COMPACT SPACE CHAMBER-MED MASK SPACER		Tier 4	
COMPACT SPACE CHAMBER-SM MASK SPACER		Tier 4	
EASIVENT HOLDING CHAMBER SPACER	(inhalational spacing device)	Tier 4	
EASIVENT MASK LARGE DEVICE		Tier 4	
EASIVENT MASK MEDIUM DEVICE		Tier 4	
EASIVENT MASK SMALL DEVICE		Tier 4	
FLEXICHAMBER SPACER	(inhalational spacing device)	Tier 4	
FLEXICHAMBER-LG CHILD MASK DEVICE		Tier 4	
FLEXICHAMBER-SM ADULT MASK DEVICE		Tier 4	
FLEXICHAMBER-SM CHILD MASK DEVICE		Tier 4	
INSPIRACHAMBER SPACER	(inhalational spacing device)	Tier 4	
INSPIRACHAMBER WITH MASK-LARGE SPACER		Tier 4	
INSPIRACHAMBER WITH MASK-MED SPACER		Tier 4	
INSPIRACHAMBER WITH MASK-SMALL SPACER		Tier 4	
LITE TOUCH-MEDIUM MASK DEVICE		Tier 4	
LITEAIRE MDI CHAMBER SPACER	(inhalational spacing device)	Tier 4	
LITETOUCH-LARGE MASK DEVICE		Tier 4	
LITETOUCH-SMALL MASK DEVICE		Tier 4	
MICROCHAMBER SPACER	(inhalational spacing device)	Tier 4	
MICROSPACER SPACER	(inhalational spacing device)	Tier 4	
OPTICHAMBER ADULT MASK-LARGE DEVICE		Tier 4	
OPTICHAMBER DIAMOND LG MASK SPACER		Tier 4	
OPTICHAMBER DIAMOND VHC SPACER	(inhalational spacing device)	Tier 4	

Drug		Status	Notes
OPTICHAMBER DIAMOND-MED MSK SPACER		Tier 4	
OPTICHAMBER DIAMOND-SML MASK SPACER		Tier 4	
PFLEX INSPIRATORY TRAINER DEVICE		Tier 4	
POCKET CHAMBER SPACER	(inhalational spacing device)	Tier 4	
PRIMEAIRE SPACER	(inhalational spacing device)	Tier 4	
PROCARE SPACER WITH ADULT MASK SPACER		Tier 4	
PROCARE SPACER WITH CHILD MASK SPACER		Tier 4	
PROCHAMBER SPACER	(inhalational spacing device)	Tier 4	
RITEFLO AEROCHAMBER SPACER	(inhalational spacing device)	Tier 4	
SILICONE MASK - INFANT DEVICE		Tier 4	
SPACE CHAMBER SPACER	(inhalational spacing device)	Tier 4	
SPACE CHAMBER WITH LARGE MASK SPACER		Tier 4	
SPACE CHAMBER WITH MEDIUM MASK SPACER		Tier 4	
SPACE CHAMBER WITH SMALL MASK SPACER		Tier 4	
THRESHOLD IMT TRAINER DEVICE		Tier 4	
THRESHOLD PEP DEVICE DEVICE		Tier 4	
VORTEX HOLDING CHAMBER SPACER	(inhalational spacing device)	Tier 4	
VORTEX VHC PEDIATRIC MASK SPACER		Tier 4	
Thymic Stromal Lymphopoietin (Tslp) Inhibitors			
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)		Tier 4	PA
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)		Tier 4	PA
Xanthines			
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>		Tier 2	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	(theophylline)	Tier 2	

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

Drug	Status	Notes
NAMZARIC ORAL (memantine-donepezil) CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG	Tier 4	ST: Requires prior prescriptions for Donepezil and Memantine within the past 365 days; QL (1 EA per 1 day)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 7-10 MG	Tier 3	ST: Requires prior prescriptions for Donepezil and Memantine within the past 365 days; QL (1 EA per 1 day)
Amyloid Directed Monoclonal Antibody		
KISUNLA INTRAVENOUS SOLUTION 17.5 MG/ML	Tier 5	PA
LEQEMBI INTRAVENOUS SOLUTION 100 MG/ML	Tier 5	PA
Cholinesterase Inhibitors		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR	Tier 4	PA
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG (donepezil)	Tier 4	
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)	Tier 2	
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	Tier 2	
EXELON PATCH TRANSDERMAL (rivastigmine) PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	Tier 4	QL (30 EA per 30 days)
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	Tier 2	QL (200 ML per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 2	QL (60 EA per 30 days)
MESTINON ORAL SYRUP 60 MG/5 ML (pyridostigmine bromide)	Tier 4	
MESTINON ORAL TABLET 60 MG (pyridostigmine bromide)	Tier 4	
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG (pyridostigmine bromide)	Tier 4	
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i> (Mestinon)	Tier 2	
<i>pyridostigmine bromide oral tablet 30 mg</i>	Tier 2	
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	Tier 2	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan)	Tier 2	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 2	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch)	Tier 2	QL (30 EA per 30 days)

Drug	Status	Notes
ZUNVEYL ORAL TABLET,DELAYED RELEASE (DR/EC) 10 MG, 15 MG, 5 MG	Tier 4	ST: Requires prior prescription for generic Galantamine tablets or Galantamine ER capsules within the past 120 days; QL (2 EA per 1 day)
Neonatal Fc Receptor (FcRn) Inhibitors		
IMAAVY INTRAVENOUS SOLUTION 185 MG/ML	Tier 5	PA
RYSTIGGO SUBCUTANEOUS SOLUTION 140 MG/ML	Tier 5	PA
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 1,008 MG-11,200 UNIT/5.6 ML	Tier 5	PA
VYVGART HYTRULO SUBCUTANEOUS SYRINGE 1,000 MG-10,000 UNIT/5 ML	Tier 5	PA
VYVGART INTRAVENOUS SOLUTION 20 MG/ML	Tier 5	PA
Behavioral Health - Antidepressants		
Alpha-2 Receptor Antagonist Antidepressants		
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	Tier 2	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	Tier 2	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	Tier 2	
REMERON ORAL TABLET 15 MG, 30 MG (mirtazapine)	Tier 4	
REMERON SOLTAB ORAL TABLET,DISINTEGRATING 15 MG, 30 MG, 45 MG (mirtazapine)	Tier 4	
Antidepressant - Nmda Receptor Antagonist		
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	Tier 5	PA
Antidepressant - Postpartum Depression (Ppd)		
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	Tier 4	PA
Maois - Non-Selective & Irreversible		
MARPLAN ORAL TABLET 10 MG	Tier 4	
NARDIL ORAL TABLET 15 MG (phenelzine)	Tier 4	
PARNATE ORAL TABLET 10 MG (tranylcypromine)	Tier 4	
<i>phenelzine oral tablet 15 mg</i> (Nardil)	Tier 2	
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	Tier 2	

Drug	Status	Notes
Monoamine Oxidase(Mao) Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	Tier 4	ST: Requires prior prescription for Marplan, Phenelzine, or Tranylcypromine within the past 120 days; QL (1 EA per 1 day)
Ndma Receptor Antagonist And Ndri Comb		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	Tier 4	ST: Requires prior prescription for Bupropion, Citalopram, Desvenlafaxine, Duloxetine, Escitalopram, Fluoxetine, Fluvoxamine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine within the past 120 days
Norepinephrine And Dopamine Reuptake Inhib (Ndris)		
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 2	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	Tier 2	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	Tier 2	
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG (bupropion hcl)	Tier 4	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG (bupropion hcl)	Tier 4	
Selective Serotonin Reuptake Inhibitor (Ssris)		
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG (citalopram)	Tier 4	
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 2	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)	Tier 2	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	Tier 2	
<i>fluoxetine oral capsule 10 mg, 20 mg</i> (Prozac)	Tier 2	
<i>fluoxetine oral capsule 40 mg</i>	Tier 2	
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	Tier 2	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Tier 2	

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

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

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

Drug	Status	Notes
Behavioral Health - Other		
Adrenergics, Aromatic, Non-Catecholamine		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG (dextroamphetamine-amphetamine)	Tier 4	QL (2 EA per 1 day)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG (dextroamphetamine-amphetamine)	Tier 4	QL (1 EA per 1 day)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 20 MG, 25 MG, 30 MG (dextroamphetamine-amphetamine)	Tier 4	QL (2 EA per 1 day)
ADZENYS XR-ODT ORAL TABLET,DISINTEGR BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	Tier 4	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i> (Evekeo)	Tier 2	PA
DESOXYN ORAL TABLET 5 MG (methamphetamine)	Tier 4	QL (150 EA per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG (dextroamphetamine sulfate)	Tier 4	QL (60 EA per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 15 MG (dextroamphetamine sulfate)	Tier 4	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule)	Tier 2	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i> (Dexedrine Spansule)	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</i> (ProCentra)	Tier 2	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i> (Zenzedi)	Tier 2	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg</i> (Zenzedi)	Tier 2	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)

Drug	Status	Notes
<i>dextroamphetamine sulfate oral tablet</i> (Zenzedi) 2.5 mg, 7.5 mg	Tier 2	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)
<i>dextroamphetamine sulfate oral tablet</i> 20 (Zenzedi) mg, 30 mg	Tier 2	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</i> 5 (Zenzedi) mg	Tier 2	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr</i> 12.5 mg, 25 mg, 37.5 mg, 50 mg (Mydayis)	Tier 2	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i> 10 mg, 15 mg, 5 mg (Adderall XR)	Tier 2	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i> 20 mg, 25 mg, 30 mg (Adderall XR)	Tier 2	QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet</i> 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg (Adderall)	Tier 2	QL (2 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	Tier 4	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (240 ML per 30 days)
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG	Tier 4	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day)
EVEKEO ORAL TABLET 10 MG, 5 MG (amphetamine sulfate)	Tier 4	PA
<i>lisdexamfetamine oral capsule</i> 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg (Vyvanse)	Tier 2	QL (1 EA per 1 day)
<i>lisdexamfetamine oral tablet, chewable</i> 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg (Vyvanse)	Tier 2	QL (1 EA per 1 day)
<i>methamphetamine oral tablet</i> 5 mg (Desoxyn)	Tier 2	QL (150 EA per 30 days)
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG (dextroamphetamine-amphetamine)	Tier 4	QL (1 EA per 1 day)

Drug		Status	Notes
PROCENTRA ORAL SOLUTION 5 MG/5 ML	(dextroamphetamine sulfate)	Tier 4	QL (1800 ML per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	(lisdexamfetamine)	Tier 4	QL (1 EA per 1 day)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	(lisdexamfetamine)	Tier 4	QL (1 EA per 1 day)
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR		Tier 4	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day); Age (Min 6 Years)
ZENZEDI ORAL TABLET 10 MG	(dextroamphetamine sulfate)	Tier 4	QL (180 EA per 30 days)
ZENZEDI ORAL TABLET 15 MG	(dextroamphetamine sulfate)	Tier 4	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	(dextroamphetamine sulfate)	Tier 4	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)
ZENZEDI ORAL TABLET 20 MG, 30 MG	(dextroamphetamine sulfate)	Tier 4	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)
ZENZEDI ORAL TABLET 5 MG	(dextroamphetamine sulfate)	Tier 4	QL (90 EA per 30 days)
Anti-Alcoholic Preparations			
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>		Tier 2	
<i>disulfiram oral tablet 250 mg, 500 mg</i>		Tier 2	
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG		Tier 5	
Anti-Anxiety - Benzodiazepines			
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML		Tier 3	

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

Drug	Status	Notes
<i>lithium carbonate oral tablet extended release 450 mg</i>	Tier 2	
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 2	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (lithium carbonate)	Tier 4	
Anti-Narcolepsy & Anti-Cataplexy, Sedative-Type Agt		
LUMRYZ ORAL EXTEND RELEASE GRANULES, PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	Tier 5	PA
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM	Tier 5	PA
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	Tier 4	PA
XYREM ORAL SOLUTION 500 MG/ML (sodium oxybate)	Tier 5	PA
XYWAV ORAL SOLUTION 0.5 GRAM/ML	Tier 4	PA
Antipsych, Dopamine Antag., Diphenylbutylpiperidines		
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 2	
Antipsychotic-Atypical, D3/D2 Partial Ag-5Ht Mixed		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 3	QL (1 EA per 1 day)
Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed		
ABILIFY 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	Tier 4	QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 400 MG	Tier 4	QL (2 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG	Tier 4	QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 400 MG	Tier 4	QL (2 EA per 26 days)
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (aripiprazole)	Tier 4	
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 2	

Drug	Status	Notes
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	Tier 2	
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	Tier 2	QL (3 EA per 1 day)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	Tier 2	QL (2 EA per 1 day)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML	Tier 5	
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	Tier 4	QL (3.9 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	Tier 4	QL (1.6 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	Tier 4	QL (2.4 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	Tier 4	QL (3.2 ML per 14 days)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	Tier 4	ST: Requires prior prescription for generic Aripiprazole tablets within the past 120 days
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 3	QL (1 EA per 1 day)
Antipsychotics, Dopamine & Serotonin Antagonists		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Tier 4	FL: 30 DAYS' SUPPLY PER FILL
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 2	
Antipsychotics, Atypical, Dopamine, & Serotonin Antag		
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)	Tier 2	QL (2 EA per 1 day)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 4	ST: Requires prior prescription for Rexulti or 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> (Clozaril)	Tier 2	
<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 100 MG, 25 MG (clozapine)	Tier 4	

Drug	Status	Notes
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	Tier 5	QL (0.75 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML, 351 MG/2.25 ML	Tier 5	QL (1 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	Tier 5	QL (1.5 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	Tier 5	QL (0.25 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	Tier 5	QL (0.5 ML per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 4	QL (2 EA per 1 day)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)- 2MG(2)- 4MG(2)-6MG(2)	Tier 4	QL (8 EA per 28 days)
GEODON ORAL CAPSULE 20 MG, 40 (ziprasidone hcl) MG, 60 MG, 80 MG	Tier 4	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	Tier 4	QL (3.5 ML per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	Tier 4	QL (5 ML per 166 days)
INVEGA ORAL TABLET EXTENDED (paliperidone) RELEASE 24HR 3 MG, 9 MG	Tier 4	QL (1 EA per 1 day)
INVEGA ORAL TABLET EXTENDED (paliperidone) RELEASE 24HR 6 MG	Tier 4	QL (2 EA per 1 day)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	Tier 4	QL (0.75 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	Tier 4	QL (1 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	Tier 4	QL (1.5 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	Tier 4	QL (0.25 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	Tier 4	QL (0.5 ML per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	Tier 4	FL: 90 DAYS' SUPPLY PER FILL; QL (88 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	Tier 4	FL: 90 DAYS' SUPPLY PER FILL; QL (1.32 ML per 70 days)

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

Drug	Status	Notes
<i>risperidone microspheres intramuscular suspension,extended rel recon 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml</i> (Rykindo)	Tier 4	QL (1 EA per 14 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	Tier 2	
<i>risperidone oral tablet 0.25 mg</i>	Tier 2	
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	Tier 2	
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	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)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG (asenapine maleate)	Tier 4	QL (2 EA per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	Tier 4	QL (1 EA per 1 day)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG (quetiapine)	Tier 4	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (quetiapine)	Tier 4	
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 4	QL (18 ML per 1 day)

Drug	Status	Notes
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	Tier 2	
ZYPREXA ORAL TABLET 2.5 MG, 20 MG, 5 MG (olanzapine)	Tier 4	
Antipsychotics,Dopamine Antagonists, Thioxanthenes		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 2	
Antipsychotics,Dopamine Antagonists,Butyrophenones		
haloperidol lactate oral concentrate 2 mg/ml	Tier 2	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Tier 2	
Antipsychotics,Dopamine Antagonist,Dihydroindolones		
molindone oral tablet 10 mg	Tier 2	QL (8 EA per 1 day)
molindone oral tablet 25 mg	Tier 2	QL (9 EA per 1 day)
molindone oral tablet 5 mg	Tier 2	
Anti-Psychotics,Phenothiazines		
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	Tier 2	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 2	
fluphenazine hcl oral concentrate 5 mg/ml	Tier 2	
fluphenazine hcl oral elixir 2.5 mg/5 ml	Tier 2	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Tier 2	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Tier 2	
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 2	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Tier 2	
Barbiturates		
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	Tier 2	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	Tier 2	

Drug	Status	Notes
Cholinergic And Anticholinergic Combinations		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	Tier 4	ST: Requires prior prescription for a generic atypical Antipsychotic, Rexulti, or Vraylar within the past 120 days; QL (2 EA per 1 day)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	Tier 4	ST: Requires prior prescription for a generic atypical Antipsychotic, Rexulti, or Vraylar within the past 120 days
Hsdd Agents-Mixed Serotonin Agonist/Antagonists		
ADDYI ORAL TABLET 100 MG	Tier 4	PA
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML	Tier 4	PA
Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Tier 5	PA
HETLIOZ ORAL CAPSULE 20 MG (tasimelteon)	Tier 5	PA
<i>ramelteon oral tablet 8 mg</i> (Rozerem)	Tier 2	ST: Requires prior prescription for Eszopiclone (Lunesta), Zaleplon (Sonata), or Zolpidem IR (Ambien) within the past 120 days
ROZEREM ORAL TABLET 8 MG (ramelteon)	Tier 4	ST: Requires prior prescription for Eszopiclone (Lunesta), Zaleplon (Sonata), or Zolpidem IR (Ambien) within the past 120 days
<i>tasimelteon oral capsule 20 mg</i> (Hetlitz)	Tier 4	PA
Narcolepsy And Sleep Disorder Therapy Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i> (Nuvigil)	Tier 2	QL (1 EA per 1 day)
<i>armodafinil oral tablet 50 mg</i> (Nuvigil)	Tier 2	QL (3 EA per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)	Tier 2	QL (2 EA per 1 day)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG (armodafinil)	Tier 4	QL (1 EA per 1 day)
NUVIGIL ORAL TABLET 50 MG (armodafinil)	Tier 4	QL (3 EA per 1 day)
PROVIGIL ORAL TABLET 100 MG, 200 MG (modafinil)	Tier 4	QL (2 EA per 1 day)

Drug	Status	Notes
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 4	PA
Narcolepsy Tx-H3-Recept.Antagonist/Inverse Agonist		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Tier 5	PA
Narcotic Antagonists		
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	Tier 3	
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG	Tier 4	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	Tier 2	
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	Tier 4	
<i>naltrexone oral tablet 50 mg</i>	Tier 2	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION (naloxone)	Tier 4	
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	Tier 4	
REXTOVY NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION (naloxone)	Tier 4	
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	Tier 4	
Sedative-Hypnotics - Benzodiazepines		
DORAL ORAL TABLET 15 MG (quazepam)	Tier 4	ST: Requires prior prescription for oe of the following generics: Eszopiclone, Flurazepam, Temazepam, Zaleplon, or Zolpidem tablets within the past 120 days
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 2	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 2	
HALCION ORAL TABLET 0.25 MG (triazolam)	Tier 4	
<i>midazolam oral syrup 2 mg/ml</i>	Tier 2	
<i>quazepam oral tablet 15 mg</i> (Doral)	Tier 2	ST: Requires prior prescription for oe of the following generics: Eszopiclone, Flurazepam, Temazepam, Zaleplon, or Zolpidem tablets within the past 120 days
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (temazepam)	Tier 4	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i> (Restoril)	Tier 2	
<i>triazolam oral tablet 0.125 mg</i>	Tier 2	

Drug	Status	Notes
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	Tier 2	
Sedative-Hypnotics,Non-Barbiturate		
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG (zolpidem)	Tier 4	QL (1 EA per 1 day)
AMBIEN ORAL TABLET 10 MG, 5 MG (zolpidem)	Tier 4	QL (1 EA per 1 day)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 3	QL (1 EA per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG	Tier 4	ST: Requires prior prescription for Eszopiclone, Zaleplon, or Zolpidem within the past 120 days; QL (1 EA per 1 day)
<i>doxepin oral tablet 3 mg, 6 mg</i> (Silenor)	Tier 2	ST: Requires prior prescription for Doxepin solution or 10mg capsules, Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 120 days; QL (1 EA per 1 day)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	Tier 2	QL (1 EA per 1 day)
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG	Tier 4	PA
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (eszopiclone)	Tier 4	QL (1 EA per 1 day)
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG	Tier 2	
QUVIVIQ ORAL TABLET 25 MG, 50 MG	Tier 4	PA
SILENOR ORAL TABLET 3 MG, 6 MG (doxepin)	Tier 4	ST: Requires prior prescription for Doxepin solution or 10mg capsules, Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 120 days; QL (1 EA per 1 day)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	Tier 2	QL (1 EA per 1 day)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	Tier 2	QL (1 EA per 1 day)
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	Tier 2	QL (1 EA per 1 day)
Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)		
NUPLAZID ORAL CAPSULE 34 MG	Tier 5	PA
NUPLAZID ORAL TABLET 10 MG	Tier 5	PA

Drug	Status	Notes
Ssri &Antipsych,Atyp,Dopamine&Serotonin Antag Comb		
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Tier 2	QL (1 EA per 1 day)
Tx For Adhd - Selective Alpha-2A Receptor Agonist		
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	Tier 2	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	Tier 2	
INTUNIV ER ORAL TABLET (guanfacine) EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG	Tier 4	
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML	Tier 4	ST: Requires prior prescription for Clonidine 0.1mg ER tablets within the past 120 days; QL (4 ML per 1 day); Age (Min 6 Years)
Tx For Attention Deficit- Hyperact(Adhd)/Narcolepsy		
APTENSIO XR ORAL CAP,ER (methylphenidate hcl) SPRINKLE,BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Tier 4	ST: Requires prior prescription for Methylphenidate HCL or Relexxii within the past 120 days; QL (1 EA per 1 day)
AZSTARYS ORAL CAPSULE 26.1 MG-5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG-10.4 MG	Tier 3	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day)
CONCERTA ORAL TABLET (methylphenidate hcl) EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG	Tier 4	QL (1 EA per 1 day)
CONCERTA ORAL TABLET (methylphenidate hcl) EXTENDED RELEASE 24HR 36 MG	Tier 4	QL (2 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 8.6 MG	Tier 4	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 25.9 MG	Tier 4	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (2 EA per 1 day)
DAYTRANA TRANSDERMAL PATCH (methylphenidate) 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	Tier 4	ST: Requires prior prescription for oral Methylphenidate CD/ER/LA formulation or Methylphenidate suspension/solution within the past 120 days; QL (1 EA per 1 day)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> (Focalin XR)	Tier 2	QL (1 EA per 1 day)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	Tier 2	QL (2 EA per 1 day)
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG (dexmethylphenidate)	Tier 4	QL (2 EA per 1 day)
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG (dexmethylphenidate)	Tier 4	QL (1 EA per 1 day)
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	Tier 3	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day)
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 10 MG, 20 MG, 40 MG, 50 MG, 60 MG (methylphenidate hcl)	Tier 4	QL (1 EA per 1 day)
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 30 MG (methylphenidate hcl)	Tier 4	QL (2 EA per 1 day)
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG (methylphenidate hcl)	Tier 2	QL (90 EA per 30 days)
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML (methylphenidate hcl)	Tier 4	
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> (Aptensio XR)	Tier 4	ST: Requires prior prescription for Methylphenidate HCL or Relexxii within the past 120 days; QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i> (Metadate CD)	Tier 2	QL (1 EA per 1 day)

Drug	Status	Notes
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i> (Metadate CD)	Tier 2	QL (2 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg</i> (Ritalin LA)	Tier 2	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i> (Ritalin LA)	Tier 2	QL (2 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	Tier 2	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	Tier 2	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	Tier 2	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	Tier 2	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)	Tier 2	QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta)	Tier 2	QL (2 EA per 1 day)
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	Tier 2	QL (90 EA per 30 days)
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i> (Daytrana)	Tier 2	ST: Requires prior prescription for oral Methylphenidate CD/ER/LA formulation or Methylphenidate suspension/solution within the past 120 days; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	Tier 4	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	Tier 4	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 4	120mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (240 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 4	150mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (300 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 4	180mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (360 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 4	60mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (60 ML per 30 days)
RITALIN LA ORAL CAPSULE,ER (methylphenidate hcl) BIPHASIC 50-50 10 MG, 20 MG, 40 MG	Tier 4	QL (1 EA per 1 day)
RITALIN LA ORAL CAPSULE,ER (methylphenidate hcl) BIPHASIC 50-50 30 MG	Tier 4	QL (2 EA per 1 day)
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG (methylphenidate hcl)	Tier 4	QL (90 EA per 30 days)
Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type		
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	Tier 2	

Drug	Status	Notes
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	Tier 4	ST: Requires prior prescription for Atomoxetine, Clonidine ER (Kapvay), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (INTUNIV), or generic IR Methylphenidate within the past 120 days; QL (1 EA per 1 day); Age (Min 6 Years)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	Tier 4	ST: Requires prior prescription for Atomoxetine, Clonidine ER (Kapvay), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (INTUNIV), or generic IR Methylphenidate within the past 120 days; QL (2 EA per 1 day); Age (Min 6 Years)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	Tier 4	ST: Requires prior prescription for Atomoxetine, Clonidine ER (Kapvay), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (INTUNIV), or generic IR Methylphenidate within the past 120 days; QL (3 EA per 1 day); Age (Min 6 Years)
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG (atomoxetine)	Tier 4	
Cardiovascular Disease - Arrhythmia		
Antiarrhythmics		
amiodarone oral tablet 100 mg, 200 mg (Pacerone)	Tier 2	
amiodarone oral tablet 400 mg	Tier 2	
disopyramide phosphate oral capsule 100 mg, 150 mg (Norpace)	Tier 2	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg (Tikosyn)	Tier 2	
flecainide oral tablet 100 mg, 150 mg, 50 mg	Tier 2	

Drug	Status	Notes
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 2	
MULTAQ ORAL TABLET 400 MG	Tier 3	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG	Tier 3	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 150 MG (disopyramide phosphate)	Tier 3	
NORPACE ORAL CAPSULE 100 MG, 150 MG (disopyramide phosphate)	Tier 4	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG (amiodarone)	Tier 2	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	Tier 2	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 2	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Tier 2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 2	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (dofetilide)	Tier 4	
Cardiovascular Disease - Cardiac Stimulant		
Adrenergic Agents, Catecholamines		
<i>epinephrine injection syringe 0.1 mg/ml</i>	Tier 2	
Digitalis Glycosides		
DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)	Tier 2	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	Tier 4	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	Tier 2	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)	Tier 2	PA
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)	Tier 4	
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG) (digoxin)	Tier 4	PA
Cardiovascular Disease - Hypertension		
Ace Inhibitor/Calcium Channel Blocker Combination		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)	Tier 2	
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>	Tier 2	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (amlodipine-benazepril)	Tier 4	

Drug	Status	Notes
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	Tier 2	
Ace Inhibitor/Thiazide & Thiazide-Like Diuretic		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (quinapril-hydrochlorothiazide)	Tier 4	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	Tier 2	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	Tier 2	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 2	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	Tier 2	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	Tier 2	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 2	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	Tier 2	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (benazepril-hydrochlorothiazide)	Tier 4	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	Tier 2	
VASERETIC ORAL TABLET 10-25 MG (enalapril-hydrochlorothiazide)	Tier 4	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (lisinopril-hydrochlorothiazide)	Tier 4	
Alpha/Beta-Adrenergic Blocking Agents		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	Tier 2	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i> (Coreg CR)	Tier 2	QL (1 EA per 1 day)
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG (carvedilol phosphate)	Tier 4	QL (1 EA per 1 day)
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (carvedilol)	Tier 4	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	Tier 2	
Alpha-Adrenergic Blocking Agents		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (doxazosin)	Tier 4	

Drug	Status	Notes
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	Tier 4	
DIBENZYLINE ORAL CAPSULE 10 MG (phenoxybenzamine)	Tier 5	PA
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	Tier 2	
<i>phenoxybenzamine oral capsule 10 mg</i> (Dibenzylamine)	Tier 4	PA
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 2	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 2	
TEZRULY ORAL SOLUTION 1 MG/ML	Tier 4	PA
Angioten.Recepctr Antag./Cal.Chanl Blkr/Thiazide Cb		
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT)	Tier 2	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (amlodipine-valsartan-hcthiiazid)	Tier 4	
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)	Tier 2	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG (olmesartan-amlodipin-hcthiiazid)	Tier 4	
Angiotensin Receptor Antag./Thiazide Diuretic Comb		
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (candesartan-hydrochlorothiazid)	Tier 4	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG (irbesartan-hydrochlorothiazide)	Tier 4	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (olmesartan-hydrochlorothiazide)	Tier 4	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	Tier 2	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (valsartan-hydrochlorothiazide)	Tier 4	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	Tier 4	ST: Requires prior prescription for an ACE inhibitor, ACE inhibitor combination, ARB, or ARB combination within the past 120 days
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (losartan-hydrochlorothiazide)	Tier 4	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	Tier 2	

Drug	Status	Notes
<i>losartan-hydrochlorothiazide oral tablet</i> (Hyzaar) 100-12.5 mg, 100-25 mg, 50-12.5 mg	Tier 2	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (telmisartan-hydrochlorothiazid)	Tier 4	
<i>olmesartan-hydrochlorothiazide oral tablet</i> (Benicar HCT) 20-12.5 mg, 40-12.5 mg, 40-25 mg	Tier 2	
<i>telmisartan-hydrochlorothiazid oral tablet</i> (Micardis HCT) 40-12.5 mg, 80-12.5 mg, 80-25 mg	Tier 2	
<i>valsartan-hydrochlorothiazide oral tablet</i> (Diovan HCT) 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	Tier 2	
Angiotensin Receptor Antgnst & Calc.Channel Blockr		
<i>amlodipine-olmesartan oral tablet</i> 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg (Azor)	Tier 2	
<i>amlodipine-valsartan oral tablet</i> 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg (Exforge)	Tier 2	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (amlodipine-olmesartan)	Tier 4	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (amlodipine-valsartan)	Tier 4	
<i>telmisartan-amlodipine oral tablet</i> 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	Tier 2	
Antihypertensives, Ace Inhibitors		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (quinapril)	Tier 4	
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG (ramipril)	Tier 4	
<i>benazepril oral tablet</i> 10 mg, 20 mg, 40 mg (Lotensin)	Tier 2	
<i>benazepril oral tablet</i> 5 mg	Tier 2	
<i>captopril oral tablet</i> 100 mg, 12.5 mg, 25 mg, 50 mg	Tier 2	
<i>enalapril maleate oral solution</i> 1 mg/ml (Epaned)	Tier 2	ST: Requires prior prescription for Enalapril tablets within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days)
<i>enalapril maleate oral tablet</i> 10 mg, 2.5 mg, 20 mg, 5 mg (Vasotec)	Tier 2	
EPANED ORAL SOLUTION 1 MG/ML (enalapril maleate)	Tier 4	ST: Requires prior prescription for Enalapril tablets within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days)

Drug	Status	Notes
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 2	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	Tier 2	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (benazepril)	Tier 4	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	Tier 2	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 2	
QBRELIS ORAL SOLUTION 1 MG/ML	Tier 4	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</i> (Accupril)	Tier 2	
<i>ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg</i> (Altace)	Tier 2	
<i>ramipril oral capsule 10 mg</i>	Tier 2	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 2	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (enalapril maleate)	Tier 4	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (lisinopril)	Tier 4	
Antihypertensives, Angiotensin Receptor Antagonist		
ARBLI ORAL SUSPENSION 10 MG/ML	Tier 4	PA
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (candesartan)	Tier 4	
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG (irbesartan)	Tier 4	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (olmesartan)	Tier 4	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	Tier 2	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (losartan)	Tier 4	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (valsartan)	Tier 4	
EDARBI ORAL TABLET 40 MG, 80 MG	Tier 4	ST: Requires prior prescription for an ACE inhibitor, ACE inhibitor combination, ARB, or ARB combination within the past 120 days
<i>eprosartan oral tablet 600 mg</i>	Tier 2	

Drug	Status	Notes
<i>irbesartan oral tablet 150 mg, 300 mg</i> (Avapro)	Tier 2	
<i>irbesartan oral tablet 75 mg</i>	Tier 2	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	Tier 2	
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (telmisartan)	Tier 4	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	Tier 2	
<i>telmisartan oral tablet 20 mg</i>	Tier 2	
<i>telmisartan oral tablet 40 mg, 80 mg</i> (Micardis)	Tier 2	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	Tier 2	
Antihypertensives, Ganglionic Blockers		
VECAMEYL ORAL TABLET 2.5 MG	Tier 5	PA
Antihypertensives, Miscellaneous		
DEMSEER ORAL CAPSULE 250 MG (metyrosine)	Tier 5	PA
<i>metyrosine oral capsule 250 mg</i> (Demser)	Tier 4	PA
Antihypertensives, Sympatholytic		
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR (clonidine)	Tier 4	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR (clonidine)	Tier 4	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR (clonidine)	Tier 4	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 2	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	Tier 2	
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	Tier 2	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	Tier 2	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 2	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 2	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	Tier 2	
Antihypertensives, Vasodilators		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 2	
Antihypertensives, Endothelin Receptor Antagonists		
TRYVIO ORAL TABLET 12.5 MG	Tier 5	PA
VANRAFIA ORAL TABLET 0.75 MG	Tier 5	PA

Drug	Status	Notes
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	Tier 2	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol)	Tier 4	
BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG (sotalol)	Tier 4	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	Tier 2	
<i>bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (nebivolol)	Tier 4	
CORGARD ORAL TABLET 80 MG (nadolol)	Tier 4	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Tier 4	ST: Requires prior prescription for generic Propranolol oral solution within the past 120 days if 1 year of age and older; QL (360 ML per 30 days)
INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG (propranolol)	Tier 4	
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 200 MG, 25 MG, 50 MG	Tier 4	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (metoprolol tartrate)	Tier 4	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	Tier 2	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	Tier 2	
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	Tier 2	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 2	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	Tier 2	
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	Tier 2	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	Tier 2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 2	

Drug	Status	Notes
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol)	Tier 2	
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)	Tier 2	
<i>sotalol oral tablet 240 mg</i> (Betapace)	Tier 2	
SOTYLIZE ORAL SOLUTION 5 MG/ML	Tier 4	QL: 8 BOTTLES IN 30 DAYS; ST: Requires prior prescription for Sotalol tablets within the past 120 days
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (atenolol)	Tier 4	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG (metoprolol succinate)	Tier 4	
Beta-Adrenergic Blocking Agents/Thiazide & Related		
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	Tier 2	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	Tier 2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Tier 2	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Tier 2	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	Tier 2	
TENORETIC 100 ORAL TABLET 100-25 MG (atenolol-chlorthalidone)	Tier 4	
TENORETIC 50 ORAL TABLET 50-25 MG (atenolol-chlorthalidone)	Tier 4	
Calcium Channel Blocking Agents		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	Tier 2	
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (diltiazem hcl)	Tier 4	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl)	Tier 4	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (diltiazem hcl)	Tier 4	

Drug	Status	Notes
CARTIA XT ORAL (diltiazem hcl) CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	Tier 2	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (levamlodipine)	Tier 4	PA
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (DILT-XR)	Tier 2	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	Tier 2	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Tiadylt ER)	Tier 2	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	Tier 2	
<i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i> (Cardizem CD)	Tier 2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	Tier 2	
<i>diltiazem hcl oral tablet 90 mg</i>	Tier 2	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i> (Cardizem LA)	Tier 2	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Matzim LA)	Tier 2	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG (diltiazem hcl)	Tier 2	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	Tier 2	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 2	
<i>levamlodipine oral tablet 2.5 mg, 5 mg</i> (Conjupri)	Tier 2	PA
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl)	Tier 2	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	Tier 2	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 2	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	Tier 2	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	Tier 2	
<i>nimodipine oral capsule 30 mg</i>	Tier 2	
<i>nimodipine oral solution 60 mg/20 ml</i>	Tier 4	PA
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg</i> (Sular)	Tier 2	
<i>nisoldipine oral tablet extended release 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg</i>	Tier 2	

Drug	Status	Notes
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (amlodipine)	Tier 4	
NYMALIZE ORAL SOLUTION 60 MG/10 ML	Tier 5	PA
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	Tier 5	PA
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG (nifedipine)	Tier 4	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG (nisoldipine)	Tier 4	
TIADYL ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl)	Tier 2	
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl)	Tier 4	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	Tier 2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	Tier 2	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 2	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 2	
Loop Diuretics		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
EDECIN ORAL TABLET 25 MG (ethacrynic acid)	Tier 4	PA
<i>ethacrynic acid oral tablet 25 mg</i> (Edecin)	Tier 2	PA
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML	Tier 5	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	Tier 2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	Tier 2	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (furosemide)	Tier 4	
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 2	
Potassium Sparing Diuretics		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (spironolactone)	Tier 4	
<i>amiloride oral tablet 5 mg</i>	Tier 2	

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

Drug	Status	Notes
TRACLEER ORAL TABLET 125 MG, 62.5 MG (bosentan)	Tier 5	PA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG (bosentan)	Tier 4	PA
Pulmonary Antihyper Agent, Actriia-Fc		
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	Tier 4	PA
Pulmonary Antihypertensives, Prostacyclin-Type		
<i>epoprostenol intravenous recon soln 0.5 mg, 1.5 mg</i> (Veletri)	Tier 4	PA
FLOLAN INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG (epoprostenol (glycine))	Tier 5	PA
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	Tier 4	PA
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	Tier 4	PA
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)- 1MG	Tier 4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 4	PA
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML (treprostinil sodium)	Tier 5	PA
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (Remodulin)	Tier 4	PA
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG	Tier 4	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 4	PA
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 4	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 4	PA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 4	PA

Drug	Status	Notes
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	Tier 4	PA
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 4	PA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	Tier 4	PA
VELETRI INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG (epoprostenol)	Tier 5	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	Tier 5	PA
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG	Tier 5	PA
Pulmonary Htn-Endothelin Recept Antg-Cgmp Pde5 Inh		
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	Tier 4	PA
Renin Inhibitor, Direct		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	Tier 2	
TEKTURNA ORAL TABLET 150 MG, 300 MG (aliskiren)	Tier 4	
Thiazide And Related Diuretics		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 2	
DIURIL ORAL SUSPENSION 250 MG/5 ML	Tier 4	
HEMICLOR ORAL TABLET 12.5 MG	Tier 4	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 2	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 2	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 2	
INZIRQO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	Tier 4	PA
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	
THALITONE ORAL TABLET 15 MG	Tier 4	
Vasodilators, Combination		
BIDIL ORAL TABLET 20-37.5 MG (isosorbide-hydralazine)	Tier 4	
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i> (BiDil)	Tier 2	

Drug	Status	Notes
Cardiovascular Disease - Lipid Irregularity		
Antihyperlip.Hmg Coa Reduct Inhib&Cholest.Ab.Inhib		
ezetimibe-simvastatin oral tablet 10-10 mg (Vytorin 10-10)	Tier 2	QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-20 mg (Vytorin 10-20)	Tier 2	QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-40 mg (Vytorin 10-40)	Tier 2	QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-80 mg (Vytorin 10-80)	Tier 2	PA; QL (1 EA per 1 day)
VYTORIN 10-10 ORAL TABLET 10-10 MG (ezetimibe-simvastatin)	Tier 4	QL (1 EA per 1 day)
VYTORIN 10-20 ORAL TABLET 10-20 MG (ezetimibe-simvastatin)	Tier 4	QL (1 EA per 1 day)
VYTORIN 10-40 ORAL TABLET 10-40 MG (ezetimibe-simvastatin)	Tier 4	QL (1 EA per 1 day)
VYTORIN 10-80 ORAL TABLET 10-80 MG (ezetimibe-simvastatin)	Tier 4	PA; QL (1 EA per 1 day)
Antihyperlipidemic - Angiopoietin-Like 3 Inhibitor		
EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML	Tier 5	PA
Antihyperlipidemic - Apo B-100 Synthesis Inhibitor		
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	Tier 5	PA
Antihyperlipidemic - Atp Citrate Lyase Inhibitor		
NEXLETOL ORAL TABLET 180 MG	Tier 3	ST: Requires prior prescription for generic statin within the past 120 days
Antihyperlipidemic - Hmg Coa Reductase Inhibitors		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	Tier 4	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; QL (1 EA per 1 day)
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	Tier 4	PA
atorvastatin oral tablet 10 mg, 20 mg (Lipitor)	PREV	QL (1 EA per 1 day)
atorvastatin oral tablet 40 mg, 80 mg (Lipitor)	Tier 2	QL (1 EA per 1 day)
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (rosuvastatin)	Tier 4	QL (1 EA per 1 day)

Drug	Status	Notes
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	Tier 4	ST: Requires prior prescription for generic Rosuvastatin within the past 120 days; QL (1 EA per 1 day)
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) (simvastatin)	Tier 4	PA
FLOLIPID ORAL SUSPENSION 40 MG/5 ML (8 MG/ML)	Tier 4	PA
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	PREV	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; QL (2 EA per 1 day)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL)	PREV	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; QL (1 EA per 1 day)
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (atorvastatin)	Tier 4	QL (1 EA per 1 day)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (pitavastatin calcium)	PREV	QL (1 EA per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	PREV	QL (2 EA per 1 day)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	PREV	QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i> (Crestor)	PREV	QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 20 mg, 40 mg</i> (Crestor)	Tier 2	QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	PREV	QL (1 EA per 1 day)
<i>simvastatin oral tablet 5 mg</i>	PREV	QL (1 EA per 1 day)
<i>simvastatin oral tablet 80 mg</i>	Tier 2	PA; QL (1 EA per 1 day)
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG (simvastatin)	Tier 4	QL (1 EA per 1 day)
Antihyperlipidemic - Mtp Inhibitor		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	Tier 4	PA
Antihyperlipidemic - Pcsk9 Inhibitors		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	Tier 4	ST: Requires prior prescription for Repatha within the past 120 days
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	Tier 3	ST: Requires prior prescription for generic statin within the past 120 days

Drug	Status	Notes
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	Tier 3	ST: Requires prior prescription for generic statin within the past 120 days
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Tier 3	ST: Requires prior prescription for generic statin within the past 120 days
Antihyperlipidemic-Acly And Choles Absorp Inhib		
NEXLIZET ORAL TABLET 180-10 MG	Tier 3	ST: Requires prior prescription for generic statin within the past 120 days
Bile Salt Sequestrants		
<i>cholestyramine (with sugar) oral powder 4 gram</i> (Questran)	Tier 2	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	Tier 2	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	Tier 2	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	Tier 2	
<i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)	Tier 2	
<i>colesevelam oral tablet 625 mg</i> (WelChol)	Tier 2	
COLESTID ORAL GRANULES 5 GRAM (colestipol)	Tier 4	
COLESTID ORAL TABLET 1 GRAM (colestipol)	Tier 4	
<i>colestipol oral granules 5 gram</i> (Colestid)	Tier 2	
<i>colestipol oral packet 5 gram</i>	Tier 2	
<i>colestipol oral tablet 1 gram</i> (Colestid)	Tier 2	
PREVALITE ORAL POWDER 4 GRAM	Tier 2	
PREVALITE ORAL POWDER IN PACKET 4 GRAM	Tier 2	
QUESTRAN LIGHT ORAL POWDER 4 GRAM	Tier 4	
QUESTRAN ORAL POWDER 4 GRAM (cholestyramine (with sugar))	Tier 4	
QUESTRAN ORAL POWDER IN PACKET 4 GRAM (cholestyramine (with sugar))	Tier 4	
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM (colesevelam)	Tier 4	
WELCHOL ORAL TABLET 625 MG (colesevelam)	Tier 4	
Lipotropics		
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	Tier 2	QL (1 EA per 1 day)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	Tier 2	

Drug	Status	Notes
<i>fenofibrate nanocrystallized oral tablet</i> 145 mg, 48 mg (Tricor)	Tier 2	
<i>fenofibrate oral capsule</i> 150 mg, 50 mg (Lipofen)	Tier 2	
<i>fenofibrate oral tablet</i> 120 mg, 160 mg, 40 mg, 54 mg	Tier 2	
<i>fenofibric acid (choline) oral capsule, delayed release (dr/ec)</i> 135 mg, 45 mg	Tier 2	
<i>fenofibric acid oral tablet</i> 105 mg, 35 mg (Fibricor)	Tier 2	
FENOGLIDE ORAL TABLET 120 MG, 40 MG (fenofibrate)	Tier 4	ST: Requires prior prescription for generic Fenofibrate or Gemfibrozil within the past 120 days
FIBRICOR ORAL TABLET 105 MG, 35 MG (fenofibric acid)	Tier 4	
<i>gemfibrozil oral tablet</i> 600 mg (Lopid)	Tier 2	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG (fenofibrate)	Tier 4	ST: Requires prior prescription for generic Fenofibrate or Gemfibrozil within the past 120 days
LOPID ORAL TABLET 600 MG (gemfibrozil)	Tier 4	
LOVAZA ORAL CAPSULE 1 GRAM (omega-3 acid ethyl esters)	Tier 4	ST: Requires prior prescription for generic Fenofibrate within the past 120 days; QL (4 EA per 1 day)
<i>niacin oral tablet extended release</i> 24 hr 1,000 mg, 500 mg, 750 mg	Tier 2	
NIACOR ORAL TABLET 500 MG (niacin)	Tier 2	
<i>omega-3 acid ethyl esters oral capsule</i> 1 gram (Lovaza)	Tier 2	ST: Requires prior prescription for generic Fenofibrate within the past 120 days; QL (4 EA per 1 day)
TRICOR ORAL TABLET 145 MG, 48 MG (fenofibrate nanocrystallized)	Tier 4	
VASCEPA ORAL CAPSULE 0.5 GRAM (icosapent ethyl)	Tier 2	QL (8 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl)	Tier 2	QL (4 EA per 1 day)
ZETIA ORAL TABLET 10 MG (ezetimibe)	Tier 4	QL (1 EA per 1 day)
Cardiovascular Disease - Miscellaneous Agents		
Adrenergic Vasopressor Agents		
<i>droxidopa oral capsule</i> 100 mg, 200 mg, 300 mg (Northera)	Tier 4	PA
<i>midodrine oral tablet</i> 10 mg, 2.5 mg, 5 mg	Tier 2	

Drug	Status	Notes
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (droxidopa)	Tier 5	PA
Angiotensin Recept-Neprilysin Inhibitor Comb(Arni)		
ENTRESTO ORAL TABLET 24-26 MG (sacubitril-valsartan)	Tier 3	QL (6 EA per 1 day)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG (sacubitril-valsartan)	Tier 3	QL (2 EA per 1 day)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG	Tier 3	QL (8 EA per 1 day)
Antianginal & Anti-Ischemic Agents,Non-Hemodynamic		
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	Tier 2	QL (120 EA per 30 days)
Antianginal, Heart Rate Reducing, I(F) Inhibitor		
CORLANOR ORAL SOLUTION 5 MG/5 ML	Tier 3	QL (20 ML per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (ivabradine)	Tier 4	ST: Requires prior prescription for Bisoprolol, Carvedilol, or Metoprolol Succinate within the past 120 days; QL (2 EA per 1 day)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)	Tier 2	ST: Requires prior prescription for Bisoprolol, Carvedilol, or Metoprolol Succinate within the past 120 days; QL (2 EA per 1 day)
Antihyperlip - Hmg-Coa&Calcium Channel Blocker Cb		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	Tier 2	QL (1 EA per 1 day)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	Tier 2	QL (1 EA per 1 day)
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG (amlodipine-atorvastatin)	Tier 4	QL (1 EA per 1 day)
Cardiac Myosin Inhibitor		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Tier 5	PA
Protein Stabilizers		
ATTRUBY ORAL TABLET 356 MG	Tier 5	PA
VYNDAMAX ORAL CAPSULE 61 MG	Tier 5	PA
VYNDALIN ORAL CAPSULE 20 MG	Tier 5	PA

Drug	Status	Notes
Soluble Guanylate Cyclase (Sgc) Stimulator		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 4	PA
Cardiovascular Disease - Vasodilation		
Vasodilators, Coronary		
ISORDIL ORAL TABLET 40 MG (isosorbide dinitrate)	Tier 4	
ISORDIL TITRADOSE ORAL TABLET 5 MG (isosorbide dinitrate)	Tier 4	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	Tier 2	
<i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)	Tier 2	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titrados)	Tier 2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 2	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 2	
NITRO-BID TRANSDERMAL OINTMENT 2 % (nitroglycerin)	Tier 3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (nitroglycerin)	Tier 4	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 3	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	Tier 2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur)	Tier 2	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i> (Nitrolingual)	Tier 2	
NITROLINGUAL TRANSLINGUAL SPRAY, NON-AEROSOL 400 MCG/SPRAY (nitroglycerin)	Tier 4	
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG (nitroglycerin)	Tier 4	
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (nitroglycerin)	Tier 2	
Vasodilators, Peripheral		
<i>ergoloid oral tablet 1 mg</i>	Tier 2	
<i>papaverine injection solution 30 mg/ml</i>	Tier 2	
Contraception/Oxytocics		
Contraceptives, Intravaginal, Systemic		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	PREV	

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

Drug		Status	Notes
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	(levonorgestrel-ethinyl estrad)	PREV	
APRI ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	PREV	
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG		PREV	
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	PREV	QL (91 EA per 84 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	PREV	
AUBRA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	PREV	
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	PREV	
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	PREV	
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	PREV	
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV	
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV	
AVIANE ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	PREV	
AYUNA ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	PREV	
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	PREV	
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	(levonorgest-eth.estradiol-iron)	PREV	QL (28 EA per 28 days)
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG		PREV	
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)	(drospirenone-e.estradiol-lm.fa)	PREV	
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	PREV	
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV	
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV	
BRIELLYN ORAL TABLET 0.4-35 MG-MCG		PREV	
CAMILA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	PREV	

Drug		Status	Notes
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	PREV	QL (91 EA per 84 days)
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	PREV	QL (91 EA per 84 days)
CAZANT (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		PREV	
CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	PREV	
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	PREV	
CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	PREV	
CURAE ORAL TABLET 1.5 MG	(levonorgestrel)	PREV	
CYRED EQ ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	PREV	
CYRED ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	PREV	
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	PREV	
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		PREV	
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	PREV	QL (91 EA per 84 days)
DEBLITANE ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	PREV	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Azurette (28))	PREV	
DOLISHALE ORAL TABLET 90-20 MCG (28)	(levonorgestrel-ethinyl estrad)	PREV	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	(Beyaz)	PREV	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	(Safyral)	PREV	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	(Jasmiel (28))	PREV	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	(Ocella)	PREV	
ECONTRA EZ ORAL TABLET 1.5 MG	(levonorgestrel)	PREV	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	(levonorgestrel)	PREV	
ELINEST ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	PREV	
ELLA ORAL TABLET 30 MG		PREV	

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

Drug		Status	Notes
JAIMESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	PREV	QL (91 EA per 84 days)
JASMIEL (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	PREV	
JENCYCLA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	PREV	
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	PREV	QL (91 EA per 84 days)
JOYEUX ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	(levonorgest-eth.estradiol-iron)	PREV	QL (28 EA per 28 days)
JULEBER ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	PREV	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	PREV	
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	PREV	
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV	
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV	
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	PREV	
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	PREV	
KALLIGA ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	PREV	
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	PREV	
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	PREV	
KELNOR 1/50 (28) ORAL TABLET 1-50 MG-MCG	(ethynodiol diac-eth estradiol)	PREV	
KURVELO (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	PREV	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(Camrese Lo)	PREV	QL (91 EA per 84 days)
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	(Rivelsa)	PREV	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(Amethia)	PREV	QL (91 EA per 84 days)
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	PREV	

Drug		Status	Notes
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	PREV	
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	PREV	
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV	
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV	
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	PREV	
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG		PREV	
LESSINA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	PREV	
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	PREV	
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	(Balcoltra)	PREV	QL (28 EA per 28 days)
<i>levonorgestrel oral tablet 1.5 mg</i>	(After Pill)	PREV	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	(Afirmelle)	PREV	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	(Altavera (28))	PREV	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	(Amethyst (28))	PREV	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(Iclevia)	PREV	QL (91 EA per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(Enpresse)	PREV	
LEVORA-28 ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	PREV	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)		PREV	
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	PREV	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	PREV	
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV	
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV	
LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	PREV	QL (91 EA per 84 days)

Drug		Status	Notes
LORYNA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	PREV	
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	PREV	
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	PREV	
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	PREV	
LYLEQ ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	PREV	
LYZA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	PREV	
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	PREV	
MELEYA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	PREV	
MERZEE ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	PREV	
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	PREV	
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	PREV	
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	PREV	
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV	
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV	
MILI ORAL TABLET 0.25-0.035 MG	(norgestimate-ethinyl estradiol)	PREV	
MINZOYA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	(levonorgest-eth.estradiol-iron)	PREV	QL (28 EA per 28 days)
MONO-LINYAH ORAL TABLET 0.25-0.035 MG	(norgestimate-ethinyl estradiol)	PREV	
MY CHOICE ORAL TABLET 1.5 MG	(levonorgestrel)	PREV	
MY WAY ORAL TABLET 1.5 MG	(levonorgestrel)	PREV	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG		PREV	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		PREV	
NEW DAY ORAL TABLET 1.5 MG	(levonorgestrel)	PREV	
NEXTSTELLIS ORAL TABLET 3 MG-14.2 MG (28)		PREV	QL (1 EA per 1 day)
NIKKI (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	PREV	

Drug		Status	Notes
NORA-BE ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	PREV	
noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)	(Wymzya Fe)	PREV	
noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)	(Galbriela)	PREV	
norethindrone (contraceptive) oral tablet 0.35 mg	(Camila)	PREV	
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	(Aurovela 1.5/30 (21))	PREV	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	(Aurovela 1/20 (21))	PREV	
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	(Gemmyl)	PREV	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Aurovela Fe 1-20 (28))	PREV	
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Aurovela Fe 1.5/30 (28))	PREV	
norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(Tilia Fe)	PREV	
norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)	(Charlotte 24 Fe)	PREV	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg	(Tri-Lo-Estarylla)	PREV	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(Tri-Estarylla)	PREV	
norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg	(Estarylla)	PREV	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		PREV	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)		PREV	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	PREV	
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		PREV	
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	PREV	
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		PREV	
OCELLA ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	PREV	
OPCICON ONE-STEP ORAL TABLET 1.5 MG	(levonorgestrel)	PREV	

Drug	Status	Notes
OPILL ORAL TABLET 0.075 MG	PREV	
OPTION-2 ORAL TABLET 1.5 MG (levonorgestrel)	PREV	
PHILITH ORAL TABLET 0.4-35 MG-MCG	PREV	
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog-e.estradiol/e.estradiol)	PREV	
PLAN B ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	PREV	
PORTIA 28 ORAL TABLET 0.15-0.03 MG (levonorgestrel-ethinyl estrad)	PREV	
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	PREV	
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG (l norgest/e.estradiol-e.estrad)	PREV	
ROSYRAH ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG (l norgest/e.estradiol-e.estrad)	PREV	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7) (drospirenone-e.estradiol-lm.fa)	PREV	
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (levonorgestrel-ethinyl estrad)	PREV	QL (91 EA per 84 days)
SHAROBEL ORAL TABLET 0.35 MG (norethindrone (contraceptive))	PREV	
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog-e.estradiol/e.estradiol)	PREV	
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (l norgest/e.estradiol-e.estrad)	PREV	QL (91 EA per 84 days)
SLYND ORAL TABLET 4 MG (28)	PREV	QL (28 EA per 28 days)
SPRINTEC (28) ORAL TABLET 0.25-0.035 MG (norgestimate-ethinyl estradiol)	PREV	
SRONYX ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	PREV	
SYEDA ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	PREV	
TAKE ACTION ORAL TABLET 1.5 MG (levonorgestrel)	PREV	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)	PREV	
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	PREV	
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	PREV	
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)	PREV	
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9) (norethindrone-e.estradiol-iron)	PREV	

Drug		Status	Notes
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	PREV	
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	PREV	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	PREV	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	PREV	
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	PREV	
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	PREV	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	PREV	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	PREV	
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	PREV	
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	PREV	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	PREV	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	PREV	
TULANA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	PREV	
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	PREV	
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG		PREV	
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	(drospirenone-e.estradiol-lm.fa)	PREV	
VALTYA ORAL TABLET 1-50 MG-MCG	(ethynodiol diac-eth estradiol)	PREV	
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		PREV	
VESTURA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	PREV	
VIENVA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	PREV	
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	PREV	
VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	PREV	
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG		PREV	

Drug		Status	Notes
VYLIBRA ORAL TABLET 0.25-0.035 MG	(norgestimate-ethinyl estradiol)	PREV	
WERA (28) ORAL TABLET 0.5-35 MG-MCG		PREV	
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	(noreth-ethinyl estradiol-iron)	PREV	
XARAH FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	PREV	
XELRIA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	(noreth-ethinyl estradiol-iron)	PREV	
YASMIN (28) ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	PREV	
YAZ (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	PREV	
ZARAH ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	PREV	
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	PREV	
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	PREV	
Contraceptives,Transdermal			
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	(Xulane)	PREV	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR		PREV	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradiol)	PREV	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradiol)	PREV	
Diaphragms/Cervical Cap			
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM		PREV	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM		PREV	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM		PREV	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM		PREV	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM		PREV	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM		PREV	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM		PREV	

Drug	Status	Notes
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM	PREV	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM	PREV	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM	PREV	
Intra-Uterine Devices (IUD's)		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	PREV	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	PREV	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	PREV	
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM	PREV	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	PREV	
PARAGARD T380A (SINGLE HAND) INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	PREV	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	PREV	
Oxytocics		
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	Tier 4	
<i>methylergonovine oral tablet 0.2 mg</i>	Tier 2	QL (28 EA per 30 days)
PREPIDIL VAGINAL GEL 0.5 MG/3 G	Tier 4	
Cough And Cold		
1St Gen Antihistamine & Decongestant Combinations		
<i>promethazine-phenylephrine oral syrup</i> (Promethazine VC) 6.25-5 mg/5 ml	Tier 2	
1St Gen Antihist-Decongest-Anticholinergic Comb		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	Tier 2	
Antitussives,Non-Narcotic		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	Tier 2	

Drug		Status	Notes
Narcotic Antitussive-1st Generation Antihistamine			
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>		Tier 2	QL (10 ML per 1 day); Age (Min 18 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>		Tier 2	QL (30 ML per 1 day); Age (Min 18 Years)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG		Tier 4	FL: 10 DAYS' SUPPLY PER FILL; ST: Requires prior prescription for Promethazine/Codeine within the past 120 days; QL (2 EA per 1 day); Age (Min 18 Years)
Narcotic Antitussive-Anticholinergic Comb.			
HYCODAN (WITH HOMATROPINE) ORAL TABLET 5-1.5 MG	(hydrocodone-homatropine)	Tier 4	QL (6 EA per 1 day); Age (Min 18 Years)
<i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i>	(Hydromet)	Tier 2	QL (30 ML per 1 day); Age (Min 18 Years)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	(Hycodan (with homatropine))	Tier 2	QL (6 EA per 1 day); Age (Min 18 Years)
HYDROMET ORAL SOLUTION 5-1.5 MG/5 ML	(hydrocodone-homatropine)	Tier 2	QL (30 ML per 1 day); Age (Min 18 Years)
Non-Narc Antituss-1st Gen. Antihistamine-Decongest			
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	(brompheniramine-pseudoeph-dm)	Tier 2	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	(Bromfed DM)	Tier 2	
Non-Narc Antitussive-1st Gen Antihistamine Comb.			
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>		Tier 2	
Nose Preparations, Vasoconstrictors (Rx)			
<i>epinephrine hcl nasal solution 1 mg/ml</i>		Tier 2	
Dermatology - Acne			
Acne Agents, Systemic			
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	(isotretinoin)	Tier 2	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	(isotretinoin)	Tier 2	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	(isotretinoin)	Tier 2	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	(Accutane)	Tier 2	

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

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

Drug	Status	Notes
DIASDIMAXIA TOPICAL CREAM 8.5-5-2 %	Tier 4	
DIASOXIA TOPICAL CREAM 8.5-4 %	Tier 4	
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %	(adapalene-benzoyl peroxide)	Tier 4
EPIDUO TOPICAL GEL WITH PUMP 0.1-2.5 %	(adapalene-benzoyl peroxide)	Tier 4
IDYYXIATAR TOPICAL GEL 0.025-5 %	Tier 4	
INZDEAXIARVAR TOPICAL GEL 0.05-2.5-1-2 %	Tier 4	
KLARON TOPICAL SUSPENSION 10 %	(sulfacetamide sodium (acne))	Tier 4
NEUAC TOPICAL GEL 1.2 % (1 % BASE) -5 %	(clindamycin-benzoyl peroxide)	Tier 2
ONEXTON TOPICAL GEL WITH PUMP 1.2 % (1 % BASE) -3.75 %	(clindamycin-benzoyl peroxide)	Tier 4
ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 %	Tier 4	
ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 %	Tier 4	
ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 %	Tier 4	
OXIAVARY TOPICAL CREAM 0.1-4 %	Tier 4	
SIRVANA TOPICAL GEL 0.025-5 %	Tier 4	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	(Klaron)	Tier 2
Keratolytic-Glucocorticoid Combinations		
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	Tier 3	
Rosacea Agents, Topical		
AVEIDA TOPICAL GEL 1-1 %	Tier 4	
<i>azelaic acid topical gel 15 %</i>	Tier 2	
BAXONIL TOPICAL OINTMENT 1-2 %	Tier 4	
<i>brimonidine topical gel with pump 0.33 %</i>	(Mirvaso)	Tier 2
DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 %	Tier 4	
DAZOMON TOPICAL GEL 0.25 %	Tier 4	
FINACEA TOPICAL FOAM 15 %	Tier 3	
IDARAN TOPICAL OINTMENT 1-2 %	Tier 4	
<i>ivermectin topical cream 1 %</i>	(Soolantra)	Tier 2
		ST: Requires prior prescription for Finacea gel or foam within the past 120 days
METROCREAM TOPICAL CREAM 0.75 %	(metronidazole)	Tier 4

Drug	Status	Notes
METROGEL TOPICAL GEL 1 % (metronidazole)	Tier 4	
METROLOTION TOPICAL LOTION 0.75 % (metronidazole)	Tier 4	
<i>metronidazole topical cream 0.75 %</i> (Rosadan)	Tier 2	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	Tier 2	
<i>metronidazole topical gel 1 %</i> (Metrogel)	Tier 2	
<i>metronidazole topical gel with pump 1 %</i>	Tier 2	
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	Tier 2	
MIRVASO TOPICAL GEL WITH PUMP 0.33 % (brimonidine)	Tier 4	
REMYDA TOPICAL GEL 0.25 %	Tier 4	
RESTIMO TOPICAL GEL 1-1 %	Tier 4	
ROSADAN TOPICAL CREAM 0.75 % (metronidazole)	Tier 2	
ROSADAN TOPICAL GEL 0.75 % (metronidazole)	Tier 4	
ROVIS TOPICAL GEL 0.25-1-1-4 %	Tier 4	
SOOLANTRA TOPICAL CREAM 1 % (ivermectin)	Tier 4	ST: Requires prior prescription for Finacea gel or foam within the past 120 days
Topical Antiandrogenic Agents		
WINLEVI TOPICAL CREAM 1 %	Tier 4	PA
Topical Preparations, Antibacterials		
BASADROX TOPICAL GEL IN PACKET	Tier 4	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 %	Tier 4	
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i> (Corti-Sav)	Tier 2	
<i>hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %</i> (Vytone)	Tier 2	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	Tier 4	
IODOSORB TOPICAL GEL 0.9 %	Tier 4	
LUGOLS TOPICAL SOLUTION 5-10 % (iodine-potassium iodide)	Tier 2	
NORMLGEL AG TOPICAL GEL 0.11 %	Tier 4	
<i>silver nitrate topical solution 0.5 %, 25 %, 50 %</i>	Tier 2	
SILVRSTAT TOPICAL GEL 32 PPM	Tier 4	
STRONG IODINE TOPICAL SOLUTION 5-10 % (iodine-potassium iodide)	Tier 2	
VYTONE TOPICAL CREAM IN PACKET 1.9-1 % (hydrocortisone-iodoquinol-aloe)	Tier 4	
Vitamin A Derivatives		
<i>adapalene topical cream 0.1 %</i> (Differin)	Tier 2	
<i>adapalene topical gel 0.1 %</i> (Differin)	Tier 2	
<i>adapalene topical gel 0.3 %</i>	Tier 2	

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

Drug		Status	Notes
Vitamin A Derivatives, Topical Acne Agents			
AKLIEF TOPICAL CREAM 0.005 %		Tier 4	ST: Requires prior prescription for one of the following generic topicals: Tazarotene, Tretinoin, or Adapalene (gel, cream, lotion, or solution) within the past 120 days; Age (Max 39 Years)
Dermatology - Antiinfective			
Topical Antibiotics			
BENZAMYCIN TOPICAL GEL 3-5 %	(erythromycin-benzoyl peroxide)	Tier 4	
CENTANY AT TOPICAL OINTMENT KIT 2 %		Tier 4	
CENTANY TOPICAL OINTMENT 2 %	(mupirocin)	Tier 4	QL (90 GM per 1 FILL)
CLEOCIN T TOPICAL LOTION 1 %	(clindamycin phosphate)	Tier 4	
CLEOCIN T TOPICAL SOLUTION 1 %	(clindamycin phosphate)	Tier 4	QL (180 ML per 1 FILL)
CLINDACIN ETZ TOPICAL SWAB 1 %	(clindamycin phosphate)	Tier 4	
CLINDACIN P TOPICAL SWAB 1 %	(clindamycin phosphate)	Tier 4	
CLINDACIN TOPICAL FOAM 1 %	(clindamycin phosphate)	Tier 4	
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 %	(clindamycin phosphate)	Tier 4	ST: Requires prior prescription for generic Cleocin-T 1% gel within the past 120 days
<i>clindamycin phosphate topical foam 1 %</i>	(Clindacin)	Tier 2	
<i>clindamycin phosphate topical gel 1 %</i>		Tier 2	
<i>clindamycin phosphate topical gel, once daily 1 %</i>	(Clindagel)	Tier 2	ST: Requires prior prescription for generic Cleocin-T 1% gel within the past 120 days
<i>clindamycin phosphate topical lotion 1 %</i>	(Cleocin T)	Tier 2	
<i>clindamycin phosphate topical solution 1 %</i>		Tier 2	QL (180 ML per 1 FILL)
<i>clindamycin phosphate topical swab 1 %</i>	(Clindacin ETZ)	Tier 2	
ERY PADS TOPICAL SWAB 2 %	(erythromycin with ethanol)	Tier 2	
ERYGEL TOPICAL GEL 2 %	(erythromycin with ethanol)	Tier 4	
<i>erythromycin with ethanol topical gel 2 %</i>	(Erygel)	Tier 2	
<i>erythromycin with ethanol topical solution 2 %</i>		Tier 2	QL (180 ML per 1 FILL)
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	(Benzamycin)	Tier 2	
EVOCLIN TOPICAL FOAM 1 %	(clindamycin phosphate)	Tier 4	
<i>gentamicin topical cream 0.1 %</i>		Tier 2	QL (90 GM per 1 FILL)
<i>gentamicin topical ointment 0.1 %</i>		Tier 2	QL (90 GM per 1 FILL)

Drug	Status	Notes
<i>mupirocin calcium topical cream 2 %</i>	Tier 2	QL (90 GM per 1 FILL)
<i>mupirocin topical ointment 2 %</i> (Centany)	Tier 2	QL (90 GM per 1 FILL)
XEPI TOPICAL CREAM 1 %	Tier 4	ST: Requires prior prescription for Mupirocin ointment within the past 120 days
Topical Antifungal/Anti-inflammatory, Steroid Agent		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 2	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 2	
Topical Antifungals		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	Tier 4	
CICLODAN KIT TOPICAL SOLUTION 8 % (ciclopirox-ure-camph-menth-euc)	Tier 4	QL (19.8 ML per 1 FILL)
CICLODAN TOPICAL CREAM 0.77 % (ciclopirox)	Tier 4	QL (180 GM per 1 FILL)
CICLODAN TOPICAL SOLUTION 8 % (ciclopirox)	Tier 4	QL (19.8 ML per 1 FILL)
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	Tier 2	QL (180 GM per 1 FILL)
<i>ciclopirox topical gel 0.77 %</i>	Tier 2	
<i>ciclopirox topical shampoo 1 %</i>	Tier 2	
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	Tier 2	QL (19.8 ML per 1 FILL)
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	Tier 2	QL (180 ML per 1 FILL)
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i> (Ciclodan Kit)	Tier 2	QL (19.8 ML per 1 FILL)
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	Tier 2	
<i>clotrimazole topical solution 1 %</i> (Athlete's Foot (clotrimazole))	Tier 2	
DAFILOR TOPICAL SHAMPOO 0.77-2 % (ciclopirox-salicylic acid)	Tier 4	
<i>econazole nitrate topical cream 1 %</i>	Tier 2	QL (170 GM per 1 FILL)
ECOZA TOPICAL FOAM 1 %	Tier 4	
EXELDERM TOPICAL CREAM 1 % (sulconazole)	Tier 3	
EXELDERM TOPICAL SOLUTION 1 % (sulconazole)	Tier 3	
EXODERM TOPICAL LOTION 25-1 %	Tier 2	
FERVINA TOPICAL LOTION 3-5-20 %	Tier 4	
FIDILA TOPICAL SHAMPOO 2-2 %	Tier 4	
FILOMA TOPICAL SOLUTION 8-1-1 %	Tier 4	
HAXDRAX TOPICAL SHAMPOO 0.77-2 % (ciclopirox-salicylic acid)	Tier 4	
HEXIOUNYL TOPICAL LOTION 3-5-20 %	Tier 4	
HIXDEFRIMA TOPICAL SOLUTION 8-1-1 %	Tier 4	

Drug	Status	Notes
<i>ketoconazole topical cream 2 %</i>	Tier 2	QL (180 GM per 1 FILL)
<i>ketoconazole topical shampoo 2 %</i>	Tier 2	QL (360 ML per 1 FILL)
KETODAN KIT TOPICAL COMBO PACK 2 %	Tier 4	
KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	Tier 2	
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 % (ciclopirox)	Tier 4	QL (180 GM per 1 FILL)
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 % (ciclopirox)	Tier 4	QL (180 ML per 1 FILL)
<i>luliconazole topical cream 1 %</i> (Luzu)	Tier 2	ST: Requires prior prescriptions for Ketoconazole and Clotrimazole cream within the past 365 days; QL (60 GM per 28 days)
LUZU TOPICAL CREAM 1 % (luliconazole)	Tier 4	ST: Requires prior prescriptions for Ketoconazole and Clotrimazole cream within the past 365 days; QL (60 GM per 28 days)
<i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i> (Vusion)	Tier 2	
<i>naftifine topical cream 1 %</i>	Tier 2	
<i>naftifine topical cream 2 %</i>	Tier 2	QL (180 GM per 1 FILL)
<i>naftifine topical gel 2 %</i> (Naftin)	Tier 2	
NAFTIN TOPICAL GEL 2 % (naftifine)	Tier 4	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	Tier 2	
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 2	
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 2	QL (90 GM per 1 FILL)
<i>nystatin topical powder 100,000 unit/gram</i> (Klayesta)	Tier 2	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 2	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 2	QL (180 GM per 1 FILL)
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	Tier 2	
<i>oxiconazole topical cream 1 %</i>	Tier 2	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 %	Tier 4	
PHEDRAX TOPICAL SHAMPOO 2-2 %	Tier 4	
<i>sulconazole topical cream 1 %</i> (Exelderm)	Tier 2	
<i>sulconazole topical solution 1 %</i> (Exelderm)	Tier 2	

Drug	Status	Notes
<i>tavaborole topical solution with applicator 5 %</i>	Tier 2	PA
VUSION TOPICAL OINTMENT 0.25-15-81.35 % (miconazole nitrate-zinc ox-pet)	Tier 4	
Topical Antiparasitics		
ELIMITE TOPICAL CREAM 5 % (permethrin)	Tier 4	
<i>malathion topical lotion 0.5 %</i> (Ovide)	Tier 2	
NATROBA TOPICAL SUSPENSION 0.9 % (spinosad)	Tier 4	
OVIDE TOPICAL LOTION 0.5 % (malathion)	Tier 4	
<i>permethrin topical cream 5 %</i> (Elimite)	Tier 2	
<i>spinosad topical suspension 0.9 %</i> (Natroba)	Tier 2	
ULESFIA TOPICAL LOTION 5 %	Tier 4	
Topical Antivirals		
<i>acyclovir topical ointment 5 %</i> (Zovirax)	Tier 2	
ZOVIRAX TOPICAL OINTMENT 5 % (acyclovir)	Tier 4	
Topical Pleuromutilin Derivatives		
ALTABAX TOPICAL OINTMENT 1 %	Tier 4	ST: Requires prior prescription for Mupirocin ointment within the past 120 days
Topical Sulfonamides		
ABENOR HP TOPICAL LOTION 15-4 %	Tier 4	
AVAR LS TOPICAL CLEANSER 10-2 % (sulfacetamide sodium-sulfur)	Tier 4	
AVAR TOPICAL CLEANSER 10-5 % (W/W) (sulfacetamide sodium-sulfur)	Tier 4	QL (1419 GM per 1 FILL)
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (sulfacetamide sod-sulfur-urea)	Tier 2	
<i>mafenide acetate topical packet 50 gram</i> (Sulfamylon)	Tier 2	
OXIAICE TOPICAL LOTION 15-4 %	Tier 4	
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 % (sulfacetamide sodium-sulfur)	Tier 4	
PLEXION TOPICAL CLEANSER 9.8-4.8 % (sulfacetamide sodium-sulfur)	Tier 4	
ROSULA TOPICAL CLEANSER 10-4.5 %	Tier 4	
SILVADENE TOPICAL CREAM 1 % (silver sulfadiazine)	Tier 4	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	Tier 2	
SSD TOPICAL CREAM 1 % (silver sulfadiazine)	Tier 2	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %</i> (Avar LS)	Tier 2	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i> (Avar)	Tier 2	QL (1419 GM per 1 FILL)

Drug	Status	Notes
sulfacetamide sodium-sulfur topical cleanser 8-4 %	Tier 2	
sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 % (Plexion)	Tier 2	
sulfacetamide sodium-sulfur topical cleanser 9-4 % (Sumaxin)	Tier 2	
sulfacetamide sodium-sulfur topical cleanser 9-4.5 % (Sumadan)	Tier 2	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %	Tier 2	QL (1419 ML per 1 FILL)
SULFAMYLON TOPICAL CREAM 85 MG/G	Tier 4	
SULFAMYLON TOPICAL PACKET 50 GRAM (mafenide acetate)	Tier 4	
SUMADAN TOPICAL CLEANSER 9-4.5 % (sulfacetamide sodium-sulfur)	Tier 4	
SUMAXIN TOPICAL CLEANSER 9-4 % (sulfacetamide sodium-sulfur)	Tier 4	
Dermatology - Antiinflammatory		
Interleukin-13 (IL-13) Inhibitors, Mab		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	Tier 4	PA
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	PA
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML	Tier 4	PA
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML	Tier 4	PA
Interleukin-31(IL-31)Receptor Alpha Antagonist,Mab		
NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG	Tier 5	PA
Top. Anti-Inflam.,Phosphodiesterase-4 (Pde4) Inhib		
EUCRISA TOPICAL OINTMENT 2 %	Tier 3	ST: Requires prior prescription for a topical corticosteroid or Calcineurin Inhibitor within the past 120 days
ZORYVE TOPICAL CREAM 0.15 %	Tier 4	PA
ZORYVE TOPICAL FOAM 0.3 %	Tier 4	PA

Drug	Status	Notes
Topical Antibiotics/Antiinflammatory, Steroidal		
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 4	ST: Requires prior prescription for generic Fluocinolone Acetonide (cream, oil, ointment or solution) within the past 120 days
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 4	ST: Requires prior prescription for generic Fluocinolone Acetonide (cream, oil, ointment or solution) within the past 120 days
Topical Anti-Inflammatory Steroidal		
ACIOXIA TOPICAL GEL 0.1-0.5 %	Tier 4	
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 %	Tier 2	
ALA-CORT TOPICAL CREAM 1 % (hydrocortisone)	Tier 2	
ALA-SCALP TOPICAL LOTION 2 % (hydrocortisone)	Tier 2	ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days
<i>alclometasone topical cream 0.05 %</i>	Tier 2	
<i>alclometasone topical ointment 0.05 %</i>	Tier 2	
<i>amcinonide topical cream 0.1 %</i>	Tier 2	ST: Requires prior prescription for Betamethasone 0.1% ointment, Fluticasone 0.005% ointment, Mometasone 0.1% ointment, or Triamcinolone 0.5% ointment or cream within the past 120 days
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Tier 4	
BESER TOPICAL LOTION 0.05 % (fluticasone propionate)	Tier 4	
<i>betamethasone dipropionate topical cream 0.05 %</i>	Tier 2	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 2	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 2	
<i>betamethasone valerate topical cream 0.1 %</i>	Tier 2	
<i>betamethasone valerate topical foam 0.12 %</i> (Luxiq)	Tier 2	
<i>betamethasone valerate topical lotion 0.1 %</i>	Tier 2	

Drug	Status	Notes
<i>betamethasone valerate topical ointment 0.1 %</i>	Tier 2	
<i>betamethasone, augmented topical cream 0.05 %</i>	Tier 2	
<i>betamethasone, augmented topical gel 0.05 %</i>	Tier 2	
<i>betamethasone, augmented topical lotion 0.05 %</i>	Tier 2	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	Tier 2	
CAPEX TOPICAL SHAMPOO 0.01 %	Tier 4	
<i>clobetasol scalp solution 0.05 %</i>	Tier 2	
<i>clobetasol topical cream 0.05 %</i>	Tier 2	
<i>clobetasol topical foam 0.05 %</i> (Olux)	Tier 2	
<i>clobetasol topical gel 0.05 %</i>	Tier 2	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	Tier 2	
<i>clobetasol topical ointment 0.05 %</i>	Tier 2	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	Tier 2	
<i>clobetasol topical spray,non-aerosol 0.05 %</i> (Clobex)	Tier 2	
<i>clobetasol-emollient topical cream 0.05 %</i>	Tier 2	
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	Tier 2	
CLOBEX TOPICAL LOTION 0.05 % (clobetasol)	Tier 4	
CLOBEX TOPICAL SHAMPOO 0.05 % (clobetasol)	Tier 4	
CLOBEX TOPICAL SPRAY,NON-AEROSOL 0.05 % (clobetasol)	Tier 4	
<i>clocortolone pivalate topical cream 0.1 %</i>	Tier 2	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 %	Tier 4	
CLODAN TOPICAL SHAMPOO 0.05 % (clobetasol)	Tier 4	

Drug	Status	Notes
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	Tier 4	ST: Requires prior prescription for Betamethasone augmented (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, Halobetasol 0.05% (cream, ointment) within the past 120 days; QL (2 EA per 30 days)
CORDRAN TOPICAL CREAM 0.025 %	Tier 4	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
CORDRAN TOPICAL CREAM 0.05 % (flurandrenolide)	Tier 4	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
CORDRAN TOPICAL LOTION 0.05 % (flurandrenolide)	Tier 4	
CORDRAN TOPICAL OINTMENT 0.05 % (flurandrenolide)	Tier 4	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days; QL (180 GM per 30 days)
DERMA-SMOOTHIE/FS BODY OIL TOPICAL OIL 0.01 % (fluocinolone)	Tier 4	
DERMA-SMOOTHIE/FS SCALP OIL SCALP OIL 0.01 % (fluocinolone and shower cap)	Tier 4	
<i>desonide topical cream 0.05 %</i> (DesOwen)	Tier 2	
<i>desonide topical gel 0.05 %</i>	Tier 2	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days

Drug		Status	Notes
<i>desonide topical lotion 0.05 %</i>		Tier 2	
<i>desonide topical ointment 0.05 %</i>		Tier 2	
DESOWEN TOPICAL CREAM 0.05 %	(desonide)	Tier 4	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	(Topicort)	Tier 2	
<i>desoximetasone topical gel 0.05 %</i>	(Topicort)	Tier 2	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	(Topicort)	Tier 2	
<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
DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 %	(betamethasone, augmented)	Tier 4	
DYNOMA TOPICAL CREAM 0.05-4 %		Tier 4	
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	(Derma-Smoothe/FS Scalp Oil)	Tier 2	
<i>fluocinolone topical cream 0.01 %</i>		Tier 2	
<i>fluocinolone topical cream 0.025 %</i>	(Synalar)	Tier 2	
<i>fluocinolone topical oil 0.01 %</i>	(Derma-Smoothe/FS Body Oil)	Tier 2	
<i>fluocinolone topical ointment 0.025 %</i>	(Synalar)	Tier 2	
<i>fluocinolone topical solution 0.01 %</i>	(Synalar)	Tier 2	
<i>fluocinonide topical cream 0.05 %</i>		Tier 2	
<i>fluocinonide topical cream 0.1 %</i>	(Vanos)	Tier 2	
<i>fluocinonide topical gel 0.05 %</i>		Tier 2	
<i>fluocinonide topical ointment 0.05 %</i>		Tier 2	
<i>fluocinonide topical solution 0.05 %</i>		Tier 2	
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	(fluocinonide-emollient)	Tier 2	
<i>fluocinonide-emollient topical cream 0.05 %</i>	(Fluocinonide-E)	Tier 2	
FLUOXIA TOPICAL CREAM 0.05-4 %		Tier 4	

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

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

Drug	Status	Notes
<i>hydrocortisone butyrate topical solution 0.1 %</i>	Tier 2	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	Tier 2	
<i>hydrocortisone topical cream 2.5 %</i>	Tier 2	
<i>hydrocortisone topical cream with perineal applicator 1 %</i>	Tier 2	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC)	Tier 2	
<i>hydrocortisone topical lotion 2 %</i> (Ala-Scalp)	Tier 2	ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 2	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	Tier 2	
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 2	
<i>hydrocortisone topical solution 2.5 %</i> (Texacort)	Tier 2	ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days
<i>hydrocortisone valerate topical cream 0.2 %</i>	Tier 2	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	Tier 2	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM (triamcinolone acetonide)	Tier 4	
LOCOID LIPOCREAM TOPICAL CREAM 0.1 %	Tier 4	
LOCOID TOPICAL LOTION 0.1 % (hydrocortisone butyrate)	Tier 4	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (236 ML per 30 days)
LUXIQ TOPICAL FOAM 0.12 % (betamethasone valerate)	Tier 4	
<i>mometasone topical cream 0.1 %</i>	Tier 2	
<i>mometasone topical ointment 0.1 %</i>	Tier 2	
<i>mometasone topical solution 0.1 %</i>	Tier 2	

Drug		Status	Notes
NUCORT TOPICAL LOTION 2 %	(hydrocortisone acet-aloe vera)	Tier 4	
OLUX TOPICAL FOAM 0.05 %	(clobetasol)	Tier 4	
OLUX-E TOPICAL FOAM 0.05 %	(clobetasol-emollient)	Tier 4	
PANDEL TOPICAL CREAM 0.1 %		Tier 4	ST: 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 cream 0.1 %</i>		Tier 2	
<i>prednicarbate topical ointment 0.1 %</i>		Tier 2	
PROCTOCORT TOPICAL CREAM 1 %	(hydrocortisone)	Tier 4	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	(hydrocortisone)	Tier 2	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	(hydrocortisone)	Tier 2	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	(hydrocortisone)	Tier 2	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %		Tier 3	
SCALACORT TOPICAL LOTION 2 %	(hydrocortisone)	Tier 4	ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %		Tier 4	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %		Tier 4	QL (375 GM per 30 days)
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 %		Tier 4	QL (375 GM per 30 days)
SYNALAR TOPICAL CREAM 0.025 %	(fluocinolone)	Tier 4	
SYNALAR TOPICAL OINTMENT 0.025 %	(fluocinolone)	Tier 4	
SYNALAR TOPICAL SOLUTION 0.01 %	(fluocinolone)	Tier 4	
SYNALAR TS TOPICAL KIT 0.01 %		Tier 4	

Drug	Status	Notes
TELIORA TOPICAL GEL 0.1-0.5 %	Tier 4	
TEXACORT TOPICAL SOLUTION 2.5 % (hydrocortisone)	Tier 4	ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days
TOPICORT TOPICAL CREAM 0.05 %, 0.25 % (desoximetasone)	Tier 4	
TOPICORT TOPICAL GEL 0.05 % (desoximetasone)	Tier 4	
TOPICORT TOPICAL OINTMENT 0.05 %, 0.25 % (desoximetasone)	Tier 4	
TOPICORT TOPICAL SPRAY, NON-AEROSOL 0.25 % (desoximetasone)	Tier 4	ST: 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
TOVET EMOLLIENT TOPICAL FOAM 0.05 % (clobetasol-emollient)	Tier 4	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i> (Kenalog)	Tier 2	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %</i>	Tier 2	
<i>triamcinolone acetonide topical cream 0.5 %</i> (Triderm)	Tier 2	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	Tier 2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 2	
TRIDERM TOPICAL CREAM 0.1 % (triamcinolone acetonide)	Tier 2	
TRIDERM TOPICAL CREAM 0.5 % (triamcinolone acetonide)	Tier 2	QL (454 GM per 30 days)
VANOS TOPICAL CREAM 0.1 % (fluocinonide)	Tier 4	
Topical Anti-Inflammatory, Nsaids		
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i> (Flector)	Tier 2	
<i>diclofenac sodium topical drops 1.5 %</i>	Tier 2	
<i>diclofenac sodium topical gel 1 %</i> (Arthritis Pain (diclofenac))	Tier 2	
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 % (diclofenac epolamine)	Tier 4	

Drug	Status	Notes
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	Tier 4	ST: Requires prior prescription for generic Flector patch within the past 120 days; QL (1 EA per 1 day)
Topical Janus Kinase (Jak) Inhibitors		
OPZELURA TOPICAL CREAM 1.5 %	Tier 3	PA
Dermatology - Antipruritic Drugs		
Antipruritics, Systemic		
KORSUVA INTRAVENOUS SOLUTION 50 MCG/ML	Tier 5	PA
Dermatology - Miscellaneous		
Antiperspirants		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 3	
DRYSOL TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 3	
Antiseborrheic Agents		
LOUTREX TOPICAL CREAM	Tier 2	
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 % (sulfacetamide sodium)	Tier 3	
OVACE PLUS TOPICAL CLEANSER 10 % (sulfacetamide sodium)	Tier 4	
OVACE PLUS TOPICAL CREAM 10 %	Tier 4	
OVACE PLUS TOPICAL LOTION 9.8 %	Tier 4	ST: Requires prior prescription for Ciclopirox(shampoo/gel) or Ketoconazole (shampoo/cream) within the past 120 days
OVACE PLUS WASH TOPICAL CLEANSER, GEL 10 % (sulfacetamide sodium)	Tier 4	
OVACE TOPICAL CLEANSER 10 % (sulfacetamide sodium)	Tier 4	
<i>selenium sulfide topical lotion 2.5 %</i>	Tier 2	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	Tier 2	
<i>sulfacetamide sodium topical cleanser 10 %</i> (Ovace)	Tier 2	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i> (Ovace Plus Wash)	Tier 2	
<i>sulfacetamide sodium topical shampoo 10 %</i> (Ovace Plus Shampoo)	Tier 2	
<i>sulfacetamide sodium topical shampoo 9.8 %</i> (Plexion NS)	Tier 2	
TERSI FOAM TOPICAL FOAM 2.25 %	Tier 4	
Emollients		
<i>ammonium lactate topical cream 12 %</i>	Tier 2	

Drug	Status	Notes
<i>ammonium lactate topical lotion 12 %</i> (AmLactin)	Tier 2	
ATRAPRO CP TOPICAL COMBO PACK, CREAM AND GEL	Tier 4	
HPR PLUS TOPICAL FOAM	Tier 4	
KERASTAT TOPICAL CREAM	Tier 4	
KERASTAT TOPICAL GEL 5 %	Tier 4	
MB HYDROGEL TOPICAL KIT, CREAM AND GEL 96.53-3-0.4 -0.066 %	Tier 2	
NUTRASEB TOPICAL CREAM	Tier 4	
PRESERA TOPICAL FOAM	Tier 4	
PRUMYX TOPICAL CREAM	Tier 2	
XCLAIR TOPICAL CREAM	Tier 4	
Hypertrichotic Agents, Systemic/Incl. Combinations		
LITFULO ORAL CAPSULE 50 MG	Tier 5	PA
Iodine Antiseptics		
<i>povidone-iodine ophthalmic (eye) solution 5 %</i> (Betadine Ophthalmic Prep)	Tier 2	
Irrigants		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 2	
<i>lactated ringers irrigation solution</i>	Tier 4	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	Tier 2	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 4	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 4	
<i>ringer's irrigation solution</i>	Tier 2	
<i>sodium chloride irrigation solution 0.9 %</i> (Sterile Saline)	Tier 2	
<i>sorbitol irrigation solution 3 %</i>	Tier 2	
<i>sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml</i>	Tier 2	
VASHE IRRIGATION IRRIGATION SOLUTION 0.033 %	Tier 4	
<i>water for irrigation, sterile irrigation solution</i> (Curity Sterile Water)	Tier 2	
Irritants/Counter-Irritants		
<i>cantharidin in acetone topical solution 0.7 %</i>	Tier 2	
QUTENZA TOPICAL KIT 8 %	Tier 4	PA
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 %	Tier 4	PA
Keratolytics		
<i>benzoyl peroxide topical foam 9.8 %</i> (BenzePrO)	Tier 2	
BPO TOPICAL GEL 8 % (benzoyl peroxide)	Tier 2	

Drug		Status	Notes
CEM-UREA TOPICAL GEL 45 %	(urea)	Tier 2	
CONDYLOX TOPICAL GEL 0.5 %	(podofilox)	Tier 4	ST: Requires prior prescription for Podofilox 0.5% solution within the past 120 days; QL (0.5 GM per 1 day)
HYDRO 35 TOPICAL FOAM 35 %	(urea)	Tier 4	
HYDRO 40 TOPICAL FOAM 40 %		Tier 4	
KERALYT TOPICAL SHAMPOO 6 %	(salicylic acid)	Tier 4	
NENDRUX TOPICAL GEL 40-5 %		Tier 4	
PACNEX HP TOPICAL PADS, MEDICATED 7 %		Tier 4	
PACNEX LP TOPICAL PADS, MEDICATED 4.25 %		Tier 4	
PODOCON TOPICAL LIQUID 25 %		Tier 2	
<i>podofilox topical gel 0.5 %</i>	(Condylox)	Tier 2	ST: Requires prior prescription for Podofilox 0.5% solution within the past 120 days; QL (0.5 GM per 1 day)
<i>podofilox topical solution 0.5 %</i>		Tier 2	QL (0.5 ML per 1 day)
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %		Tier 2	
PRONAL TOPICAL GEL 10-40 %		Tier 4	
<i>salicylic acid topical cream 6 %</i>	(Salimez)	Tier 2	
<i>salicylic acid topical cream, extended release 6 %</i>		Tier 2	
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i>	(Virasal)	Tier 2	
<i>salicylic acid topical film-forming soln er w/ appl 28.5 %</i>	(UltraSal-ER)	Tier 2	
<i>salicylic acid topical foam 6 %</i>	(Salvax)	Tier 2	
<i>salicylic acid topical liquid 26 %</i>		Tier 2	
<i>salicylic acid topical lotion 6 %</i>		Tier 2	
<i>salicylic acid topical lotion, extended release 6 %</i>		Tier 2	
<i>salicylic acid topical shampoo 6 %</i>	(Keralyt)	Tier 2	
SALIMEZ FORTE TOPICAL CREAM 10 %		Tier 4	
SALIMEZ TOPICAL CREAM 6 %	(salicylic acid)	Tier 4	
SALVAX DUO PLUS TOPICAL FOAM 6-35 %		Tier 4	
SALVAX TOPICAL FOAM 6 %	(salicylic acid)	Tier 2	
SALY CIM TOPICAL CREAM 6 %	(salicylic acid)	Tier 4	
<i>silver nitrate applicators topical stick 75-25 %</i>		Tier 2	

Drug	Status	Notes
<i>silver nitrate topical solution 10 %</i>	Tier 2	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 % (salicylic acid)	Tier 4	
URAMAXIN GT TOPICAL GEL 45 % (urea)	Tier 4	
URAMAXIN GT TOPICAL KIT, CREAM AND GEL 45 %	Tier 4	
URAMAXIN TOPICAL CREAM 45 % (urea)	Tier 4	
URAMAXIN TOPICAL FOAM 20 %	Tier 4	
URAMAXIN TOPICAL GEL 45 % (urea)	Tier 4	
UREA NAIL STICK TOPICAL SOLUTION 50 % (urea)	Tier 2	
<i>urea topical cream 39 %</i> (Xurea)	Tier 2	
<i>urea topical cream 40 %, 47 %</i>	Tier 2	
<i>urea topical cream 45 %</i> (Uramaxin)	Tier 2	
<i>urea topical cream 50 %</i> (Ure-K)	Tier 2	
<i>urea topical foam 35 %</i> (Hydro 35)	Tier 2	
<i>urea topical gel 45 %</i> (CEM-Urea)	Tier 2	
VIRASAL TOPICAL FILM FORMING LIQUID W/APPL 27.5 % (salicylic acid)	Tier 4	
WAYZEN TOPICAL GEL 40-5 %	Tier 4	
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 %	Tier 4	
XIRUN TOPICAL GEL 10-40 %	Tier 4	
XUREA TOPICAL CREAM 39 % (urea)	Tier 4	
Oxidizing Agents		
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 %	Tier 4	
RENOVAR IRRIGATION IRRIGATION SOLUTION	Tier 4	
RENOVAR TOPICAL SOLUTION	Tier 4	
Protectives		
GENADUR (WITH LEXINAL) KIT 2,500 MCG	Tier 4	
PR CREAM TOPICAL CREAM	Tier 2	
RECEDO TOPICAL GEL	Tier 4	
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET (white petrolatum)	Tier 2	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 %	Tier 4	
Topical Anti-Inflammatory Steroid-Local Anesthetic		
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	Tier 3	

Drug	Status	Notes
EPIFOAM TOPICAL FOAM 1-1 %	Tier 4	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
<i>hydrocortisone-pramoxine topical cream</i> 2.5-1 %	Tier 2	
<i>lidocaine hcl-hydrocortison ac topical cream</i> 3-0.5 % (Lidocort)	Tier 2	
PRAMOSONE TOPICAL CREAM 1-1 % (hydrocortisone-pramoxine)	Tier 3	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	Tier 3	
PRAMOSONE TOPICAL OINTMENT 1-1 %	Tier 3	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
PRAMOSONE TOPICAL OINTMENT 2.5-1 % (hydrocortisone-pramoxine)	Tier 3	
Topical Antineoplastic & Premalignant Lesion Agnts		
<i>bexarotene topical gel</i> 1 % (Targretin)	Tier 4	PA
CARAC TOPICAL CREAM 0.5 % (fluorouracil)	Tier 4	PA
<i>diclofenac sodium topical gel</i> 3 %	Tier 2	QL (100 GM per 1 FILL)
EFUDEX TOPICAL CREAM 5 % (fluorouracil)	Tier 4	
FLUOROPLEX TOPICAL CREAM 1 %	Tier 4	PA
<i>fluorouracil topical cream</i> 0.5 % (Carac)	Tier 2	PA
<i>fluorouracil topical cream</i> 5 % (Efudex)	Tier 2	
<i>fluorouracil topical solution</i> 2 %, 5 %	Tier 2	
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %	Tier 3	QL (5 EA per 1 FILL)
KLISYRI (350 MG) TOPICAL OINTMENT IN PACKET 1 %	Tier 3	QL (5 EA per 1 FILL)
PANRETIN TOPICAL GEL 0.1 %	Tier 5	QL (60 GM per 28 days)
TARGRETIN TOPICAL GEL 1 % (bexarotene)	Tier 5	PA
TOLAK TOPICAL CREAM 4 %	Tier 3	
VALCHLOR TOPICAL GEL 0.016 %	Tier 4	PA
Topical Local Anesthetics		
ANACAINE TOPICAL OINTMENT 10 %	Tier 4	
ANASTIA TOPICAL LOTION 2.75 %	Tier 4	
CETACAINE TOPICAL AEROSOL, SPRAY 2 %-2 %-14 % (200 MG/SEC)	Tier 4	

Drug	Status	Notes
CRYODOSE TA MEDIUM STREAM SPR TOPICAL AEROSOL,SPRAY	Tier 4	
CRYODOSE TA MIST SPRAY TOPICAL AEROSOL,SPRAY	Tier 4	
DERMACINRX LIDOCAN TOPICAL (lidocaine) ADHESIVE PATCH,MEDICATED 5 %	Tier 2	QL (90 EA per 30 days)
DERMACINRX LIDOGEL TOPICAL GEL 2.8 %	Tier 4	
DERMACINRX LIDOREX TOPICAL GEL 2.8 %	Tier 4	
ENZNONUTY TOPICAL OINTMENT 10- 10-20 %	Tier 4	
<i>ethyl chloride topical aerosol,spray 100 %</i>	Tier 2	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 %	Tier 2	
L.E.T. (LIDO-EPINEPH-TETRA) (lidocaine-racepinep- TOPICAL SOLUTION 4-0.05-0.5 % tetracaine)	Tier 2	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 %	Tier 2	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 %	Tier 4	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	Tier 2	
<i>lidocaine hcl topical cream 3 %</i> (Lidopin)	Tier 2	
<i>lidocaine topical adhesive (DermacinRx Lidocan) patch,medicated 5 %</i>	Tier 2	QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	Tier 2	QL (240 GM per 30 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 2	
<i>lidocaine-racepinep-tetracaine topical (L.E.T. (lido-epineph-tetra)) solution 4-0.05-0.5 %</i>	Tier 2	
LIDOCAN III TOPICAL ADHESIVE (lidocaine) PATCH,MEDICATED 5 %	Tier 2	QL (90 EA per 30 days)
LIDOCAN IV TOPICAL ADHESIVE (lidocaine) PATCH,MEDICATED 5 %	Tier 2	QL (90 EA per 30 days)
LIDOCAN V TOPICAL ADHESIVE (lidocaine) PATCH,MEDICATED 5 %	Tier 2	QL (90 EA per 30 days)
LIDODERM TOPICAL ADHESIVE (lidocaine) PATCH,MEDICATED 5 %	Tier 4	QL (90 EA per 30 days)
LIDOPIN TOPICAL CREAM 3 % (lidocaine hcl)	Tier 4	
LIDOPIN TOPICAL CREAM 3.25 %	Tier 4	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 4	
LIDTOPIC TOPICAL CREAM, METERED-DOSE APPLICATOR 7.5 %	Tier 4	

Drug	Status	Notes
NOBELA TOPICAL OINTMENT 10-10-20 %	Tier 4	
NOLIRA TOPICAL CREAM 23-7 %	Tier 4	
NUMBONEX TOPICAL LOTION 2.75 %	Tier 4	
NYNUTEY TOPICAL CREAM 23-7 %	Tier 4	
PAIN EASE MEDIUM STREAM SPRAY TOPICAL AEROSOL,SPRAY	Tier 4	
PAIN EASE MIST SPRAY TOPICAL AEROSOL,SPRAY	Tier 4	
PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 %	Tier 4	
REGENECARE TOPICAL GEL 2 %	Tier 4	
SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY	Tier 4	
TRANZAREL TOPICAL GEL 4 %	Tier 4	
Topical Preparations,Miscellaneous		
KEFUNOVA TOPICAL CREAM 5-0.005 %	Tier 4	
Topical/Mucous Membr./Subcut. Enzymes		
NEXOBRID TOPICAL GEL 8.8 %	Tier 4	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 4	PA
Dermatology - Pigmentation Disorders		
Hyperpigmentation Agents, Systemic		
SCENESSE SUBCUTANEOUS IMPLANT 16 MG	Tier 5	PA
Dermatology - Psoriasis/Eczema		
Antipsoriatic Agents,Systemic		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 4	
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML, 320 MG/2 ML	Tier 5	PA
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML, 320 MG/2 ML	Tier 5	PA
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 5	PA
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	Tier 5	PA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 5	PA
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 5	PA

Drug	Status	Notes
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	Tier 5	PA
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	Tier 5	PA
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 5	PA
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	Tier 2	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	Tier 5	PA
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 4	PA
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	PA
SOTYKTU ORAL TABLET 6 MG	Tier 4	PA
SPEVIGO INTRAVENOUS SOLUTION 60 MG/ML	Tier 5	PA
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 5	PA
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 4	PA
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 4	PA
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 4	PA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML	Tier 4	PA
Antipsoriatics Agents		
<i>calcipotriene scalp solution 0.005 %</i>	Tier 2	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
<i>calcipotriene topical cream 0.005 %</i>	Tier 2	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
<i>calcipotriene topical foam 0.005 %</i> (Sorilux)	Tier 2	ST: Requires prior prescription for a topical corticosteroid within the past 120 days

Drug	Status	Notes
<i>calcipotriene topical ointment 0.005 %</i>	Tier 2	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
<i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)	Tier 2	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
DIOOXIA TOPICAL CREAM 0.005-4 %	Tier 4	
DRITHOCREME HP TOPICAL CREAM 1 %	Tier 3	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
DUOBRII TOPICAL LOTION 0.01-0.045 %	Tier 4	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam/shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days; QL (200 GM per 28 days)
PURAZIL TOPICAL CREAM 0.005-4 %	Tier 4	
SORILUX TOPICAL FOAM 0.005 % (calcipotriene)	Tier 4	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
<i>tazarotene topical cream 0.05 %</i> (Tazorac)	Tier 2	Age (Max 39 Years)
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	Tier 2	
<i>tazarotene topical gel 0.05 %, 0.1 %</i> (Tazorac)	Tier 2	Age (Max 39 Years)
TAZORAC TOPICAL CREAM 0.05 % (tazarotene)	Tier 4	Age (Max 39 Years)
TAZORAC TOPICAL CREAM 0.1 % (tazarotene)	Tier 4	
TAZORAC TOPICAL GEL 0.05 %, 0.1 % (tazarotene)	Tier 4	Age (Max 39 Years)
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM (calcitriol)	Tier 4	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
VTAMA TOPICAL CREAM 1 %	Tier 4	PA
ZITHRANOL TOPICAL SHAMPOO 1 %	Tier 4	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
ZORYVE TOPICAL CREAM 0.3 %	Tier 4	PA

Drug	Status	Notes
IL-23 Receptor Antagonist, Monoclonal Antibody		
OMVOH INTRAVENOUS SOLUTION 300 MG/15 ML (20 MG/ML)	Tier 4	PA
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 300MG/3ML(100MG /ML-200 MG/2ML)	Tier 4	PA
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 300MG/3ML(100MG /ML- 200 MG/2ML)	Tier 4	PA
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	Tier 4	PA
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	Tier 4	PA
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	Tier 4	PA
TREMFYA PEN INDUCTION PK- CROHN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	Tier 4	PA
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML	Tier 4	PA
TREMFYA SUBCUTANEOUS AUTO- INJECTOR 100 MG/ML	Tier 4	PA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	Tier 4	PA
Topical Agents,Miscellaneous		
L-MESITRAN SOFT TOPICAL GEL 40 %	Tier 4	
MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 %	Tier 4	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 4	
OCM TOPICAL OINTMENT IN PACKET	Tier 4	
OMEZA TOPICAL OINTMENT IN PACKET	Tier 4	
Topical Immunosuppressive Agents		
ELIDEL TOPICAL CREAM 1 % (pimecrolimus)	Tier 4	ST: Requires prior prescription for Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), generic Mometasone (cream or ointment), or Triamcinolone (0.1% or 0.5% cream or ointment) within the past 120 days

Drug	Status	Notes
HOVYN TOPICAL SOLUTION 0.1 %	Tier 4	
HYFTOR TOPICAL GEL 0.2 %	Tier 5	PA
NUJO TOPICAL SOLUTION 0.1 %	Tier 4	
<i>pimecrolimus topical cream 1 %</i> (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% cream or ointment) within the past 120 days
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	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% cream or ointment) within the past 120 days
Topical Vit D Analog/Antiinflammatory, Steroidal		
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	Tier 2	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i> (Taclonex)	Tier 2	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
ENSTILAR TOPICAL FOAM 0.005-0.064 %	Tier 4	ST: Requires prior prescription for generic Taclonex ointment within the past 120 days
TACLONEX TOPICAL SUSPENSION 0.005-0.064 % (calcipotriene-betamethasone)	Tier 4	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
WYNZORA TOPICAL CREAM 0.005-0.064 %	Tier 4	ST: Requires prior prescription for generic Taclonex ointment within the past 120 days

Drug	Status	Notes
Diabetes		
Antihypergly, (Dpp-4) Inhibitor & Biguanide Comb.		
<i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i> (Kazano)	Tier 4	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	Tier 3	QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	Tier 3	QL (1 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	Tier 3	QL (2 EA per 1 day)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	Tier 4	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	Tier 4	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	Tier 4	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG (alogliptin-metformin)	Tier 4	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	Tier 2	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	Tier 2	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
Antihyperglycemic, Dpp-4 Enzyme Inhibitor & Thiazolidinedione		
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-45 mg</i> (Oseni)	Tier 4	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
<i>alogliptin-pioglitazone oral tablet 25-15 mg, 25-30 mg</i>	Tier 4	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG (alogliptin-pioglitazone)	Tier 4	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
Antihyperglycemic, Incretin Mimetic (Glp-1 Receptor Agonist)		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	Tier 3	PA; QL (0.85 ML per 7 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE (250 MCG/ML) 2.4 ML (exenatide)	Tier 3	PA; QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML (exenatide)	Tier 3	PA; QL (1.2 ML per 30 days)
<i>exenatide subcutaneous pen injector 10 mcg/dose (250 mcg/ml) 2.4 ml</i>	Tier 2	PA; QL (2.4 ML per 30 days)
<i>exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml</i>	Tier 2	PA; QL (1.2 ML per 30 days)
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i> (Victoza 2-Pak)	Tier 4	PA; QL (9 ML per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	Tier 3	PA; QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG	Tier 3	PA; QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	Tier 3	PA; QL (2 ML per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (liraglutide)	Tier 4	PA; QL (9 ML per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (liraglutide)	Tier 4	PA; QL (9 ML per 30 days)

Drug	Status	Notes
Antihyperglycemic-Sod/Gluc Cotransport2(Sglt2)Inhib		
BRENZAVVY ORAL TABLET 20 MG (bexagliflozin)	Tier 4	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (1 EA per 1 day)
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	Tier 3	QL (1 EA per 1 day)
INPEFA ORAL TABLET 200 MG	Tier 4	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (2 EA per 1 day)
INPEFA ORAL TABLET 400 MG	Tier 4	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (1 EA per 1 day)
INVOKANA ORAL TABLET 100 MG, 300 MG	Tier 4	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 3	QL (1 EA per 1 day)
STEGLATRO ORAL TABLET 15 MG, 5 MG	Tier 4	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (1 EA per 1 day)
Antihyperglycemic - Dopamine Receptor Agonists		
CYCLOSET ORAL TABLET 0.8 MG	Tier 4	ST: Requires prior prescription for Metformin (Glucophage), Metformin ER, Glyburide/Metformin (Glucovance), or Glipizide/Metformin (Metaglip) within the past 180 days

Drug	Status	Notes
Antihyperglycemic - Incretin Mimetics Combination		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	Tier 3	PA; QL (0.5 ML per 7 days)
Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	Tier 2	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG (acarbose)	Tier 4	
Antihyperglycemic, Amylin Analog-Type		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	Tier 3	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	Tier 3	
Antihyperglycemic, Dpp-4 Inhibitors		
<i>alogliptin oral tablet 12.5 mg, 25 mg</i> (Nesina)	Tier 4	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
<i>alogliptin oral tablet 6.25 mg</i>	Tier 4	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 3	QL (1 EA per 1 day)
NESINA ORAL TABLET 12.5 MG, 25 MG (alogliptin)	Tier 4	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
<i>saxagliptin oral tablet 2.5 mg, 5 mg</i>	Tier 2	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
<i>sitagliptin oral tablet 100 mg, 25 mg, 50 mg</i> (Zituvio)	Tier 4	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
TRADJENTA ORAL TABLET 5 MG	Tier 4	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG (sitagliptin)	Tier 4	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
Antihyperglycemic, Insulin-Release Stimulant Type		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 2	
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>glipizide oral tablet 2.5 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	Tier 2	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG (glipizide)	Tier 4	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 2	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 2	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 2	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
Antihyperglycemic, Insulin-Response Enhancer (N-S)		
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (pioglitazone)	Tier 4	
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	Tier 2	
Antihyperglycemic, Sglt-2 & Dpp-4 Inhibitor Comb.		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 3	QL (1 EA per 1 day)
QTERN ORAL TABLET 10-5 MG, 5-5 MG	Tier 4	ST: Requires prior prescription for Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 DAYS; QL (1 EA per 1 day)

Drug	Status	Notes
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	Tier 4	ST: Requires prior prescription for Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 DAYS; QL (1 EA per 1 day)
Antihyperglycemic,Biguanide Type(Non-Sulfonylurea)		
DM2 COMBO PACK, TABLET AND STRIP 500 MG	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	Tier 2	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 2	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 2	
RIOMET ORAL SOLUTION 500 MG/5 ML (metformin)	Tier 4	
Antihyperglycemic,Insulin & Glp-1 Receptor Agonist		
SOLQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Tier 3	QL (30 ML per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Tier 3	QL (15 ML per 28 days)
Antihyperglycemic,Insulin-Rel Stim.& Biguanide Cmb		
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 2	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 2	
Antihyperglycemic,Insulin-Response & Release Comb.		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (pioglitazone-glimepiride)	Tier 4	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days

Drug	Status	Notes
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (DUETACT)	Tier 2	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
Antihyperglycemic-Glucocorticoid Receptor Blocker		
KORLYM ORAL TABLET 300 MG (mifepristone)	Tier 4	PA
<i>mifepristone oral tablet 300 mg</i> (Korlym)	Tier 4	PA
Antihyperglycemic-SglT2 Inhibitor & Biguanide Comb		
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Tier 4	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (2 EA per 1 day)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Tier 4	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (2 EA per 1 day)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	Tier 4	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (2 EA per 1 day)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	Tier 3	QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	Tier 3	QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	Tier 3	QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG (dapaglifloz propaned-metformin)	Tier 3	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 5-500 MG	Tier 3	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	Tier 3	QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (dapaglifloz propaned-metformin)	Tier 3	QL (2 EA per 1 day)

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

Drug	Status	Notes
ACCU-CHEK GUIDE TEST STRIPS (blood sugar diagnostic) STRIP	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
ACCU-CHEK SMARTVIEW TEST (blood sugar diagnostic) STRIP STRIP	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
ACCUTREND GLUCOSE TEST STRIPS (blood sugar diagnostic) STRIP	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
ADVANCED GLUC METER TEST (blood sugar diagnostic) STRIP STRIP	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)

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

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

Drug	Status	Notes
BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
BLULINK GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
CARESENS N TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
CARETOUCH TEST STRIP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)

Drug	Status	Notes
CHOICEDM CLARUS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
CLEVER CHOICE MICRO TEST STRIP (blood sugar diagnostic) STRIP	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
CLEVER CHOICE PRO STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
CLEVER CHOICE TALK TEST STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)

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

Drug	Status	Notes
CONTOUR TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
DIATRUE PLUS TEST STRIP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
EASY PLUS II TEST STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
EASY STEP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)

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

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

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

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

Drug	Status	Notes
EVENCARE G2 STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
EVENCARE G3 TEST STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
EVENCARE MINI GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
EVENCARE PROVIEW TEST STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)

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

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

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

Drug		Status	Notes
FORA TN'G VOICE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
FORA V10 STRIP	(blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
FORA V10-V12-D10-D20 STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
FORACARE GD20 STRIP	(blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)

Drug		Status	Notes
FORACARE GD40 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
FREESTYLE INSULINX STRIP	(blood sugar diagnostic)	PREV	QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP	(blood sugar diagnostic)	PREV	QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP	(blood sugar diagnostic)	PREV	QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP	(blood sugar diagnostic)	PREV	QL (200 EA per 30 days)
FREESTYLE TEST STRIP	(blood sugar diagnostic)	PREV	QL (200 EA per 30 days)
GE100 BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
GE333 BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
GLUCO NAVII TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)

Drug	Status	Notes
GLUCOCARD 01 SENSOR PLUS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
GLUCOCARD EXPRESSION STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
GLUCOCARD SHINE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
GLUCOCARD VITAL SENSOR STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)

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

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

Drug		Status	Notes
MICRO BLOOD GLUCOSE STRIP	(blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
MICRODOT BLOOD GLUCOSE SYSTEM STRIP	(blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
MICRODOT XTRA BLOOD GLUCOSE STRIP	(blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
MYGLUCOHEALTH STRIP	(blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)

Drug		Status	Notes
NEUTEK 2TEK TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
NOVA MAX GLUCOSE TEST STRIP	(blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
ON CALL EXPRESS TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
ONETOUCH ULTRA TEST STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
ONETOUCH VERIO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
OPTIUM EZ STRIP	(blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)

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

Drug		Status	Notes
PRECISION PCX PLUS TEST STRIP	(blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
PRECISION PCX TEST STRIP	(blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
PRECISION POINT OF CARE TEST STRIP	(blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
PRECISION Q-I-D TEST STRIP	(blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP	(blood sugar diagnostic)	PREV	QL (200 EA per 30 days)

Drug	Status	Notes
PREMIER TEST STRIP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
PREMIUM V10 STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
PRO VOICE V8-V9 TEST STRIP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
PRODIGY NO CODING STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)

Drug	Status	Notes
QUINTET AC STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
QUINTET GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
REFUAH PLUS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
RELION CONFIRM-MICRO STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)

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

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

Drug	Status	Notes
SURE-TEST EASYPLUS MINI STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
TELCARE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
TEST N'GO TEST STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
TRUE METRIX GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)

Drug	Status	Notes
TRUETEST TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
TRUETRACK TEST STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
ULTIMA TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
ULTRATRAK STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)

Drug		Status	Notes
ULTRATRAK ULTIMATE STRIP	(blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
UNISTRIPI TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
VIVAGUARD INO TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
Diabetic Supplies			
CEQUR SIMPLICITY DEVICE 2 UNIT		Tier 4	PA
CEQUR SIMPLICITY INSERTER		Tier 4	PA
DEXCOM G6 RECEIVER		PREV	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE		PREV	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE		PREV	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 90 days)

Drug	Status	Notes
DEXCOM G7 RECEIVER	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (3 EA per 30 days)
EVERSENSE 365 SENSOR SUBCUTANEOUS DEVICE	Tier 4	PA
EVERSENSE 365 TRANSMITTER DEVICE	Tier 4	PA
EVERSENSE E3 SENSOR-HOLDER SUBCUTANEOUS DEVICE	Tier 4	PA
EVERSENSE E3 SMART TRANSMITTER DEVICE	Tier 4	PA
FREESTYLE FREEDOM LITE KIT (blood-glucose meter)	PREV	
FREESTYLE INSULINX (blood-glucose meter)	PREV	
FREESTYLE LIBRE 14 DAY READER	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)

Drug	Status	Notes
FREESTYLE LIBRE 3 SENSOR DEVICE	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LITE METER KIT (blood-glucose meter)	PREV	
FREESTYLE PRECISION NEO METER (blood-glucose meter)	PREV	
FREESTYLE SYSTEM KIT KIT (blood-glucose meter)	PREV	
GUARDIAN 4 GLUCOSE SENSOR DEVICE	Tier 4	PA
GUARDIAN 4 TRANSMITTER DEVICE	Tier 4	PA
GUARDIAN CONNECT TRANSMITTER DEVICE	Tier 4	PA
GUARDIAN LINK 3 TRANSMITTER DEVICE	Tier 4	PA
GUARDIAN SENSOR 3 DEVICE	Tier 4	PA
ILET INFUSION KIT-INSET 23" COMBO PACK	Tier 4	
ILET INFUSION KIT-INSET 32" COMBO PACK	Tier 4	
ILET INFUSION-CONTACT DTCH 23" COMBO PACK	Tier 4	
ILET INSULIN PUMP	Tier 4	PA
ILET STARTER KIT CONTACT KIT	Tier 4	
ILET STARTER KIT-INSET KIT	Tier 4	
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	Tier 3	
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN	Tier 3	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	Tier 3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	Tier 3	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN	Tier 3	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	Tier 3	
MINIMED 630G INSULIN PUMP	Tier 4	PA
MINIMED 780G INSULIN PUMP	Tier 4	PA
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	Tier 3	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	Tier 3	QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 3	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	Tier 3	QL (1 EA per 365 days)

Drug	Status	Notes
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 3	QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	Tier 3	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 3	
PRECISION XTRA MONITOR (blood-glucose meter)	PREV	
T:SLIM X2 CONTROL-IQ	Tier 4	PA
TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK	Tier 4	
TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK	Tier 4	
TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK	Tier 4	
TANDEM MOBI AUTOSOFT30 14PK 23 COMBO PACK	Tier 4	
TANDEM MOBI AUTOSOFTXC 14PK 23 COMBO PACK	Tier 4	
TANDEM MOBI AUTOSOFTXC 14PK 5" COMBO PACK	Tier 4	
TANDEM MOBI SYSTEM	Tier 4	PA
TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK	Tier 4	
TANDEM T:SLIM ASFT 30 PK10 23" COMBO PACK	Tier 4	
TANDEM T:SLIM ASFT 30 PK14 23" COMBO PACK	Tier 4	
TANDEM T:SLIM ASFT XC PK10 23" COMBO PACK	Tier 4	
TANDEM T:SLIM ASFT XC PK14 23" COMBO PACK	Tier 4	
TANDEM T:SLIM TRUSTL PK10 23" COMBO PACK	Tier 4	
UNISTIK 2 EXTRA LANCET 21 GAUGE (lancets)	Tier 3	
UNISTIK 2 NORMAL LANCET 21 (lancets) GAUGE	Tier 3	
V-GO 20 DEVICE	Tier 3	
V-GO 30 DEVICE	Tier 3	
V-GO 40 DEVICE	Tier 3	
Diabetic Ulcer Preparations, Topical		
REGANEX TOPICAL GEL 0.01 %	Tier 3	
Disease Modifying Agents For Type 1 Diabetes		
TZIELD INTRAVENOUS SOLUTION 1 MG/ML	Tier 5	PA

Drug	Status	Notes
Durable Medical Equipment,Misc(Group 1)		
BLULINK BG SYSTEM REFILL KIT 32 GAUGE	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 day; QL (200 EA per 30 days)
Hyperglycemics		
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION	Tier 3	QL (4 EA per 1 FILL)
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	Tier 2	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG (glucagon hcl)	Tier 4	QL (4 EA per 1 FILL)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	Tier 3	QL (4 EA per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 3	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 3	QL (0.8 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 3	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 3	QL (0.8 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 3	QL (0.8 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 3	QL (0.8 ML per 1 FILL)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	Tier 3	QL (0.8 ML per 1 FILL)
PROGLYCEM ORAL SUSPENSION 50 MG/ML (diazoxide)	Tier 4	
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	Tier 3	QL (2.4 ML per 1 FILL)

Drug	Status	Notes
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	Tier 3	QL (2.4 ML per 1 FILL)
Insulins		
ADMELOG SOLOSTAR U-100 INSULIN (insulin lispro) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 4	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
ADMELOG U-100 INSULIN LISPRO (insulin lispro) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	Tier 4	PA
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 4	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)
BASAGLAR KWIKPEN U-100 INSULIN (insulin glargine) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 4	ST: Requires prior prescription for Semglee (ygfn), Toujeo, or Tresiba within the past 120 days; QL (30 ML per 28 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 4	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	Tier 4	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	Tier 4	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)
HUMALOG JUNIOR KWIKPEN U-100 (insulin lispro) SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	Tier 4	QL (30 ML per 28 days)

Drug	Status	Notes
HUMALOG KWIKPEN INSULIN (insulin lispro) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 4	QL (30 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 3	QL (12 ML per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	Tier 3	QL (30 ML per 28 days)
HUMALOG MIX 75-25 KWIKPEN (insulin lispro protamin- SUBCUTANEOUS INSULIN PEN 100 lispro) UNIT/ML (75-25)	Tier 4	QL (30 ML per 28 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	Tier 3	QL (40 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 3	QL (30 ML per 28 days)
HUMALOG U-100 INSULIN (insulin lispro) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4	QL (40 ML per 28 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 3	QL (40 ML per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 3	QL (30 ML per 28 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	QL (30 ML per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 3	QL (40 ML per 28 days)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	Tier 3	QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 3	QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	Tier 3	QL (24 ML per 28 days)
<i>insulin asp prt-insulin aspart</i> (Novolog Mix 70- <i>subcutaneous insulin pen 100 unit/ml</i> 30FlexPen U-100) <i>(70-30)</i>	Tier 4	ST: Requires prior prescription for Humalog Mix 75-25 within the past 120 days; QL (30 ML per 28 days)

Drug		Status	Notes
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	(Novolog Mix 70-30 U-100 Insulin)	Tier 4	ST: Requires prior prescription for Humalog Mix 75-25 within the past 120 days; QL (40 ML per 28 days)
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	(Novolog PenFill U-100 Insulin)	Tier 4	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Novolog FlexPen U-100 Insulin)	Tier 4	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	(Novolog U-100 Insulin aspart)	Tier 4	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	(Humalog Mix 75-25 KwikPen)	Tier 2	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>	(Admelog SoloStar U-100 Insulin)	Tier 2	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>	(Humalog Junior KwikPen U-100)	Tier 2	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	(Admelog U-100 Insulin lispro)	Tier 2	QL (40 ML per 28 days)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML		Tier 3	QL (30 ML per 28 days)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)		Tier 3	QL (12 ML per 28 days)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		Tier 3	QL (40 ML per 28 days)
MERILOG SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 4	ST: Requires prior prescription for Lyumjev within the past 120 days
MERILOG SUBCUTANEOUS SOLUTION 100 UNIT/ML		Tier 4	ST: Requires prior prescription for Lyumjev within the past 120 days
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		Tier 4	ST: Requires prior prescription for Humulin 70-30 within the past 120 days; QL (40 ML per 28 days)

Drug	Status	Notes
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 4	ST: Requires prior prescription for Humulin 70-30 within the past 120 days; QL (30 ML per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 4	ST: Requires prior prescription for Humulin N within the past 120 days; QL (30 ML per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 4	ST: Requires prior prescription for Humulin N within the past 120 days; QL (40 ML per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 4	ST: Requires prior prescription for Humulin R within the past 120 days; QL (30 ML per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	Tier 4	ST: Requires prior prescription for Humulin R within the past 120 days; QL (40 ML per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN (insulin aspart u-100) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 4	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
NOVOLOG MIX 70-30 U-100 INSULIN (insulin asp prt-insulin aspart) SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	Tier 4	ST: Requires prior prescription for Humalog Mix 75-25 within the past 120 days; QL (40 ML per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100 (insulin asp prt-insulin aspart) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 4	ST: Requires prior prescription for Humalog Mix 75-25 within the past 120 days; QL (30 ML per 28 days)
NOVOLOG PENFILL U-100 INSULIN (insulin aspart u-100) SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 4	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
NOVOLOG U-100 INSULIN ASPART (insulin aspart u-100) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) (insulin glargine-yfgn) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN (insulin glargine-yfgn) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	QL (30 ML per 28 days)

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

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

Drug	Status	Notes
FOSRENOL ORAL (lanthanum) TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG	Tier 4	
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 2	
<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 3	
RENVELA ORAL POWDER IN PACKET (sevelamer carbonate) 0.8 GRAM, 2.4 GRAM	Tier 4	
RENVELA ORAL TABLET 800 MG (sevelamer carbonate)	Tier 4	
<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 2	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	Tier 2	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 2	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 2	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	Tier 4	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	Tier 3	QL (6 EA per 1 day)
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM	Tier 4	PA
XPHOZAH ORAL TABLET 20 MG, 30 MG	Tier 4	ST: Requires prior prescriptions for Velporo and one of the following: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (2 EA per 1 day)
Polycystic Kidney Disease Agent, Avp Recep. Antag		
<i>tolvaptan (polycys kidney dis) oral tablet 30 mg</i> (Jynarque)	Tier 4	QL (60 EA per 365 days)
Potassium Replacement		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	Tier 4	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ (potassium bicarb-citric acid)	Tier 2	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (potassium chloride)	Tier 4	

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

Drug	Status	Notes
sodium chloride 0.9 % injection solution	Tier 2	
sodium chloride 0.9 % intravenous parenteral solution	Tier 2	
sodium chloride 0.9 % intravenous piggyback	Tier 2	
sodium chloride injection syringe 0.9 %	Tier 2	
Endocrine Disorder - Fertility		
Drugs To Treat Impotency		
avanafil oral tablet 100 mg, 200 mg, 50 mg (Stendra)	Tier 2	ST: Requires prior prescription for Viagra within the past 120 days; QL (1 EA per 5 days)
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	Tier 4	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG	Tier 4	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG	Tier 4	QL (1 EA per 5 days)
CIALIS ORAL TABLET 10 MG, 20 MG (tadalafil)	Tier 4	QL (1 EA per 5 days)
CIALIS ORAL TABLET 5 MG (tadalafil)	Tier 4	PA
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG	Tier 4	QL: 6 INJECTIONS IN 30 DAYS
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30 MG- 1 MG/ML (papav-phentolamine in water)	Tier 2	
sildenafil oral tablet 100 mg, 25 mg, 50 mg (Viagra)	Tier 2	QL (1 EA per 5 days)
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (avanafil)	Tier 4	ST: Requires prior prescription for Viagra within the past 120 days; QL (1 EA per 5 days)
tadalafil oral tablet 10 mg, 20 mg (Cialis)	Tier 2	QL (1 EA per 5 days)
tadalafil oral tablet 2.5 mg	Tier 2	PA
tadalafil oral tablet 5 mg (Cialis)	Tier 2	PA
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG- 50 MCG	Tier 4	
vardenafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 2	ST: Requires prior prescription for generic Viagra within the past 120 days; QL (1 EA per 5 days)
vardenafil oral tablet, disintegrating 10 mg	Tier 2	ST: Requires prior prescription for generic Viagra within the past 120 days; QL (1 EA per 5 days)
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG (sildenafil)	Tier 4	QL (1 EA per 5 days)

Drug	Status	Notes
Endocrine Disorder - Other		
Adrenal Steroid Inhibitors		
ISTURISA ORAL TABLET 1 MG, 5 MG	Tier 5	PA
RECORLEV ORAL TABLET 150 MG	Tier 5	PA
Adrenocorticotrophic Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML	Tier 5	PA
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	Tier 5	PA
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	Tier 5	PA
CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML, 80 UNIT/ML	Tier 5	PA
Antidiuretic And Vasopressor Hormones		
DDAVP INJECTION SOLUTION 4 MCG/ML (desmopressin)	Tier 4	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (desmopressin)	Tier 4	
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	Tier 2	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	Tier 2	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	Tier 2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	Tier 2	
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	Tier 4	QL (1 EA per 1 day)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	Tier 4	QL (1 EA per 1 day)
Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.		
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG	Tier 5	PA
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	Tier 4	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Tier 4	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Tier 4	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Tier 4	PA
<i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i> (Lutrate Depot (3 month))	Tier 4	PA
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Tier 4	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	Tier 5	PA

Drug	Status	Notes
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	Tier 5	PA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	Tier 5	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	Tier 5	PA
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	Tier 5	PA
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	Tier 5	PA
Bone Formation Agents - Sclerostin Inhibitor, Mono		
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)	Tier 5	PA
Bone Formation Stim. Agents - Parathyroid Hormone		
BONSITY SUBCUTANEOUS PEN (teriparatide) INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	Tier 4	PA
FORTEO SUBCUTANEOUS PEN (teriparatide) INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	Tier 5	PA
<i>teriparatide subcutaneous pen injector</i> (Bonsity) <i>20 mcg/dose (560mcg/2.24ml)</i>	Tier 4	PA
Bone Formation Stimulating Agts - Pth Rel Peptides		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	Tier 4	PA
Bone Resorption Inhibitor & Vitamin D Combinations		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	Tier 3	
Bone Resorption Inhibitors		
ACTONEL ORAL TABLET 150 MG (risedronate)	Tier 4	ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 30 days)

Drug	Status	Notes
ACTONEL ORAL TABLET 35 MG (risedronate)	Tier 4	ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)
<i>alendronate oral solution 70 mg/75 ml</i>	Tier 2	QL (75 ML per 7 days)
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg</i>	Tier 2	
<i>alendronate oral tablet 70 mg</i> (Fosamax)	Tier 2	
ATELVIA ORAL TABLET, DELAYED RELEASE (DR/EC) 35 MG (risedronate)	Tier 4	ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)
<i>calcitonin (salmon) injection solution 200 unit/ml</i> (Miacalcin)	Tier 2	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	Tier 2	
EVISTA ORAL TABLET 60 MG (raloxifene)	Tier 4	QL (1 EA per 1 day)
FOSAMAX ORAL TABLET 70 MG (alendronate)	Tier 4	
<i>ibandronate oral tablet 150 mg</i>	Tier 2	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (calcitonin (salmon))	Tier 4	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	Tier 5	PA
<i>raloxifene oral tablet 60 mg</i> (Evista)	PREV	QL (1 EA per 1 day)
<i>risedronate oral tablet 150 mg</i> (Actonel)	Tier 2	ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	Tier 2	ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 1 day)
<i>risedronate oral tablet 35 mg</i> (Actonel)	Tier 2	ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)

Drug	Status	Notes
<i>risedronate oral tablet, delayed release</i> (Atelvia) (<i>dr/ec</i>) 35 mg	Tier 2	ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	Tier 5	PA
Calcimimetic, Parathyroid Calcium Enhancer		
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	Tier 4	QL (2 EA per 1 day)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	Tier 4	QL (4 EA per 1 day)
PARSABIV INTRAVENOUS SOLUTION 5 MG/ML	Tier 5	PA
SENSIPAR ORAL TABLET 30 MG, 60 MG (cinacalcet)	Tier 5	QL (2 EA per 1 day)
SENSIPAR ORAL TABLET 90 MG (cinacalcet)	Tier 5	QL (4 EA per 1 day)
Growth Hormone Receptor Antagonists		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 4	
Growth Hormone Releasing Hormone (Ghrh) & Analogs		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	Tier 5	PA
Growth Hormones		
GENOTROPIN MINIQUEL 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
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	Tier 4	PA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	Tier 5	PA
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)	Tier 5	PA
NORDITROPIN FLEXPEN 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

Drug	Status	Notes
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	Tier 5	PA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 5	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	Tier 5	PA
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	Tier 5	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	Tier 5	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	Tier 4	PA
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 4	PA
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	Tier 5	PA
Hyperparathyroid Tx Agents - Vitamin D Analog-Type		
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 2	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	Tier 2	
<i>paricalcitol oral capsule 4 mcg</i>	Tier 2	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	Tier 3	QL (2 EA per 1 day)
ZEMPLAR ORAL CAPSULE 1 MCG, 2 (paricalcitol) MCG	Tier 4	
Insulin-Like Growth Factor-1 (Igf-1) Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 5	PA
Leptin Hormone Analogs		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Tier 5	QL (1 EA per 1 day)
Lhrh (Gnrh) Antagonist,Estrogen And Progestin Comb		
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Tier 3	PA

Drug	Status	Notes
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Tier 3	PA
Lhrh(Gnrh) Agonist Analog Pituitary Suppressants		
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	Tier 5	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	Tier 5	PA
SYNAREL NASAL SPRAY, NON- AEROSOL 2 MG/ML	Tier 5	PA
Lhrh(Gnrh) Antagonist, Pituitary Suppressant Agents		
ORILISSA ORAL TABLET 150 MG, 200 MG	Tier 3	PA
Lhrh(Gnrh) Agnst Pit. Sup-Central Precocious Puberty		
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	Tier 5	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	Tier 5	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	Tier 5	PA
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	Tier 5	PA
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	Tier 5	PA
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	Tier 5	PA
Menopausal Sympt Supp-Sel Estrogen Recep Modulator		
OSPHENA ORAL TABLET 60 MG	Tier 4	ST: Requires prior prescriptions Premarin cream and one of the following: Estradiol cream or vaginal tablet within the past 365 days; QL (1 EA per 1 day)
Natriuretic Peptides		
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	Tier 5	PA

Drug	Status	Notes
Parathyroid Hormones		
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML	Tier 5	PA
Pituitary Suppressive Agents		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 2	
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG	Tier 5	PA
CRENESSITY ORAL SOLUTION 50 MG/ML	Tier 5	PA
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 2	
Endocrine Disorder - Thyroid		
Antithyroid Preparations		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>propylthiouracil oral tablet 50 mg</i>	Tier 2	
Insulin-Like Growth Factor Receptor (Igf-R) Inhib		
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	Tier 5	PA
Iodine Containing Agents		
<i>potassium iodide oral solution 1 gram/ml</i> (SSKI)	Tier 2	
SSKI ORAL SOLUTION 1 GRAM/ML (potassium iodide)	Tier 2	
STRONG IODINE ORAL SOLUTION 5 %	Tier 2	
Thyroid Hormones		
ADTHYZA ORAL TABLET 120 MG, 15 MG, 60 MG (thyroid (pork))	Tier 4	ST: Requires prior prescription for NP Thyroid tablets within the past 120 days
ADTHYZA ORAL TABLET 30 MG, 90 MG (thyroid (pork))	Tier 4	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid (pork))	Tier 4	ST: Requires prior prescription for NP Thyroid tablets within the past 120 days
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG	Tier 4	ST: Requires prior prescription for NP Thyroid tablets within the past 120 days
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (liothyronine)	Tier 4	ST: Requires prior prescription for generic Liothyronine tablets within the past 120 days
ERMEZA ORAL SOLUTION 30 MCG/ML	Tier 2	PA

Drug	Status	Notes
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	Tier 2	QL (2 EA per 1 day)
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	Tier 4	ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days; QL (2 EA per 1 day)
<i>levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Tirosint)	Tier 2	PA
<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</i> (Euthyrox)	Tier 2	QL (2 EA per 1 day)
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	Tier 2	QL (2 EA per 1 day)
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	Tier 4	ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days; QL (2 EA per 1 day)
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	Tier 2	
NIVA THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid (pork))	Tier 4	ST: Requires prior prescription for NP Thyroid tablets within the past 120 days
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid (pork))	Tier 2	
RENTHYROID ORAL TABLET 120 MG, 15 MG (thyroid (pork))	Tier 4	ST: Requires prior prescription for NP Thyroid tablets within the past 120 days
RENTHYROID ORAL TABLET 30 MG, 90 MG (thyroid (pork))	Tier 4	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	Tier 4	ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days; QL (2 EA per 1 day)
THYQUIDITY ORAL SOLUTION 20 MCG/ML	Tier 4	ST: 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</i> (NP Thyroid)	Tier 2	

Drug	Status	Notes
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	Tier 4	PA
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG	Tier 4	PA
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	Tier 4	PA
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	Tier 4	ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days; QL (2 EA per 1 day)
Eye - General Disorders		
Eye Antibiotic, Glucocorticoid And Nsaid Comb.		
<i>prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Tier 2	
<i>prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %</i>	Tier 2	
<i>prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>	Tier 2	
<i>prednisolon-moxiflox-ketorolac ophthalmic (eye) drops 1-0.5-0.5 %</i>	Tier 2	
Eye Antibiotic-Corticoid Combinations		
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 % (neomycin-polymyxin b-dexameth)	Tier 4	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	Tier 2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	Tier 2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)	Tier 2	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 2	

Drug	Status	Notes
NEO-POLYCIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1% (neomycin-bacitracin-poly-hc)	Tier 2	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %	Tier 4	
<i>prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %</i>	Tier 2	
<i>prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %</i>	Tier 2	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	Tier 3	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	Tier 4	ST: Requires prior prescription for generic ophthalmic Tobramycin/Dexamethasone drops within the past 120 days
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	Tier 2	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	Tier 4	
Eye Antihistamines		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Tier 2	QL (12 ML per 30 days)
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i> (Bepreve)	Tier 2	ST: Requires prior prescription for a generic ophthalmic antihistamine (Azelastine, Epinastine, or Olopatadine) within the past 120 days; QL (10 ML per 30 days)
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 % (bepotastine besilate)	Tier 4	ST: Requires prior prescription for a generic ophthalmic antihistamine (Azelastine, Epinastine, or Olopatadine) within the past 120 days; QL (10 ML per 30 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	Tier 2	QL (10 ML per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf)	Tier 2	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Advanced Eye Relief (olopatad))	Tier 2	QL (3 ML per 30 days)
Eye Antiinflammatory Agents		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 % (ketorolac)	Tier 4	

Drug	Status	Notes
ACULAR OPHTHALMIC (EYE) DROPS (ketorolac) 0.5 %	Tier 4	QL (20 ML per 30 days)
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	Tier 4	ST: Requires prior prescriptions for Ilevro 0.3% and one of the following: Diclofenac 0.1% or Ketorolac 0.5% within the past 365 days; QL (60 EA per 15 days)
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 % (loteprednol etabonate)	Tier 4	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days)
<i>bromfenac ophthalmic (eye) drops 0.07 %</i> (Prolensa)	Tier 2	ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (3 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.075 %</i> (BromSite)	Tier 2	ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (5 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	Tier 2	ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (3.4 ML per 16 days)
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 % (bromfenac)	Tier 4	ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (5 ML per 16 days)
<i>clobetasol ophthalmic (eye) drops,suspension 0.05 %</i>	Tier 2	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (3.5 ML per 14 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 2	QL (15 ML per 14 days)

Drug	Status	Notes
DEXTENZA INTRACANALICULAR INSERT 0.4 MG	Tier 4	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 2	QL (10 ML per 14 days)
<i>difluprednate ophthalmic (eye) drops 0.05 %</i> (Durezol)	Tier 2	QL (10 ML per 14 days)
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 % (difluprednate)	Tier 4	QL (10 ML per 14 days)
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 4	PA
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 4	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (15 ML per 14 days)
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	Tier 2	QL (10 ML per 14 days)
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Tier 2	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 4	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days)
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (fluorometholone)	Tier 4	QL (10 ML per 14 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	Tier 3	QL (3.4 ML per 16 days)
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Tier 4	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (5.6 ML per 14 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	Tier 2	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	Tier 2	QL (20 ML per 30 days)
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 % (loteprednol etabonate)	Tier 4	QL (10 GM per 14 days)
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 % (loteprednol etabonate)	Tier 4	QL (20 ML per 14 days)

Drug	Status	Notes
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	Tier 3	QL (7 GM per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	Tier 3	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye)</i> (Lotemax) <i>drops,gel 0.5 %</i>	Tier 2	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye)</i> (Alrex) <i>drops,suspension 0.2 %</i>	Tier 2	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days)
<i>loteprednol etabonate ophthalmic (eye)</i> <i>drops,suspension 0.5 %</i>	Tier 2	QL (20 ML per 14 days)
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 4	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (25 ML per 14 days)
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 4	ST: Requires prior prescriptions for Ilevro 0.3% and one of the following: Diclofenac 0.1% or Ketorolac 0.5% within the past 365 days; QL (9 ML per 16 days)
PRED FORTE OPHTHALMIC (EYE) (prednisolone acetate) DROPS,SUSPENSION 1 %	Tier 4	QL (20 ML per 14 days)
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	Tier 4	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (20 ML per 14 days)
<i>prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %</i>	Tier 2	QL (20 ML per 14 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	Tier 2	QL (20 ML per 14 days)
<i>prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %</i>	Tier 2	

Drug	Status	Notes
<i>prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %</i>	Tier 2	
<i>prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %</i>	Tier 2	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 2	QL (20 ML per 14 days)
PROLENSA OPTHALMIC (EYE) (bromfenac) DROPS 0.07 %	Tier 4	ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (3 ML per 16 days)
Eye Antivirals		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 2	
ZIRGAN OPTHALMIC (EYE) GEL 0.15 %	Tier 4	ST: Requires prior prescription for oral Acyclovir, Famciclovir, or Valacyclovir within the past 120 days
Eye Local Anesthetics		
AKTEN (PF) OPTHALMIC (EYE) GEL 3.5 %	Tier 4	
ALCAINE OPTHALMIC (EYE) DROPS (proparacaine) 0.5 %	Tier 2	
ALTACAIN OPTHALMIC (EYE) (tetracaine hcl) DROPS 0.5 %	Tier 2	
ALTAFLUOR BENOX OPTHALMIC (EYE) DROPS 0.25-0.4 % (fluorescein-benoxinate)	Tier 2	
<i>fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %</i>	Tier 2	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	Tier 2	
IHEEZO (PF) OPTHALMIC (EYE) DROPPERETTE,GEL 3 %	Tier 4	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i> (Alcaine)	Tier 2	
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	Tier 2	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i> (Altacaine)	Tier 2	
Eye Sulfonamides		
BLEPHAMIDE S.O.P. OPTHALMIC (EYE) OINTMENT 10-0.2 %	Tier 3	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	Tier 2	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	Tier 2	

Drug	Status	Notes
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	Tier 2	
Eye Vasoconstrictors (Rx Only)		
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %	Tier 2	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 4	PA
Nicotinic Recept.Partial Agonist, Alpha4beta2 Spec		
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	Tier 3	PA
Ophthalmic (Eye) Antiparasitics		
XDEMY OPHTHALMIC (EYE) DROPS 0.25 %	Tier 5	PA
Ophthalmic Antibiotics		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	Tier 4	
bacitracin ophthalmic (eye) ointment 500 unit/gram	Tier 2	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram (Polycin)	Tier 2	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	Tier 3	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 3	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	Tier 2	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	Tier 2	
gatifloxacin ophthalmic (eye) drops 0.5 %	Tier 2	
gentamicin ophthalmic (eye) drops 0.3 %	Tier 2	
levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %	Tier 2	
moxifloxacin ophthalmic (eye) drops 0.5 % (Vigamox)	Tier 2	
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	Tier 2	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g (Neo-Polycin)	Tier 2	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	Tier 2	
NEO-POLYICIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G (neomycin-bacitracin-polymyxin)	Tier 2	

Drug	Status	Notes
OCUFLOX OPHTHALMIC (EYE) (ofloxacin) DROPS 0.3 %	Tier 4	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	Tier 2	
POLYCIN OPHTHALMIC (EYE) (bacitracin-polymyxin b) OINTMENT 500-10,000 UNIT/GRAM	Tier 2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	Tier 2	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	Tier 2	
<i>tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %</i>	Tier 2	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 3	
VIGAMOX OPHTHALMIC (EYE) (moxifloxacin) DROPS 0.5 %	Tier 4	
Ophthalmic Antifungal Agents		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	Tier 4	
Ophthalmic Anti-Inflammatory Immunomodulator-Type		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	Tier 4	ST: At least 2 prior prescriptions for Miebo, Cyclosporine/Restasis, Tyrvaya, or Xiidra within the past 365 days; QL (60 EA per 30 days)
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 %	Tier 2	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i> (Restasis)	Tier 2	QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Tier 3	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) (cyclosporine) DROPPERETTE 0.05 %	Tier 2	QL (60 EA per 30 days)
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 5	PA
VEVYE OPHTHALMIC (EYE) DROPS 0.1 %	Tier 4	PA
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	Tier 3	QL (60 EA per 30 days)
Ophthalmic Human Nerve Growth Factor (Hngf)		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	Tier 5	PA

Drug	Status	Notes
Ophthalmic Mast Cell Stabilizers		
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	Tier 3	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 2	QL (50 ML per 30 days)
Eye - Glaucoma		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 2	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 2	
Miotics/Other Intraoc. Pressure Reducers		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %, 0.15 % (brimonidine)	Tier 4	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	Tier 2	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (brinzolamide)	Tier 4	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	Tier 2	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %	Tier 4	
BETIMOL OPHTHALMIC (EYE) DROPS 0.5 % (timolol)	Tier 4	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 4	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	Tier 2	QL (1 ML per 12 days)
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i> (Alphagan P)	Tier 2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	Tier 2	
<i>brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %</i>	Tier 2	
<i>brimonidine-dorzolamide ophthalmic (eye) drops 0.1-2 %</i>	Tier 2	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> (Combigan)	Tier 2	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i> (Azopt)	Tier 2	
<i>carteolol ophthalmic (eye) drops 1 %</i>	Tier 2	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 % (brimonidine-timolol)	Tier 4	

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

Drug	Status	Notes
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	Tier 4	ST: Requires prior prescriptions for Latanoprost and one of the following: Alphagan P 0.1%, Azopt, Brimonidine 0.2%, Combigan, Lumigan 0.01%, Simbrinza, or Travatan Z within the past 365 days; QL (2.5 ML per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	Tier 3	
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i> (Zioptan (PF))	Tier 2	QL (1 EA per 1 day)
<i>timol-brimon-dorzol-bimato(pf) ophthalmic (eye) drops 0.5 %-0.15 %- 2 %-0.01 %</i>	Tier 2	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i> (Timoptic Ocudose (PF))	Tier 2	QL (2 EA per 1 day)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	Tier 2	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i> (Istalol)	Tier 2	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	Tier 2	
<i>timolol ophthalmic (eye) drops 0.5 %</i> (Betimol)	Tier 2	
<i>timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %</i>	Tier 2	
<i>timolol-dorzolam-bimatopro(pf) ophthalmic (eye) drops 0.5-2-0.01 %</i>	Tier 2	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 % (timolol maleate (pf))	Tier 4	QL (2 EA per 1 day)
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 % (travoprost)	Tier 4	QL (2.5 ML per 25 days)
<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 % (pilocarpine hcl)	Tier 4	PA
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Tier 4	ST: Requires prior prescriptions for a generic prostaglandin analog and Lumigan within the past 365 days; QL (2.5 ML per 30 days)
XALATAN OPHTHALMIC (EYE) DROPS 0.005 % (latanoprost)	Tier 4	

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

Drug	Status	Notes
Eye - Miscellaneous		
Agents For Corneal Collagen Cross-Linking		
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %	Tier 5	
Artificial Tears		
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 %	Tier 4	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	Tier 3	
Eye Mydriatic And Nsaid Combinations		
MYDRIATIC4(TROP-PROP-PE-KTRLC) (tropic-proparacai-pe- OPHTHALMIC (EYE) DROPS 1-0.5-2.5- ketor-wat) 0.5 %	Tier 2	
Eye Preparations, Miscellaneous (Otc)		
GELFILM OPHTHALMIC (EYE) FILM	Tier 4	
Ocular Photoactivated Vessel-Occluding Agents		
VISUDYNE INTRAVENOUS RECON SOLN 15 MG	Tier 5	
Ophth. Vegf-A Receptor Antag. Rcmb Mc Antibody		
SUSVIMO (INITIAL FILL) INTRAVITREAL SOLUTION 10 MG/0.1 ML	Tier 5	PA
SUSVIMO INTRAVITREAL SOLUTION 10 MG/0.1 ML	Tier 5	PA
Ophthalmic Cystine Depleting Agents		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	Tier 4	PA
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	Tier 4	PA
Fluid Replacement		
Nucleic Acid/Nucleotide Supplements		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	Tier 4	PA
Gout And Related Diseases		
Colchicine		
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	Tier 2	QL (2 EA per 1 day)
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	Tier 2	QL (4 EA per 1 day)
COLCRYS ORAL TABLET 0.6 MG (colchicine)	Tier 4	QL (4 EA per 1 day)

Drug	Status	Notes
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	Tier 4	ST: Requires prior prescription for Colchicine capsules or tablets within the past 120 days; QL (10 ML per 1 day)
MITIGARE ORAL CAPSULE 0.6 MG (colchicine)	Tier 4	QL (2 EA per 1 day)
Hyperuricemia Tx - Purine Inhibitors		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	Tier 2	
<i>allopurinol oral tablet 300 mg</i>	Tier 2	
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	Tier 2	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (30 EA per 30 days)
ULORIC ORAL TABLET 40 MG, 80 MG (febuxostat)	Tier 4	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (30 EA per 30 days)
ZYLOPRIM ORAL TABLET 100 MG (allopurinol)	Tier 4	
Hyperuricemia Tx - Urate-Oxidase Enzyme-Type		
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	Tier 5	PA
Uricosuric Agents		
<i>probenecid oral tablet 500 mg</i>	Tier 2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Tier 2	
Hematological Disorders		
Agents To Tx Thrombotic Thrombocytopenic Purpura		
ADZYNMA INTRAVENOUS KIT 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	PA
CABLIVI INJECTION KIT 11 MG	Tier 5	PA
Anticoagulant Reversal Agent For Factor Xa Inhib.		
ANDEXXA INTRAVENOUS RECON SOLN 200 MG	Tier 5	
Anticoagulant Reversal Agents		
PRAXBIND INTRAVENOUS SOLUTION 2.5 GRAM/50 ML	Tier 5	
Anticoagulants, Coumarin Type		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG (warfarin)	Tier 2	
<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> (Jantoven)	Tier 2	

Drug	Status	Notes
Antifibrinolytic Agents		
AMICAR ORAL SOLUTION 250 MG/ML (aminocaproic acid) (25 %)	Tier 4	
AMICAR ORAL TABLET 1,000 MG, 500 MG (aminocaproic acid)	Tier 4	
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i> (Amicar)	Tier 2	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i> (Amicar)	Tier 2	
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG- 1,300 MG)	Tier 5	
<i>tranexamic acid oral tablet 650 mg</i>	Tier 2	
Antihemophilic Factors		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	Tier 4	
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 4	
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	Tier 4	
ALTUVIIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	Tier 4	
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	

Drug	Status	Notes
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	Tier 4	
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	Tier 4	
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	Tier 4	
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	Tier 4	
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	Tier 4	
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	Tier 4	
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)	Tier 4	
NUWIQ INTRAVENOUS RECON SOLN 1,500 UNIT, 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 4	
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	Tier 4	
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	

Drug	Status	Notes
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG)	Tier 4	
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	Tier 4	
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
Antiporphyria Factors		
PANHEMATIN INTRAVENOUS RECON SOLN 350 MG	Tier 5	
Blood Factors,Miscellaneous		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	Tier 5	
Citrates As Anticoagulants		
<i>anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml</i>	Tier 2	
<i>sodium citrate in 0.9 % nacl solution 0.5 %</i>	Tier 2	
<i>sodium citrate intra-catheter solution 4 %</i>	Tier 2	
<i>sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)</i>	Tier 2	
<i>sodium citrate solution 4 gram /100 ml (4 %)</i>	Tier 2	
Complement (C3) Inhibitors		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	Tier 5	PA
Direct Factor Xa Inhibitors		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	Tier 3	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	Tier 3	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	Tier 3	QL (74 EA per 30 days)
<i>rivaroxaban oral tablet 2.5 mg</i> (Xarelto)	Tier 2	QL (2 EA per 1 day)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	Tier 4	ST: Requires prior prescriptions for Eliquis and Xarelto within the past 365 days; QL (30 EA per 30 days)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	Tier 3	QL (51 EA per 30 days)

Drug	Status	Notes
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML (rivaroxaban)	Tier 3	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG	Tier 3	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG	Tier 3	QL (2 EA per 1 day)
XARELTO ORAL TABLET 2.5 MG (rivaroxaban)	Tier 3	QL (2 EA per 1 day)
Drugs To Treat Acute Hepatic Porphyrria (Ahp)		
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	Tier 5	PA
Erythroid Maturation Agents		
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG	Tier 5	PA
Factor Ix Complex (Pcc) Preparations		
BALFAXAR INTRAVENOUS RECON SOLN 1,000 UNIT, 500 UNIT	Tier 4	
KCENTRA INTRAVENOUS RECON SOLN 1,000 UNIT (800-1240 UNIT), 500 UNIT (400-620 UNIT)	Tier 4	
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
Factor Ix Preparations		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 4	
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 4	
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 3,000 UNIT, 500 UNIT	Tier 4	
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 4	

Drug	Status	Notes
Factor X Preparations		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 5	
Factor XIII Preparations		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	Tier 5	
TRETEN INTRAVENOUS RECON SOLN 2,500 UNIT	Tier 5	
Hematinics, Other		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 5	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	Tier 5	PA
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	Tier 5	PA
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	Tier 5	PA
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 5	PA
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
Hemophilia Treatment Agents, Non-Factor Replacement		
ALHEMO PEN SUBCUTANEOUS PEN INJECTOR 150 MG/1.5 ML (100 MG/ML), 300 MG/3 ML (100 MG/ML), 60 MG/1.5 ML (40 MG/ML)	Tier 4	PA
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 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

Drug	Status	Notes
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 4	PA
QFITLIA PEN SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	Tier 4	PA
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2 ML	Tier 4	PA
Hemorrhologic Agents		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 2	
Heparin And Related Preparations		
ARIXTRA SUBCUTANEOUS SYRINGE (fondaparinux) 10 MG/0.8 ML	Tier 5	FL: 30 DAYS' SUPPLY PER FILL; QL (24 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE (fondaparinux) 2.5 MG/0.5 ML	Tier 5	FL: 30 DAYS' SUPPLY PER FILL; QL (15 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE (fondaparinux) 5 MG/0.4 ML	Tier 5	FL: 30 DAYS' SUPPLY PER FILL; QL (12 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE (fondaparinux) 7.5 MG/0.6 ML	Tier 5	FL: 30 DAYS' SUPPLY PER FILL; QL (18 ML per 30 days)
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	Tier 4	FL: 30 DAYS' SUPPLY PER FILL; QL (30 ML per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> (Lovenox)	Tier 4	FL: 30 DAYS' SUPPLY PER FILL
ENOXILUV SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	Tier 5	FL: 30 DAYS' SUPPLY PER FILL
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	Tier 4	FL: 30 DAYS' SUPPLY PER FILL; QL (24 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	Tier 4	FL: 30 DAYS' SUPPLY PER FILL; QL (15 ML per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	Tier 4	FL: 30 DAYS' SUPPLY PER FILL; QL (12 ML per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	Tier 4	FL: 30 DAYS' SUPPLY PER FILL; QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML	Tier 4	FL: 30 DAYS' SUPPLY PER FILL; QL (8 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	Tier 4	FL: 30 DAYS' SUPPLY PER FILL; QL (7.6 ML per 30 days)

Drug	Status	Notes
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	Tier 4	FL: 30 DAYS' SUPPLY PER FILL; QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	Tier 4	FL: 30 DAYS' SUPPLY PER FILL; QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	Tier 4	FL: 30 DAYS' SUPPLY PER FILL; QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	Tier 4	FL: 30 DAYS' SUPPLY PER FILL; 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	FL: 30 DAYS' SUPPLY PER FILL; QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	Tier 4	FL: 30 DAYS' SUPPLY PER FILL; QL (18 ML per 30 days)
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML	Tier 2	
<i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)</i>	Tier 2	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	Tier 2	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	Tier 2	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	Tier 2	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Tier 2	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	Tier 2	
HEPARIN LOCKFLUSH(PORCINE)(PF) (heparin, porcine (pf)) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML	Tier 2	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	Tier 2	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i>	Tier 2	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	Tier 2	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>	Tier 2	

Drug	Status	Notes
<i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i> (Heparin LockFlush(Porcine)(PF))	Tier 2	
<i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>	Tier 2	
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML (enoxaparin)	Tier 5	FL: 30 DAYS' SUPPLY PER FILL; QL (30 ML per 30 days)
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML (enoxaparin)	Tier 5	FL: 30 DAYS' SUPPLY PER FILL
Human Monoclonal Antibody Complement(C5) Inhibitor		
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML	Tier 5	PA
EPYSQLI INTRAVENOUS SOLUTION 300 MG/30 ML	Tier 5	PA
FABHALTA ORAL CAPSULE 200 MG	Tier 4	PA
PIASKY INJECTION SOLUTION 340 MG/2 ML	Tier 5	PA
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML	Tier 5	PA
TAVNEOS ORAL CAPSULE 10 MG	Tier 5	PA
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	Tier 5	PA
VEOPOZ INJECTION SOLUTION 200 MG/ML	Tier 5	PA
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)	Tier 5	PA
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML	Tier 5	PA
Hypoxia Inducible Factor Prolyl Hydroxylase Inh.		
VAFSEO ORAL TABLET 150 MG, 300 MG	Tier 4	PA
Leukocyte (Wbc) Stimulants		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 5	PA
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5	PA
LEUKINE INJECTION RECON SOLN 250 MCG	Tier 5	PA

Drug	Status	Notes
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	Tier 5	PA
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 5	PA
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 4	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 4	PA
NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5	PA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5	PA
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	Tier 5	PA
RYZNEUTA SUBCUTANEOUS SYRINGE 20 MG/ML	Tier 5	PA
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	Tier 5	PA
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	Tier 5	PA
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5	PA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA
Plasma Proteins		
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG	Tier 5	PA
Platelet Aggregation Inhibitors		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	PREV	
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	PREV	

Drug	Status	Notes
AGGRASTAT CONCENTRATE INTRAVENOUS CONCENTRATE 250 MCG/ML	Tier 5	
AGGRASTAT IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 12.5 MG/250 ML (50 MCG/ML), 5 MG/100 ML (50 MCG/ML)	(tirofiban-0.9% sodium chloride) Tier 5	
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG	(aspirin) PREV	
<i>aspirin oral tablet,chewable 81 mg</i>	(Aspirin Childrens) PREV	
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	(Adult Aspirin Regimen) PREV	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 2	
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	(aspirin) PREV	
BRILINTA ORAL TABLET 60 MG, 90 MG	(ticagrelor) Tier 3	QL (2 EA per 1 day)
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG	(aspirin) PREV	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 2	
<i>clopidogrel oral tablet 300 mg</i>	Tier 2	QL (4 EA per 30 days)
<i>clopidogrel oral tablet 75 mg</i>	(Plavix) Tier 2	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 2	
EFFIENT ORAL TABLET 10 MG, 5 MG	(prasugrel hcl) Tier 4	QL (1 EA per 1 day)
<i>eptifibatide intravenous solution 0.75 mg/ml, 2 mg/ml</i>	Tier 4	
PLAVIX ORAL TABLET 75 MG	(clopidogrel) Tier 4	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	(Effient) Tier 2	QL (1 EA per 1 day)
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG	(aspirin) PREV	
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	(aspirin) PREV	
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	(Brilinta) Tier 2	QL (2 EA per 1 day)
<i>tirofiban-0.9% sodium chloride intravenous solution 12.5 mg/250 ml (50 mcg/ml), 5 mg/100 ml (50 mcg/ml)</i>	(Aggrastat in sodium chloride) Tier 4	
ZONTIVITY ORAL TABLET 2.08 MG	Tier 4	QL (1 EA per 1 day)
Platelet Reducing Agents		
AGRYLIN ORAL CAPSULE 0.5 MG	(anagrelide) Tier 4	
<i>anagrelide oral capsule 0.5 mg</i>	(Agrylin) Tier 2	
<i>anagrelide oral capsule 1 mg</i>	Tier 2	

Drug	Status	Notes
Protein C Preparations		
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT	Tier 5	
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT	Tier 5	
Pyruvate Kinase Activators		
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	Tier 5	PA
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	Tier 5	PA
Sickle Cell Anemia Agents		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	Tier 5	PA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 4	
ENDARI ORAL POWDER IN PACKET 5 (glutamine (sickle cell)) GRAM	Tier 5	PA
<i>glutamine (sickle cell) oral powder in packet 5 gram</i> (Endari)	Tier 4	PA
SIKLOS ORAL TABLET 1,000 MG	Tier 4	ST: Requires prior prescriptions for generic Hydroxyurea and Droxia within the past 365 days
SIKLOS ORAL TABLET 100 MG	Tier 4	QL (2 EA per 1 day)
XROMI ORAL SOLUTION 100 MG/ML	Tier 4	PA
Spleen Tyrosine Kinase Inhibitors		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 4	PA
Thrombin Inhibitors,Sel.,Direct,&Rev.- Hirudin Type		
<i>bivalirudin intravenous recon soln 250 mg</i>	Tier 4	
<i>bivalirudin intravenous solution 250 mg/50 ml (5 mg/ml)</i>	Tier 4	
Thrombin Inhibitors,Selective,Direct, & Reversible		
<i>argatroban in 0.9 % sod chlor intravenous solution 1 mg/ml</i>	Tier 5	
<i>argatroban intravenous solution 100 mg/ml</i>	Tier 5	
<i>dabigatran etexilate oral capsule 110 (Pradaxa) mg, 150 mg, 75 mg</i>	Tier 2	QL (2 EA per 1 day)

Drug	Status	Notes
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (dabigatran etexilate)	Tier 4	ST: Requires prior prescriptions for Eliquis and Xarelto within the past 365 days; QL (2 EA per 1 day)
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	Tier 4	PA
Thrombopoietin Receptor Agonists		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	Tier 5	PA
DOPTelet (10 TAB PACK) ORAL TABLET 20 MG	Tier 4	PA
DOPTelet (15 TAB PACK) ORAL TABLET 20 MG	Tier 4	PA
DOPTelet (30 TAB PACK) ORAL TABLET 20 MG	Tier 4	PA
MULPLETA ORAL TABLET 3 MG	Tier 5	PA
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG	Tier 5	PA
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG (eltrombopag olamine)	Tier 4	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (eltrombopag olamine)	Tier 4	PA
Topical Hemostatics		
ASTRINGYN TOPICAL SOLUTION 259 MG/G	Tier 4	
AVITENE FLOUR TOPICAL POWDER	Tier 4	
AVITENE TOPICAL POWDER IN PACKET	Tier 4	
AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM	Tier 4	
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM	Tier 4	
EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2)	Tier 4	
GELFOAM COMPRESSED SIZE 100 TOPICAL SPONGE 100 CM	Tier 4	
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT	Tier 4	
GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT	Tier 4	
GELFOAM MUCOUS MEMBRANE POWDER	Tier 4	
GELFOAM SPONGE SIZE 100 TOPICAL SPONGE 100	Tier 4	

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

Drug	Status	Notes
Hormonal Deficiency		
Androgen/Estrogen Preps For Female Sexual Dysfunc		
INTRAROSA VAGINAL INSERT 6.5 MG	Tier 4	ST: Requires prior prescriptions Premarin cream and one of the following: Estradiol cream or vaginal tablet within the past 365 days; QL (1 EA per 1 day)
Androgenic Agents		
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %) (testosterone)	Tier 4	PA
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM), 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM) (testosterone)	Tier 4	PA
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML (testosterone cypionate)	Tier 4	PA
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	Tier 4	PA
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	Tier 4	PA
METHITEST ORAL TABLET 10 MG (methyltestosterone)	Tier 4	PA
<i>methyltestosterone oral capsule 10 mg</i>	Tier 2	PA
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	Tier 4	PA
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %) (testosterone)	Tier 4	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	Tier 2	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Tier 2	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

Drug	Status	Notes
<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 4	PA
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %) (testosterone)	Tier 4	PA
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %) (testosterone)	Tier 4	PA
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM) (testosterone)	Tier 4	PA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	Tier 4	PA
Estrogen & Progestin With Antimineralocorticoid Cb		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 4	
Estrogen & Selective Estrogen Recept Mod(Serm)Comb		
DUAVEE ORAL TABLET 0.45-20 MG	Tier 3	
Estrogen And Progestin Combinations		
BIJUVA ORAL CAPSULE 0.5-100 MG	Tier 3	QL (1 EA per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG	Tier 3	QL (30 EA per 30 days)
Estrogen/Androgen Combinations		
COVARYX H.S. ORAL TABLET 0.625-1.25 MG (estrogens-methyltestosterone)	Tier 2	
COVARYX ORAL TABLET 1.25-2.5 MG (estrogens-methyltestosterone)	Tier 2	
EEMT HS ORAL TABLET 0.625-1.25 MG (estrogens-methyltestosterone)	Tier 2	
EEMT ORAL TABLET 1.25-2.5 MG (estrogens-methyltestosterone)	Tier 2	
ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG (estrogens-methyltestosterone)	Tier 2	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg</i> (Covaryx H.S.)	Tier 2	
<i>estrogens-methyltestosterone oral tablet 1.25-2.5 mg</i> (Covaryx)	Tier 2	
Estrogenic Agents		
ACTIVELLA ORAL TABLET 1-0.5 MG (estradiol-norethindrone acet)	Tier 4	

Drug	Status	Notes
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	Tier 4	ST: Requires prior prescription for Combipatch within the past 120 days; QL (1 EA per 7 days)
CLIMARA TRANSDERMAL PATCH (estradiol) WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 4	QL (1 EA per 7 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	Tier 3	QL (2 EA per 7 days)
DELESTROGEN INTRAMUSCULAR (estradiol valerate) OIL 20 MG/ML, 40 MG/ML	Tier 4	
DEPO-ESTRADIOL INTRAMUSCULAR (estradiol cypionate) OIL 5 MG/ML	Tier 4	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%) (estradiol)	Tier 4	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (30 EA per 30 days)
DIVIGEL TRANSDERMAL GEL IN PACKET 1 MG/GRAM (0.1 %) (estradiol)	Tier 4	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (30 GM per 30 days)
DIVIGEL TRANSDERMAL GEL IN PACKET 1.25 MG/1.25 GRAM (0.1 %) (estradiol)	Tier 4	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (37.5 GM per 30 days)
DOTTI TRANSDERMAL PATCH (estradiol) 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	Tier 2	QL (2 EA per 7 days)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	Tier 4	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (52 GM per 30 days)
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG (estradiol)	Tier 4	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	Tier 2	

Drug	Status	Notes
estradiol transdermal gel in metered-dose pump 1.25 gram/actuation (EstroGel)	Tier 2	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days
estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%) (Divigel)	Tier 2	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (30 EA per 30 days)
estradiol transdermal gel in packet 1 mg/gram (0.1 %) (Divigel)	Tier 2	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (30 GM per 30 days)
estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %) (Divigel)	Tier 2	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (37.5 GM per 30 days)
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr (Dotti)	Tier 2	QL (2 EA per 7 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr (Climara)	Tier 2	QL (1 EA per 7 days)
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml (Delestrogen)	Tier 2	
estradiol valerate intramuscular oil 40 mg/ml	Tier 2	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg (Abigale Lo)	Tier 2	
estradiol-norethindrone acet oral tablet 1-0.5 mg (Mimvey)	Tier 2	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION (estradiol)	Tier 4	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	Tier 4	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (16.2 ML per 30 days)

Drug		Status	Notes
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	(norethindrone ac-eth estradiol)	Tier 2	
JINTELI ORAL TABLET 1-5 MG-MCG	(norethindrone ac-eth estradiol)	Tier 2	
LYLLANA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	(estradiol)	Tier 2	QL (2 EA per 7 days)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG		Tier 4	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR		Tier 4	QL (1 EA per 7 days)
MIMVEY ORAL TABLET 1-0.5 MG	(estradiol-norethindrone acet)	Tier 2	
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	(estradiol)	Tier 4	QL (2 EA per 7 days)
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	(Fyavolv)	Tier 2	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG		Tier 3	
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG	(conjugated estrogens)	Tier 3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)		Tier 3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		Tier 3	
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	(estradiol)	Tier 4	QL (2 EA per 7 days)
Menopausal Symptoms Suppressant - Ssris			
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>		Tier 2	ST: Requires prior prescription for Paroxetine HCL or Venlafaxine within the past 120 days; QL (1 EA per 1 day)
Menopausal Symptoms Suppressant-Nk3 Receptor Antag			
VEOZAH ORAL TABLET 45 MG		Tier 4	
Progestational Agents			
CRINONE VAGINAL GEL 4 %		Tier 3	
GALLIFREY ORAL TABLET 5 MG	(norethindrone acetate)	Tier 2	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	(Provera)	Tier 2	
<i>norethindrone acetate oral tablet 5 mg</i>	(Gallifrey)	Tier 2	

Drug	Status	Notes
<i>progesterone intramuscular oil 50 mg/ml</i>	Tier 2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	Tier 2	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (progesterone micronized)	Tier 4	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (medroxyprogesterone)	Tier 4	
Immunization		
Antisera		
ALYGLO INTRAVENOUS SOLUTION 10 %	Tier 5	PA
ASCENIV INTRAVENOUS SOLUTION 10 %	Tier 5	PA
BIVIGAM INTRAVENOUS SOLUTION 10 %	Tier 5	PA
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	Tier 5	PA
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	Tier 5	PA
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	Tier 5	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	Tier 5	PA
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	Tier 5	PA
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	Tier 4	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	Tier 4	PA
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 5	PA
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	Tier 4	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 %	Tier 4	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 5	PA

Drug	Status	Notes
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 5	PA
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 5	PA
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	Tier 5	PA
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	Tier 4	PA
PANZYGA INTRAVENOUS SOLUTION 10 %	Tier 4	PA
PRIVIGEN INTRAVENOUS SOLUTION 10 %	Tier 4	PA
WINRHO SDF INJECTION SOLUTION 1,500 UNIT (300 MCG)/1.3 ML, 15000 UNIT(3000 MCG)/13 ML, 2,500 UNIT (500 MCG)/2.2 ML, 5,000 UNIT(1000 MCG)/4.4 ML	Tier 5	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 5	PA
Covid-19 Vaccines		
COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	PREV	
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	PREV	
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	PREV	
PFIZER COVID 2024-25(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	PREV	
PFIZER COVID 2024-25(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML	PREV	
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	PREV	

Drug	Status	Notes
Enteric Virus Vaccines		
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	PREV	
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	PREV	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	PREV	
Gram (-) Bacilli (Non-Enteric) Vaccines		
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	Tier 4	
Gram Negative Cocci Vaccines		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	PREV	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	PREV	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	PREV	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	PREV	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	PREV	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	PREV	
Gram Positive Cocci Vaccines		
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML	PREV	
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	PREV	
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	PREV	
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	PREV	
Influenza Virus Vaccines		
AFLURIA TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	PREV	
AFLURIA TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	PREV	
FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	PREV	
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	PREV	

Drug	Status	Notes
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	PREV	
FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	PREV	
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	PREV	
FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	PREV	
FLUMIST TRIVALENT 2024-2025 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	PREV	
FLUZONE HIGH-DOSE TRIV 24-25 INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	PREV	
FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	PREV	
FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	PREV	
Toxin-Producing Bacilli Vaccines/Toxoids		
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	Tier 4	
Vaccine/Toxoid Preparations, Combinations		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	PREV	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF- (2.5-5-3-5 MCG)-5LF/0.5 ML	PREV	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5- 5-3-5 MCG)-5LF/0.5 ML	PREV	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	PREV	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15- 10-5 LF-MCG-LF/0.5ML	PREV	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	PREV	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	PREV	

Drug	Status	Notes
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	PREV	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	PREV	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	PREV	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	PREV	
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	PREV	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	PREV	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	PREV	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	PREV	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	PREV	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	PREV	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	PREV	
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	PREV	
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	PREV	
Viral/Tumorigenic Vaccines		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	PREV	
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	PREV	
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	PREV	
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	PREV	
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	PREV	

Drug	Status	Notes
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	PREV	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	PREV	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	PREV	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	PREV	
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	PREV	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	PREV	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	PREV	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	PREV	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	PREV	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	PREV	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	PREV	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	PREV	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	PREV	
Immunosuppression/Modulation		
Immunomodulators		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Tier 5	PA
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	Tier 5	
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	Tier 5	PA
<i>imiquimod topical cream in packet 5 %</i>	Tier 2	QL (2 EA per 1 day)
KERIDA TOPICAL GEL 5-0.1-30 %	Tier 4	
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	Tier 5	
QUIDROXZAR TOPICAL GEL 5-0.1-30 %	Tier 4	

Drug	Status	Notes
Immunosupp - Monoclonal Ab Inhibiting T Lymph Fxn		
NIKTIMVO INTRAVENOUS SOLUTION 50 MG/ML	Tier 5	PA
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	Tier 4	
Immunosuppressant-Interferon Gamma Inhibitor, Mab		
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	Tier 5	PA
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2 ML (150 MG/ML)	Tier 5	PA
Immunosuppressives		
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG (tacrolimus)	Tier 4	ST: Requires prior prescription for generic Tacrolimus within the past 120 days
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	Tier 4	
AZASAN ORAL TABLET 100 MG, 75 MG (azathioprine)	Tier 4	
<i>azathioprine oral tablet 100 mg, 75 mg</i> (Azasan)	Tier 2	
<i>azathioprine oral tablet 50 mg</i> (Imuran)	Tier 2	
CELLCEPT ORAL CAPSULE 250 MG (mycophenolate mofetil)	Tier 4	
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML (mycophenolate mofetil)	Tier 4	
CELLCEPT ORAL TABLET 500 MG (mycophenolate mofetil)	Tier 4	
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	Tier 2	
<i>cyclosporine modified oral capsule 50 mg</i>	Tier 2	
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	Tier 2	
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	Tier 2	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	Tier 4	ST: Requires prior prescription for generic Tacrolimus within the past 120 days
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i> (Zortress)	Tier 2	
GENGRAF ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)	Tier 2	
GENGRAF ORAL SOLUTION 100 MG/ML (cyclosporine modified)	Tier 2	
IMURAN ORAL TABLET 50 MG (azathioprine)	Tier 4	
LUPKYNIS ORAL CAPSULE 7.9 MG	Tier 5	PA

Drug		Status	Notes
<i>mycophenolate mofetil oral capsule 250 mg</i>	(CellCept)	Tier 2	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	(CellCept)	Tier 2	
<i>mycophenolate mofetil oral tablet 500 mg</i>	(CellCept)	Tier 2	
<i>mycophenolate sodium oral tablet, delayed release (drlec) 180 mg, 360 mg</i>	(Myfortic)	Tier 2	
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG, 360 MG	(mycophenolate sodium)	Tier 4	
MYHIBBIN ORAL SUSPENSION 200 MG/ML		Tier 4	PA
NEORAL ORAL CAPSULE 100 MG, 25 MG	(cyclosporine modified)	Tier 4	
NEORAL ORAL SOLUTION 100 MG/ML	(cyclosporine modified)	Tier 4	
NULOJIX INTRAVENOUS RECON SOLN 250 MG		Tier 4	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	(tacrolimus)	Tier 4	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG		Tier 3	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	(cyclosporine)	Tier 4	
<i>sirolimus oral solution 1 mg/ml</i>		Tier 2	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>		Tier 2	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	(Prograf)	Tier 2	
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG		Tier 4	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	(everolimus (immunosuppressive))	Tier 4	
Rho Kinase Inhibitor			
REZUROCK ORAL TABLET 200 MG		Tier 4	PA
Infectious Disease - Bacterial			
Absorbable Sulfonamides			
BACTRIM DS ORAL TABLET 800-160 MG	(sulfamethoxazole-trimethoprim)	Tier 4	
BACTRIM ORAL TABLET 400-80 MG	(sulfamethoxazole-trimethoprim)	Tier 4	
<i>sulfadiazine oral tablet 500 mg</i>		Tier 2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	(Sulfatrim)	Tier 2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>	(Bactrim)	Tier 2	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i>	(Bactrim DS)	Tier 2	

Drug	Status	Notes
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (sulfamethoxazole-trimethoprim)	Tier 2	
Betalactams		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Tier 4	PA
Cephalosporins - 1St Generation		
<i>cefadroxil oral capsule 500 mg</i>	Tier 2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier 2	
<i>cefadroxil oral tablet 1 gram</i>	Tier 2	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	Tier 2	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	Tier 2	
Cephalosporins - 2Nd Generation		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 2	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	Tier 2	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	Tier 2	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 2	
Cephalosporins - 3Rd Generation		
<i>cefdinir oral capsule 300 mg</i>	Tier 2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>cefixime oral capsule 400 mg</i>	Tier 2	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 2	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	Tier 2	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	Tier 2	
SPECTRACEF ORAL TABLET 400 MG	Tier 4	
SUPRAX ORAL CAPSULE 400 MG (cefixime)	Tier 4	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (cefixime)	Tier 4	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	Tier 3	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	Tier 3	

Drug	Status	Notes
Chemotherapeutics, Antibacterial, Misc.		
<i>fosfomycin tromethamine oral packet 3 gram</i>	Tier 2	
<i>methenamine hippurate oral tablet 1 gram</i>	Tier 2	
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	Tier 2	
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i> (Urogesic-Blue)	Tier 2	
MONUROL ORAL PACKET 3 GRAM (fosfomycin tromethamine)	Tier 4	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	Tier 3	
<i>trimethoprim oral tablet 100 mg</i>	Tier 2	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG	Tier 3	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (methen-sod phos-meth blue-hyos)	Tier 2	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG	Tier 2	
URO-SP ORAL CAPSULE 118-10-40.8-36 MG	Tier 4	
URL ORAL TABLET 81.6-40.8-0.12 MG (methen-sod phos-meth blue-hyos)	Tier 4	
Fecal Microbiota Transplantation (Fmt)		
REBYOTA RECTAL ENEMA 150 ML	Tier 5	PA
VOWST ORAL CAPSULE	Tier 4	PA
Macrolides		
<i>azithromycin oral packet 1 gram</i> (Zithromax)	Tier 2	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	Tier 2	
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	Tier 2	
<i>azithromycin oral tablet 600 mg</i>	Tier 2	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 2	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	Tier 2	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	Tier 3	QL (10 ML per 1 day)
DIFICID ORAL TABLET 200 MG (fidaxomicin)	Tier 3	QL (20 EA per 10 days)
E.E.S. 400 ORAL TABLET 400 MG (erythromycin ethylsuccinate)	Tier 2	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML (erythromycin ethylsuccinate)	Tier 4	

Drug		Status	Notes
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 500 MG	(erythromycin)	Tier 2	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 333 MG	(erythromycin)	Tier 4	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	(erythromycin stearate)	Tier 2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	(E.E.S. Granules)	Tier 2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i>	(EryPed 400)	Tier 2	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	(E.E.S. 400)	Tier 2	
<i>erythromycin oral capsule, delayed release(drlec) 250 mg</i>		Tier 2	
<i>erythromycin oral tablet 250 mg, 500 mg</i>		Tier 2	
<i>erythromycin oral tablet, delayed release (drlec) 250 mg, 333 mg, 500 mg</i>	(Ery-Tab)	Tier 2	
ZITHROMAX ORAL PACKET 1 GRAM	(azithromycin)	Tier 4	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	(azithromycin)	Tier 4	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	(azithromycin)	Tier 4	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	(azithromycin)	Tier 4	
ZITHROMAX Z-PAK ORAL TABLET 250 MG	(azithromycin)	Tier 4	
Nitrofurans Derivatives			
FURADANTIN ORAL SUSPENSION 25 MG/5 ML	(nitrofurantoin)	Tier 4	PA
MACROBID ORAL CAPSULE 100 MG	(nitrofurantoin monohyd/m-cryst)	Tier 4	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>		Tier 2	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>		Tier 2	QL (4 EA per 1 day)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	(Macrobid)	Tier 2	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	(Furadantin)	Tier 2	PA
Oxazolidinones			
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	(Zyvox)	Tier 2	
<i>linezolid oral tablet 600 mg</i>	(Zyvox)	Tier 2	
SIVEXTRO ORAL TABLET 200 MG		Tier 3	PA

Drug		Status	Notes
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	(linezolid)	Tier 4	
ZYVOX ORAL TABLET 600 MG	(linezolid)	Tier 4	
Penicillins			
<i>amoxicillin oral capsule 250 mg, 500 mg</i>		Tier 2	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>		Tier 2	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>		Tier 2	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>		Tier 2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>		Tier 2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i>	(Augmentin)	Tier 2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i>	(Augmentin ES-600)	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>		Tier 2	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i>	(Augmentin)	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	(Augmentin XR)	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>		Tier 2	
<i>ampicillin oral capsule 500 mg</i>		Tier 2	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML	(amoxicillin-pot clavulanate)	Tier 4	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	(amoxicillin-pot clavulanate)	Tier 4	
AUGMENTIN ORAL TABLET 500-125 MG	(amoxicillin-pot clavulanate)	Tier 4	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR 1,000-62.5 MG	(amoxicillin-pot clavulanate)	Tier 4	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>		Tier 2	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	(amoxicillin)	Tier 4	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>		Tier 2	

Drug	Status	Notes
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 2	
Pleuromutilin Derivatives		
XENLETA ORAL TABLET 600 MG	Tier 4	PA
Quinolones		
BAXDELA ORAL TABLET 450 MG	Tier 4	PA
CIPRO ORAL (ciprofloxacin) SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	Tier 3	
CIPRO ORAL TABLET 250 MG, 500 MG (ciprofloxacin hcl)	Tier 4	
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	Tier 2	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	Tier 2	
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	Tier 2	
<i>levofloxacin oral solution 250 mg/10 ml</i>	Tier 2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 2	
<i>moxifloxacin oral tablet 400 mg</i>	Tier 2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 2	
Tetracyclines		
AVIDOXY ORAL TABLET 100 MG (doxycycline monohydrate)	Tier 4	QL (2 EA per 1 day)
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Tier 2	
<i>doxycycline hyclate oral capsule 100 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>doxycycline hyclate oral capsule 50 mg</i> (Morgidox)	Tier 2	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 2	
<i>doxycycline hyclate oral tablet 150 mg</i>	Tier 2	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 50 mg</i> (Targadox)	Tier 2	ST: Requires prior prescription for Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets within the past 120 days; QL (4 EA per 1 day)
<i>doxycycline hyclate oral tablet 75 mg</i>	Tier 2	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
<i>doxycycline monohydrate oral capsule</i> (Mondoxyne NL) 100 mg	Tier 2	
<i>doxycycline monohydrate oral capsule</i> 150 mg	Tier 2	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule</i> 50 mg	Tier 2	
<i>doxycycline monohydrate oral capsule</i> (Mondoxyne NL) 75 mg	Tier 2	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule,ir</i> (Oracea) - delay rel,biphase 40 mg	Tier 2	PA
<i>doxycycline monohydrate oral suspension for reconstitution</i> 25 mg/5 ml	Tier 2	
<i>doxycycline monohydrate oral tablet</i> 100 (Avidoxy) mg	Tier 2	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral tablet</i> 150 mg	Tier 2	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral tablet</i> 50 mg, 75 mg	Tier 2	
EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG	Tier 4	PA
<i>minocycline oral capsule</i> 100 mg, 50 mg, 75 mg	Tier 2	
<i>minocycline oral tablet</i> 100 mg, 50 mg, 75 mg	Tier 2	
MONDOXYNE NL ORAL CAPSULE 100 (doxycycline monohydrate) MG	Tier 2	
MONDOXYNE NL ORAL CAPSULE 75 (doxycycline monohydrate) MG	Tier 2	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
MORGIDOX ORAL CAPSULE 50 MG (doxycycline hyclate)	Tier 4	QL (2 EA per 1 day)
NUZYRA ORAL TABLET 150 MG	Tier 4	PA
ORACEA ORAL CAPSULE,IR - DELAY (doxycycline monohydrate) REL,BIPHASE 40 MG	Tier 4	PA
TARGADOX ORAL TABLET 50 MG (doxycycline hyclate)	Tier 4	ST: Requires prior prescription for Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets within the past 120 days; QL (4 EA per 1 day)

Drug	Status	Notes
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 2	
Infectious Disease - Fungal		
Antifungal Agents		
ANCOBON ORAL CAPSULE 250 MG, 500 MG (flucytosine)	Tier 4	
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 2	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	Tier 4	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML (fluconazole)	Tier 4	
DIFLUCAN ORAL TABLET 100 MG (fluconazole)	Tier 4	
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	Tier 2	
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan)	Tier 2	
<i>fluconazole oral tablet 100 mg</i> (Diflucan)	Tier 2	
<i>fluconazole oral tablet 150 mg, 200 mg, 50 mg</i>	Tier 2	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	Tier 2	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	Tier 2	
<i>itraconazole oral solution 10 mg/ml</i>	Tier 2	
<i>ketoconazole oral tablet 200 mg</i>	Tier 2	
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG	Tier 4	PA
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML) (posaconazole)	Tier 4	PA
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG (posaconazole)	Tier 4	PA
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	Tier 4	
<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
SPORANOX ORAL CAPSULE 100 MG (itraconazole)	Tier 4	
SPORANOX ORAL SOLUTION 10 MG/ML (itraconazole)	Tier 4	
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 2	
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML) (voriconazole)	Tier 4	
VFEND ORAL TABLET 50 MG (voriconazole)	Tier 4	
VIVJOA ORAL CAPSULE 150 MG	Tier 4	PA

Drug	Status	Notes
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	Tier 2	
<i>voriconazole oral tablet 200 mg</i>	Tier 2	
<i>voriconazole oral tablet 50 mg</i> (Vfend)	Tier 2	
Antifungal Antibiotics		
BREXAFEMME ORAL TABLET 150 MG	Tier 4	PA
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Tier 2	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 2	
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 2	
<i>nystatin oral tablet 500,000 unit</i>	Tier 2	
Infectious Disease - Miscellaneous		
Aminoglycosides		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	Tier 5	PA
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML (tobramycin)	Tier 5	PA
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML (tobramycin with nebulizer)	Tier 5	PA
<i>neomycin oral tablet 500 mg</i>	Tier 2	
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML (tobramycin in 0.225 % nacl)	Tier 5	PA
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	Tier 4	PA
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	Tier 4	PA
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis)	Tier 4	PA
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i> (Kitabis Pak)	Tier 4	PA
Antibacterial Agents, Miscellaneous		
GLYCINE UROLOGIC IRRIGATION SOLUTION 1.5 % (glycine urologic solution)	Tier 4	
<i>glycine urologic solution irrigation solution 1.5 %</i> (Glycine Urologic)	Tier 2	
Antileprotics		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 2	
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 4	PA
Anti-Mycobacterium Agents		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	Tier 2	
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 2	

Drug		Status	Notes
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM		Tier 4	
<i>pyrazinamide oral tablet 500 mg</i>		Tier 2	
<i>rifabutin oral capsule 150 mg</i>		Tier 2	
TRECATOR ORAL TABLET 250 MG		Tier 4	
Antitubercular Antibiotics			
<i>cycloserine oral capsule 250 mg</i>		Tier 2	
<i>pretomanid oral tablet 200 mg</i>		Tier 4	QL (1 EA per 1 day)
PRIFTIN ORAL TABLET 150 MG		Tier 4	
<i>rifampin oral capsule 150 mg, 300 mg</i>		Tier 2	
SIRTURO ORAL TABLET 100 MG, 20 MG		Tier 5	PA
Lincosamides			
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG	(clindamycin hcl)	Tier 4	
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	(clindamycin palmitate hcl)	Tier 4	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	(Cleocin HCl)	Tier 2	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i>	(Clindamycin Pediatric)	Tier 2	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	(clindamycin palmitate hcl)	Tier 2	
Rifamycins And Related Derivative Antibiotics			
XIFAXAN ORAL TABLET 200 MG		Tier 4	PA
XIFAXAN ORAL TABLET 550 MG		Tier 3	PA
Vancomycin And Derivatives			
FIRVANQ ORAL RECON SOLN 25 MG/ML	(vancomycin)	Tier 4	QL (300 ML per 1 FILL)
FIRVANQ ORAL RECON SOLN 50 MG/ML	(vancomycin)	Tier 4	QL (600 ML per 1 FILL)
VANCOCIN ORAL CAPSULE 125 MG	(vancomycin)	Tier 4	QL (56 EA per 1 FILL)
VANCOCIN ORAL CAPSULE 250 MG	(vancomycin)	Tier 4	QL (112 EA per 1 FILL)
<i>vancomycin oral capsule 125 mg</i>	(Vancocin)	Tier 2	QL (56 EA per 1 FILL)
<i>vancomycin oral capsule 250 mg</i>	(Vancocin)	Tier 2	QL (112 EA per 1 FILL)
<i>vancomycin oral recon soln 25 mg/ml</i>	(Firvanq)	Tier 2	QL (300 ML per 1 FILL)
<i>vancomycin oral recon soln 50 mg/ml</i>	(Firvanq)	Tier 2	QL (600 ML per 1 FILL)

Drug	Status	Notes
Infectious Disease - Parasitic		
2Nd Gen. Anaerobic Antiprotozoal-Antibacterial		
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	Tier 4	ST: At least 2 prior prescriptions for Clindamycin, vaginal Clindamycin cream, oral Metronidazole, vaginal Metronidazole gel, or Tinidazole within the past 365 days; QL (1 EA per 30 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 2	
Anaerobic Antiprotozoal-Antibacterial Agents		
FLAGYL ORAL CAPSULE 375 MG (metronidazole)	Tier 4	
LIKMEZ ORAL SUSPENSION 500 MG/5 ML	Tier 4	PA
<i>metronidazole oral capsule 375 mg</i>	Tier 2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 2	
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	Tier 2	
BILTRICIDE ORAL TABLET 600 MG (praziquantel)	Tier 4	
EMVERM ORAL TABLET,CHEWABLE 100 MG (mebendazole)	Tier 3	PA
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	Tier 2	
<i>ivermectin oral tablet 6 mg</i>	Tier 2	
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	Tier 2	
STROMECTOL ORAL TABLET 3 MG (ivermectin)	Tier 4	
Antimalarial Drugs		
ARAKODA ORAL TABLET 100 MG	Tier 4	
<i>atovaquone-proguanil oral tablet 250- 100 mg</i> (Malarone)	Tier 2	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	Tier 2	
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 2	QL (36 EA per 16 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 2	QL (18 EA per 16 days)
COARTEM ORAL TABLET 20-120 MG	Tier 4	
DARAPRIM ORAL TABLET 25 MG (pyrimethamine)	Tier 5	PA
<i>hydroxychloroquine oral tablet 100 mg</i>	Tier 2	QL (180 EA per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i> (Sovuna)	Tier 2	QL (100 EA per 30 days)
<i>hydroxychloroquine oral tablet 300 mg</i> (Sovuna)	Tier 2	QL (60 EA per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>	Tier 2	QL (60 EA per 30 days)

Drug	Status	Notes
KRINTAFEL ORAL TABLET 150 MG	Tier 3	QL (2 EA per 1 FILL)
MALARONE ORAL TABLET 250-100 MG (atovaquone-proguanil)	Tier 4	
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG (atovaquone-proguanil)	Tier 4	
<i>mefloquine oral tablet 250 mg</i>	Tier 2	
PLAQUENIL ORAL TABLET 200 MG (hydroxychloroquine)	Tier 4	QL (100 EA per 30 days)
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	Tier 3	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	Tier 4	PA
QUALAQUIN ORAL CAPSULE 324 MG (quinine sulfate)	Tier 4	
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	Tier 2	
SOVUNA ORAL TABLET 200 MG (hydroxychloroquine)	Tier 3	QL (100 EA per 30 days)
Antiparasitics		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	Tier 4	QL (50 ML per 1 day)
ALINIA ORAL TABLET 500 MG (nitazoxanide)	Tier 4	QL (2 EA per 1 day)
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	Tier 2	QL (2 EA per 1 day)
Antiprotozoal Drugs,Miscellaneous		
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	Tier 2	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Tier 2	
IMPAVIDO ORAL CAPSULE 50 MG	Tier 3	PA
LAMPIT ORAL TABLET 120 MG, 30 MG	Tier 4	
MEPRON ORAL SUSPENSION 750 MG/5 ML (atovaquone)	Tier 4	
NEBUPENT INHALATION RECON SOLN 300 MG (pentamidine)	Tier 4	
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	Tier 2	
Infectious Disease - Viral		
Antiretroviral - Anti-Cd4 Domain 2 Monoclonal Ab		
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	Tier 3	PA
Antiretroviral - Capsid Inhibitors		
SUNLENCA ORAL TABLET 300 MG	Tier 3	PA
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	Tier 3	PA
Antiretroviral-Integrase Inhibitor And Nnrti Comb.		
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML	Tier 3	QL (4 ML per 30 days); Age (Min 12 Years)

Drug	Status	Notes
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML	Tier 3	QL (6 ML per 30 days); Age (Min 12 Years)
JULUCA ORAL TABLET 50-25 MG	Tier 3	QL (1 EA per 1 day)
Antiretroviral-Integrase Inhibitor And Nrti Comb.		
DOVATO ORAL TABLET 50-300 MG	Tier 3	QL (1 EA per 1 day)
Antiretroviral- Nucleoside,Nucleotide,Protease Inh.		
SYMITUZA ORAL TABLET 800-150-200- 10 MG	Tier 3	QL (1 EA per 1 day)
Antiviral - Main Protease (Mpro) Inhibitor		
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5)	Tier 3	QL (20 EA per 28 days); Age (Min 12 Years)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	Tier 3	QL (30 EA per 28 days); Age (Min 12 Years)
Antiviral Monoclonal Antibodies		
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	PREV	PA
GOHIBIC (EUA) INTRAVENOUS SOLUTION 10 MG/ML	Tier 5	PA
PEMGARDA (EUA) INTRAVENOUS SOLUTION 125 MG/ML	Tier 5	PA
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	Tier 5	PA
Antiviral Nucleotide Analogs		
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	Tier 2	QL (40 EA per 29 days); Age (Min 18 Years)
VEKLURY INTRAVENOUS RECON (remdesivir) SOLN 100 MG	Tier 5	QL (11 EA per 10 days)
Antivirals, General		
<i>acyclovir oral capsule 200 mg</i>	Tier 2	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	Tier 2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 2	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 2	
FLUMADINE ORAL TABLET 100 MG (rimantadine)	Tier 4	
LIVTENCITY ORAL TABLET 200 MG	Tier 4	PA
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	Tier 2	QL (40 EA per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i> (Tamiflu)	Tier 2	QL (20 EA per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	Tier 2	QL (360 ML per 180 days)
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG	Tier 4	PA

Drug	Status	Notes
PREVYMIS ORAL TABLET 240 MG, 480 MG	Tier 4	PA
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	Tier 4	QL (40 EA per 180 days)
<i>ribavirin inhalation recon soln 6 gram</i>	Tier 2	
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	Tier 2	
TAMIFLU ORAL CAPSULE 30 MG (oseltamivir)	Tier 4	QL (40 EA per 180 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG (oseltamivir)	Tier 4	QL (20 EA per 180 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML (oseltamivir)	Tier 4	QL (360 ML per 180 days)
TEMBEXA ORAL SUSPENSION 10 MG/ML	Tier 3	
TEMBEXA ORAL TABLET 100 MG	Tier 3	
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG	Tier 3	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	Tier 2	
VALCYTE ORAL RECON SOLN 50 MG/ML (valganciclovir)	Tier 4	
VALCYTE ORAL TABLET 450 MG (valganciclovir)	Tier 4	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	Tier 2	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	Tier 2	
VALTREX ORAL TABLET 1 GRAM, 500 MG (valacyclovir)	Tier 4	
VIRAZOLE INHALATION RECON SOLN 6 GRAM (ribavirin)	Tier 4	
XOFLUZA ORAL TABLET 40 MG	Tier 3	QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 80 MG	Tier 3	QL (2 EA per 180 days)
ZOVIRAX ORAL SUSPENSION 200 MG/5 ML (acyclovir)	Tier 4	
Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib		
APTIVUS ORAL CAPSULE 250 MG	Tier 3	QL (4 EA per 1 day)
<i>darunavir oral tablet 600 mg</i> (Prezista)	Tier 2	QL (2 EA per 1 day)
<i>darunavir oral tablet 800 mg</i> (Prezista)	Tier 2	QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG	Tier 4	QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 3	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	Tier 3	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 600 MG (darunavir)	Tier 4	QL (2 EA per 1 day)
PREZISTA ORAL TABLET 75 MG	Tier 3	QL (16 EA per 1 day)
PREZISTA ORAL TABLET 800 MG (darunavir)	Tier 4	QL (1 EA per 1 day)

Drug	Status	Notes
Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog		
CIMDUO ORAL TABLET 300-300 MG	Tier 3	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG	Tier 3	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG	PREV	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada)	Tier 2	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada)	PREV	QL (1 EA per 1 day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG (emtricitabine-tenofovir (tdf))	Tier 4	QL (1 EA per 1 day)
TRUVADA ORAL TABLET 200-300 MG (emtricitabine-tenofovir (tdf))	Tier 4	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb		
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 2	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.		
<i>maraviroc oral tablet 150 mg</i> (Selzentry)	Tier 2	QL (2 EA per 1 day)
<i>maraviroc oral tablet 300 mg</i> (Selzentry)	Tier 2	QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 3	QL (31 ML per 1 day)
SELZENTRY ORAL TABLET 150 MG (maraviroc)	Tier 4	QL (2 EA per 1 day)
SELZENTRY ORAL TABLET 300 MG (maraviroc)	Tier 4	QL (4 EA per 1 day)
Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	Tier 3	PA
Antivirals, Hiv-Specific, Fusion Inhibitors		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	Tier 3	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Non-Nucleoside, Rti		
EDURANT ORAL TABLET 25 MG	Tier 3	QL (1 EA per 1 day)
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	Tier 3	QL (180 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	Tier 2	
<i>etravirine oral tablet 100 mg</i> (Intelence)	Tier 2	QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i> (Intelence)	Tier 2	QL (2 EA per 1 day)

Drug	Status	Notes
INTELENCE ORAL TABLET 100 MG (etravirine)	Tier 4	QL (4 EA per 1 day)
INTELENCE ORAL TABLET 200 MG (etravirine)	Tier 4	QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG	Tier 3	QL (4 EA per 1 day)
nevirapine oral suspension 50 mg/5 ml	Tier 2	QL (1200 ML per 30 days)
nevirapine oral tablet 200 mg	Tier 2	QL (2 EA per 1 day)
nevirapine oral tablet extended release 24 hr 100 mg	Tier 2	QL (3 EA per 1 day)
nevirapine oral tablet extended release 24 hr 400 mg	Tier 2	QL (1 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG	Tier 4	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Nucleoside Analog, Rti		
abacavir oral solution 20 mg/ml (Ziagen)	Tier 2	QL (960 ML per 30 days)
abacavir oral tablet 300 mg	Tier 2	QL (2 EA per 1 day)
emtricitabine oral capsule 200 mg (Emtriva)	PREV	QL (1 EA per 1 day)
EMTRIVA ORAL CAPSULE 200 MG (emtricitabine)	Tier 4	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 3	QL (850 ML per 30 days)
EPIVIR ORAL SOLUTION 10 MG/ML (lamivudine)	Tier 4	QL (960 ML per 30 days)
EPIVIR ORAL TABLET 150 MG (lamivudine)	Tier 4	QL (2 EA per 1 day)
EPIVIR ORAL TABLET 300 MG (lamivudine)	Tier 4	QL (1 EA per 1 day)
lamivudine oral solution 10 mg/ml (Epivir)	Tier 2	QL (960 ML per 30 days)
lamivudine oral tablet 150 mg (Epivir)	Tier 2	QL (2 EA per 1 day)
lamivudine oral tablet 300 mg (Epivir)	Tier 2	QL (1 EA per 1 day)
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	Tier 3	
RETROVIR ORAL CAPSULE 100 MG (zidovudine)	Tier 4	QL (6 EA per 1 day)
RETROVIR ORAL SYRUP 10 MG/ML (zidovudine)	Tier 4	QL (1920 ML per 30 days)
stavudine oral capsule 15 mg, 20 mg	Tier 2	QL (2 EA per 1 day)
ZIAGEN ORAL SOLUTION 20 MG/ML (abacavir)	Tier 4	QL (960 ML per 30 days)
zidovudine oral capsule 100 mg (Retrovir)	Tier 2	QL (6 EA per 1 day)
zidovudine oral syrup 10 mg/ml (Retrovir)	Tier 2	QL (1920 ML per 30 days)
zidovudine oral tablet 300 mg	Tier 2	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Nucleotide Analog, Rti		
tenofovir disoproxil fumarate oral tablet 300 mg (Viread)	PREV	QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	Tier 3	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 3	QL (1 EA per 1 day)

Drug		Status	Notes
VIREAD ORAL TABLET 300 MG	(tenofovir disoproxil fumarate)	Tier 4	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
Antivirals, Hiv-Specific, Protease Inhibitor Comb			
KALETRA ORAL SOLUTION 400-100 MG/5 ML	(lopinavir-ritonavir)	Tier 4	QL (480 ML per 30 days)
KALETRA ORAL TABLET 100-25 MG	(lopinavir-ritonavir)	Tier 4	QL (10 EA per 1 day)
KALETRA ORAL TABLET 200-50 MG	(lopinavir-ritonavir)	Tier 4	QL (4 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	(Kaletra)	Tier 2	QL (10 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	(Kaletra)	Tier 2	QL (4 EA per 1 day)
Antivirals, Hiv-Specific, Protease Inhibitors			
<i>atazanavir oral capsule 150 mg</i>		Tier 2	QL (2 EA per 1 day)
<i>atazanavir oral capsule 200 mg</i>	(Reyataz)	Tier 2	QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i>	(Reyataz)	Tier 2	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG		Tier 3	QL (1 EA per 1 day)
<i>fosamprenavir oral tablet 700 mg</i>		Tier 2	QL (4 EA per 1 day)
NORVIR ORAL CAPSULE 100 MG		Tier 3	QL (12 EA per 1 day)
NORVIR ORAL POWDER IN PACKET 100 MG		Tier 3	QL (12 EA per 1 day)
NORVIR ORAL TABLET 100 MG	(ritonavir)	Tier 4	QL (12 EA per 1 day)
REYATAZ ORAL CAPSULE 200 MG	(atazanavir)	Tier 4	QL (2 EA per 1 day)
REYATAZ ORAL CAPSULE 300 MG	(atazanavir)	Tier 4	QL (1 EA per 1 day)
REYATAZ ORAL POWDER IN PACKET 50 MG		Tier 3	QL (5 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i>	(Norvir)	Tier 2	QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG		Tier 3	
Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr			
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	(cabotegravir)	PREV	QL (21 ML per 365 days); Age (Min 12 Years)
ISENTRESS HD ORAL TABLET 600 MG		Tier 3	QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG		Tier 3	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG		Tier 3	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG		Tier 3	QL (6 EA per 1 day)
TIVICAY ORAL TABLET 50 MG		Tier 3	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG		Tier 3	QL (6 EA per 1 day)

Drug		Status	Notes
Artv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti			
ATRIPLA ORAL TABLET 600-200-300 MG	(efavirenz-emtricitabin-tenofof)	Tier 4	QL (1 EA per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG	(emtricitata-rilpivirine-tenofof)	Tier 4	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG		Tier 4	QL (1 EA per 1 day)
<i>efavirenz-emtricitabin-tenofof oral tablet 600-200-300 mg</i>		Tier 2	QL (1 EA per 1 day)
<i>efavirenz-lamivu-tenofof disop oral tablet 400-300-300 mg</i>		Tier 2	QL (1 EA per 1 day)
<i>efavirenz-lamivu-tenofof disop oral tablet 600-300-300 mg</i>	(Symfi)	Tier 2	QL (1 EA per 1 day)
<i>emtricitata-rilpivirine-tenofof df oral tablet 200-25-300 mg</i>	(Complera)	Tier 2	QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG		Tier 3	QL (1 EA per 1 day)
SYMFI LO ORAL TABLET 400-300-300 MG	(efavirenz-lamivu-tenofof disop)	Tier 4	QL (1 EA per 1 day)
SYMFI ORAL TABLET 600-300-300 MG	(efavirenz-lamivu-tenofof disop)	Tier 4	QL (1 EA per 1 day)
Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor			
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG		Tier 3	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG		Tier 3	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG		Tier 3	QL (1 EA per 1 day)
Arv Comb-Nrtis & Integrase Inhibitor			
TRIUMEQ ORAL TABLET 600-50-300 MG		Tier 3	QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG		Tier 3	QL (6 EA per 1 day)
Cytochrome P450 Inhibitors			
TYBOST ORAL TABLET 150 MG		Tier 3	QL (1 EA per 1 day)
Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo			
VOSEVI ORAL TABLET 400-100-100 MG		Tier 4	PA
Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo.			
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG		Tier 4	PA
EPCLUSA ORAL TABLET 200-50 MG		Tier 4	PA
EPCLUSA ORAL TABLET 400-100 MG	(sofosbuvir-velpatasvir)	Tier 4	PA

Drug	Status	Notes
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	Tier 4	PA
HARVONI ORAL TABLET 45-200 MG	Tier 4	PA
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	Tier 4	PA
Hep C Virus,Nucleotide Analog Ns5b Polymerase Inh		
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	Tier 5	PA
SOVALDI ORAL TABLET 200 MG, 400 MG	Tier 5	PA
Hepatitis B Treatment Agents		
<i>adefovir oral tablet 10 mg</i> (Hepsera)	Tier 4	QL (1 EA per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Tier 4	QL (630 ML per 30 days)
BARACLUDE ORAL TABLET 0.5 MG, 1 (entecavir) MG	Tier 5	QL (1 EA per 1 day)
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	Tier 4	QL (1 EA per 1 day)
HEPSERA ORAL TABLET 10 MG (adefovir)	Tier 5	QL (1 EA per 1 day)
<i>lamivudine oral tablet 100 mg</i>	Tier 2	QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG	Tier 4	QL (1 EA per 1 day)
Hepatitis C Treatment Agents		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 4	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 4	PA
<i>ribavirin oral capsule 200 mg</i>	Tier 2	
<i>ribavirin oral tablet 200 mg</i>	Tier 2	
Hepatitis C Virus - Ns5a, Ns3/4A, Ns5b Inhib Cmb.		
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	Tier 5	
Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	Tier 5	PA
MAVYRET ORAL TABLET 100-40 MG	Tier 5	PA
ZEPATIER ORAL TABLET 50-100 MG	Tier 5	PA
Inflammatory Disease		
Anti-Arthritic And Chelating Agents		
CUPRIMINE ORAL CAPSULE 250 MG (penicillamine)	Tier 5	PA
DEPEN TITRATABS ORAL TABLET (penicillamine) 250 MG	Tier 5	PA
D-PENAMINE ORAL TABLET 125 MG	Tier 4	PA
<i>penicillamine oral capsule 250 mg</i> (Cuprimine)	Tier 4	PA
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	Tier 4	PA

Drug	Status	Notes
Anti-Arthritic, Folate Antagonist Agents		
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	Tier 3	QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML	Tier 4	ST: Requires prior prescription for Otrexup within the past 120 days; QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML	Tier 4	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML	Tier 4	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML	Tier 4	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML	Tier 4	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML	Tier 4	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML	Tier 4	ST: Requires prior prescription for Otrexup within the past 120 days; QL (2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML	Tier 4	ST: Requires prior prescription for Otrexup within the past 120 days; QL (2.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML	Tier 4	ST: Requires prior prescription for Otrexup within the past 120 days; QL (0.6 ML per 28 days)
Anti-Flam. Interleukin-1 Receptor Antagonist		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	Tier 5	PA
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Tier 5	PA

Drug	Status	Notes
Anti-Inflammatory Tumor Necrosis Factor Inhibitor		
<i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml</i> (Hyrimoz(CF) Pen)	Tier 4	PA
<i>adalimumab-adaz subcutaneous pen injector 80 mg/0.8 ml</i> (Hyrimoz Pen Crohn's-UC Starter)	Tier 4	PA
<i>adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml, 20 mg/0.2 ml, 40 mg/0.4 ml</i> (Hyrimoz(CF))	Tier 4	PA
AVSOLA INTRAVENOUS RECON SOLN 100 MG	Tier 5	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	Tier 5	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 5	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 5	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	Tier 4	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	Tier 4	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	Tier 4	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Tier 4	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 4	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 4	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 4	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 4	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 4	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 4	PA
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	Tier 5	PA
<i>infliximab intravenous recon soln 100 mg</i> (Remicade)	Tier 4	PA

Drug	Status	Notes
REMICADE INTRAVENOUS RECON SOLN 100 MG (infliximab)	Tier 5	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	Tier 5	PA
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML (adalimumab-ryvk)	Tier 4	PA
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	Tier 4	PA
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 80 MG/0.8 ML	Tier 4	PA
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML (adalimumab-ryvk)	Tier 4	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	Tier 5	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	Tier 5	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	Tier 5	PA
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	Tier 5	PA
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	Tier 5	PA
Anti-Inflammatory, Interleukin-1 Beta Blockers		
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	Tier 5	PA
Anti-Inflammatory, Pyrimidine Synthesis Inhibitor		
ARAVA ORAL TABLET 10 MG, 20 MG (leflunomide)	Tier 4	
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	Tier 2	
Anti-Inflammatory, Phosphodiesterase-4(Pde4) Inhib.		
OTEZLA ORAL TABLET 20 MG, 30 MG	Tier 4	PA
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	Tier 4	PA
Anti-Inflammatory/Antiarthritics Agents, Misc.		
DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML	Tier 4	PA
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML (MW 2.4 -3.6 MILLION)	Tier 3	PA

Drug	Status	Notes
GEL-ONE INTRA-ARTICULAR SYRINGE 30 MG/3 ML	Tier 4	PA
GELSYN-3 INTRA-ARTICULAR SYRINGE 16.8 MG/2 ML	Tier 4	PA
GENVISC 850 INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Tier 4	PA
HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML	Tier 4	PA
HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Tier 4	PA
HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML	Tier 4	PA
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML	Tier 4	PA
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML	Tier 4	PA
SUPARTZ FX INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Tier 4	PA
SYNOJOYNT INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Tier 4	PA
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML	Tier 3	PA
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML	Tier 3	PA
TRILURON INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Tier 4	PA
TRIVISC INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Tier 4	PA
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Tier 4	PA
Antinflammatory, Sel.Costim.Mod.,T-Cell Inhibitor		
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	Tier 5	PA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	Tier 5	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	Tier 5	PA
Bradykinin B2 Receptor Antagonists		
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML (icatibant)	Tier 5	PA
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Sajazir)	Tier 4	PA
SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML (icatibant)	Tier 4	PA

Drug	Status	Notes
C1 Esterase Inhibitors		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	Tier 5	PA
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	Tier 5	PA
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	Tier 5	PA
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	Tier 5	PA
Glucocorticoids		
AGAMREE ORAL SUSPENSION 40 MG/ML	Tier 5	PA
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Tier 5	PA
BETALOGAN SUIK KIT 6 MG/ML	Tier 4	
<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 within the past 120 days
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (hydrocortisone)	Tier 4	
<i>cortisone oral tablet 25 mg</i>	Tier 2	
<i>deflazacort oral suspension 22.75 mg/ml</i> (Emflaza)	Tier 4	PA
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i> (Emflaza)	Tier 4	PA
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	Tier 4	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 2	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Tier 2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 2	
DEXONTO IONTOPHORETIC SOLUTION 0.4 %	Tier 4	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (deflazacort)	Tier 5	PA
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (deflazacort)	Tier 5	PA
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML	Tier 5	PA
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	Tier 2	
<i>hydrocortisone sod succinate injection recon soln 100 mg</i> (Solu-Cortef)	Tier 2	
MEDROL (PAK) ORAL TABLETS, DOSE PACK 4 MG (methylprednisolone)	Tier 4	

Drug	Status	Notes
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG (methylprednisolone)	Tier 4	
MEDROL ORAL TABLET 2 MG	Tier 3	
MEDROLOAN II SUIK KIT 40 MG/ML	Tier 4	
MEDROLOAN SUIK KIT 40 MG/ML	Tier 4	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	Tier 2	
<i>methylprednisolone oral tablet 32 mg</i>	Tier 2	
<i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))	Tier 2	
ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG (prednisolone sodium phosphate)	Tier 4	
PEDIAPRED ORAL SOLUTION 5 MG BASE/5 ML (6.7 MG/5 ML) (prednisolone sodium phosphate)	Tier 4	
<i>prednisolone oral solution 15 mg/5 ml</i>	Tier 2	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)</i>	Tier 2	
<i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i> (Veripred 20)	Tier 2	
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	Tier 2	
<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 3	
<i>prednisone oral solution 5 mg/5 ml</i>	Tier 2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 2	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	Tier 2	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	Tier 4	
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG	Tier 5	PA
TRILOAN II SUIK KIT 40 MG/ML	Tier 4	
TRILOAN SUIK KIT 40 MG/ML	Tier 4	
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG (budesonide)	Tier 4	ST: Requires prior prescription for Balsalazide within the past 120 days
VERIPRED 20 ORAL SOLUTION 20 MG/5 ML (4 MG/ML) (prednisolone sodium phosphate)	Tier 4	

Drug	Status	Notes
Gold Salts		
<i>auranofin oral capsule 3 mg</i> (Ridaura)	Tier 2	
RIDAURA ORAL CAPSULE 3 MG (auranofin)	Tier 4	
Immunomodulator,B-Lymphocyte Stim(Blys)-Spec Inhib		
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	Tier 5	PA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	Tier 5	PA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	Tier 5	PA
Interleukin-6 (Il-6) Receptor Inhibitors		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 5	PA
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	Tier 5	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 5	PA
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 5	PA
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 5	PA
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 5	PA
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 5	PA
TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	Tier 5	PA
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 5	PA
Janus Kinase (Jak) Inhibitors		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	Tier 5	PA
LEQSELVI ORAL TABLET 8 MG	Tier 5	PA
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 5	PA
RINVOQ LQ ORAL SOLUTION 1 MG/ML	Tier 4	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	Tier 4	PA
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 4	PA

Drug	Status	Notes
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 4	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	Tier 4	PA
Mineralocorticoids		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 2	
Monoclonal Antibody-Human Interleukin 12/23 Inhib		
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML	Tier 4	PA
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	(ustekinumab-aekn)	Tier 4 PA
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	(ustekinumab)	Tier 5 PA; FL: 90 DAYS' SUPPLY PER FILL
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	(ustekinumab)	Tier 4 PA; FL: 90 DAYS' SUPPLY PER FILL
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	(ustekinumab)	Tier 4 PA; FL: 90 DAYS' SUPPLY PER FILL
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML	Tier 4	PA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 4	PA
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 4	PA
Nsaids (Cox Non-Specific Inhib)& Prostaglandin Cmb		
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC 50-200 MG-MCG	(diclofenac-misoprostol)	Tier 4
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC 75-200 MG-MCG	(diclofenac-misoprostol)	Tier 4
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg- mcg</i>	(Arthrotec 50)	Tier 2
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg- mcg</i>	(Arthrotec 75)	Tier 2
Nsaids, Cyclooxygenase 2 Inhibitor - Type		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	(celecoxib)	Tier 4
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	(Celebrex)	Tier 2
Nsaids, Cyclooxygenase Inhibitor-Type		
ANAPROX DS ORAL TABLET 550 MG	(naproxen sodium)	Tier 4
DAYPRO ORAL TABLET 600 MG	(oxaprozin)	Tier 4

Drug	Status	Notes
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 2	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	Tier 2	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	Tier 2	
EC-NAPROSYN ORAL (naproxen) TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG	Tier 4	
EC-NAPROXEN ORAL (naproxen) TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG	Tier 2	
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 2	
<i>etodolac oral tablet 400 mg</i> (Lodine)	Tier 2	
<i>etodolac oral tablet 500 mg</i>	Tier 2	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	Tier 2	
FELDENE ORAL CAPSULE 20 MG (piroxicam)	Tier 4	
<i>flurbiprofen oral tablet 100 mg</i>	Tier 2	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG (ibuprofen)	Tier 2	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	Tier 2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	Tier 2	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 2	
<i>indomethacin oral capsule, extended release 75 mg</i>	Tier 2	
<i>indomethacin rectal suppository 100 mg</i>	Tier 2	
<i>ketoprofen oral capsule 25 mg</i> (Kiprofen)	Tier 2	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	Tier 2	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	Tier 2	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)</i>	Tier 2	FL: 5 DAYS' SUPPLY PER FILL
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	Tier 2	FL: 5 DAYS' SUPPLY PER FILL
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	Tier 2	FL: 5 DAYS' SUPPLY PER FILL
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	Tier 2	FL: 5 DAYS' SUPPLY PER FILL
<i>ketorolac oral tablet 10 mg</i>	Tier 2	QL (20 EA per 5 days)
KIPROFEN ORAL CAPSULE 25 MG (ketoprofen)	Tier 2	
LODINE ORAL TABLET 400 MG (etodolac)	Tier 4	
LURBIPR ORAL TABLET 100 MG (flurbiprofen)	Tier 2	
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	Tier 2	
<i>mefenamic acid oral capsule 250 mg</i>	Tier 2	

Drug	Status	Notes
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	Tier 2	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 2	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 2	
NAPROSYN ORAL TABLET 500 MG (naproxen)	Tier 4	
<i>naproxen oral tablet 250 mg, 375 mg</i>	Tier 2	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	Tier 2	
<i>naproxen oral tablet, delayed release (drlec) 375 mg, 500 mg</i> (EC-Naprosyn)	Tier 2	
<i>naproxen sodium oral tablet 275 mg</i>	Tier 2	
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	Tier 2	
<i>oxaprozin oral tablet 600 mg</i> (Daypro)	Tier 2	
<i>piroxicam oral capsule 10 mg</i>	Tier 2	
<i>piroxicam oral capsule 20 mg</i> (Feldene)	Tier 2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 2	
<i>tolmetin oral capsule 400 mg</i>	Tier 2	
<i>tolmetin oral tablet 600 mg</i> (Tolectin 600)	Tier 2	
TORONOVA II SUIK KIT 30 MG/ML	Tier 4	
TORONOVA SUIK KIT 30 MG/ML	Tier 4	
Plasma Kallikrein Inhibitors		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	Tier 5	PA
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Tier 5	PA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	Tier 5	PA
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	Tier 5	PA
Local Anesthesia		
Local Anesthetics		
GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 % (lidocaine hcl)	Tier 2	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	Tier 2	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)	Tier 2	
<i>lidocaine hcl mucous membrane solution 2 %</i> (Lidocaine Viscous)	Tier 2	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	Tier 2	
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 % (lidocaine hcl)	Tier 2	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML)	Tier 4	

Drug		Status	Notes
Lower Gastrointestinal Disorders - Bowel Inflammation			
Chronic Inflammation of the Colon, 5-Aminosalicylate, Rectal Treatment			
CANASA RECTAL SUPPOSITORY 1,000 MG	(mesalamine)	Tier 4	
<i>mesalamine rectal enema 4 gram/60 ml</i>	(sulfasalazine)	Tier 2	
<i>mesalamine rectal suppository 1,000 mg</i>	(Canasa)	Tier 2	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	(Rowasa)	Tier 2	
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML	(mesalamine with cleansing wipe)	Tier 4	
SFROWASA RECTAL ENEMA 4 GRAM/60 ML	(mesalamine)	Tier 4	
Drug Treatment of Chronic Inflammation of the Colon, 5-Aminosalicylate			
APRISO ORAL CAPSULE, EXTENDED RELEASE 24HR 0.375 GRAM	(mesalamine)	Tier 4	
AZULFIDINE EN-TABS ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	(sulfasalazine)	Tier 4	
AZULFIDINE ORAL TABLET 500 MG	(sulfasalazine)	Tier 4	
<i>balsalazide oral capsule 750 mg</i>	(Colazal)	Tier 2	
COLAZAL ORAL CAPSULE 750 MG	(balsalazide)	Tier 4	
DIPENTUM ORAL CAPSULE 250 MG		Tier 4	ST: Requires prior prescription for Lialda within the past 120 days
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM	(mesalamine)	Tier 4	
<i>mesalamine oral capsule (with delayed release tablets) 400 mg</i>		Tier 2	
<i>mesalamine oral capsule, extended release 500 mg</i>	(Pentasa)	Tier 2	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	(Apriso)	Tier 2	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	(Lialda)	Tier 2	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>		Tier 2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG		Tier 3	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	(mesalamine)	Tier 3	
<i>sulfasalazine oral tablet 500 mg</i>	(Azulfidine)	Tier 2	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	(Azulfidine EN-tabs)	Tier 2	

Drug		Status	Notes
Hemorrhoidal Prep, Anti-Inflam Steroid/Local Anesth			
ANALPRAM-HC RECTAL CREAM 1-1 %, 2.5-1 %	(hydrocortisone-pramoxine)	Tier 4	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %</i>	(Analpram-HC)	Tier 2	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 % (4g)</i>		Tier 2	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>		Tier 2	
<i>lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)</i>		Tier 2	
<i>lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram), 3-2.5 % (7 gram)</i>		Tier 2	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>		Tier 2	
PROCORT RECTAL CREAM 1.85-1.15 %		Tier 4	
PROCTOFOAM HC RECTAL FOAM 1-1 %		Tier 3	
ZYPRAM RECTAL KIT, CREAM AND TOWELETTE 2.35-1 %		Tier 4	
Ibs Agents, Mixed Opioid Recep Agonists/Antagonists			
VIBERZI ORAL TABLET 100 MG, 75 MG		Tier 3	
Integrin Receptor Antagonist, Monoclonal Antibody			
ENTYVIO INTRAVENOUS RECON SOLN 300 MG		Tier 5	PA
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML		Tier 5	PA
Irritable Bowel Agents, Guanylate Cylase-C Agonist			
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		Tier 3	QL (1 EA per 1 day)
TRULANCE ORAL TABLET 3 MG		Tier 3	QL (1 EA per 1 day)
Local Anorectal Nitrate Preparations			
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	(Rectiv)	Tier 2	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	(nitroglycerin)	Tier 4	
Rectal Preparations			
ANUCORT-HC RECTAL SUPPOSITORY 25 MG	(hydrocortisone acetate)	Tier 2	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG	(hydrocortisone acetate)	Tier 4	

Drug		Status	Notes
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG, 30 MG	(hydrocortisone acetate)	Tier 4	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	(Anucort-HC)	Tier 2	
<i>hydrocortisone acetate rectal suppository 30 mg</i>	(Hemmorex-HC)	Tier 2	
PROCTOCORT RECTAL SUPPOSITORY 30 MG	(hydrocortisone acetate)	Tier 4	
Rectal/Lower Bowel Prep., Glucocort. (Non-Hemorr)			
<i>budesonide rectal foam 2 mg/actuation</i>	(Uceris)	Tier 2	
CORTENEMA RECTAL ENEMA 100 MG/60 ML	(hydrocortisone)	Tier 4	
CORTIFOAM RECTAL FOAM 10 % (80 MG)		Tier 4	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	(Cortenema)	Tier 2	
UCERIS RECTAL FOAM 2 MG/ACTUATION	(budesonide)	Tier 4	
Lower Gastrointestinal Disorders - Other			
Ammonia Inhibitors			
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM	(sodium phenylbutyrate)	Tier 5	PA
BUPHENYL ORAL TABLET 500 MG	(sodium phenylbutyrate)	Tier 5	PA
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	(carglumic acid)	Tier 5	PA
<i>carglumic acid oral tablet, dispersible 200 mg</i>	(Carbaglu)	Tier 4	PA
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	(lactulose)	Tier 2	
GENERLAC ORAL SOLUTION 10 GRAM/15 ML	(lactulose)	Tier 2	
LITHOSTAT ORAL TABLET 250 MG		Tier 4	
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM		Tier 5	PA
PHEBURANE ORAL GRANULES 483 MG/GRAM		Tier 5	PA
RAVICTI ORAL LIQUID 1.1 GRAM/ML		Tier 5	PA
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	(Buphenyl)	Tier 4	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	(Buphenyl)	Tier 4	PA

Drug	Status	Notes
Antidiarrheal - G.I. Chloride Channel Inhibitors		
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG	Tier 3	ST: Requires prior prescription for Antiretrovirals therapy within the past 120 days; QL (2 EA per 1 day)
Antidiarrheal - Tryptophan Hydroxylase Inhibitor		
XERMELO ORAL TABLET 250 MG	Tier 4	PA
Antidiarrheals		
<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</i> (Lomotil)	Tier 2	
LOMOTIL ORAL TABLET 2.5-0.025 MG (diphenoxylate-atropine)	Tier 4	
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	Tier 2	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	Tier 2	
Bile Salts		
CHENODAL ORAL TABLET 250 MG	Tier 5	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 5	PA
CTEXLI ORAL TABLET 250 MG	Tier 5	PA
URSO FORTE ORAL TABLET 500 MG (ursodiol)	Tier 4	
<i>ursodiol oral capsule 300 mg</i>	Tier 2	
<i>ursodiol oral tablet 250 mg</i>	Tier 2	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	Tier 2	
Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog		
OALIVA ORAL TABLET 10 MG, 5 MG	Tier 4	PA
Ibs Agents,Sodium-Hydrogen Exchanger 3(Nhe3) Inhib		
IBSRELA ORAL TABLET 50 MG	Tier 4	PA
Ileal Bile Acid Transporter (Ibat) Inhibitor		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	Tier 5	PA
BYLVAY ORAL PELLETT 200 MCG, 600 MCG	Tier 5	PA
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	Tier 5	PA
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	Tier 5	PA

Drug	Status	Notes
Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type		
<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	Tier 2	
LOTROXEN ORAL TABLET 0.5 MG, 1 MG (alosetron)	Tier 4	
Laxatives And Cathartics		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (lubiprostone)	Tier 4	QL (2 EA per 1 day)
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	PREV	QL (350 ML per 1 FILL)
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML (lactulose)	Tier 2	
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (peg 3350-electrolytes)	PREV	QL (4000 ML per 1 FILL)
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM (peg 3350-electrolytes)	PREV	QL (4000 ML per 1 FILL)
GAVILYTE-N ORAL RECON SOLN 420 GRAM (peg-electrolyte soln)	PREV	QL (4000 ML per 1 FILL)
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM (peg 3350-electrolytes)	Tier 4	QL (4000 ML per 1 FILL)
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	Tier 2	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	Tier 2	QL (2 EA per 1 day)
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM (peg3350-sod sul-nacl-kcl-asb-c)	Tier 4	QL (1 EA per 1 FILL)
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)	PREV	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)	PREV	QL (1 EA per 1 FILL)
<i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)	PREV	QL (4000 ML per 1 FILL)
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	PREV	ST: Requires prior prescription for Clenpiq, generic bowel prep, or Sutab within the past 120 days; QL (3 EA per 1 FILL)
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit)	PREV	QL (354 ML per 1 FILL)
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM	PREV	ST: Requires prior prescription for Clenpiq, generic bowel prep, or Sutab within the past 120 days; QL (2 EA per 1 FILL)
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM (sodium,potassium,mag sulfates)	Tier 4	QL (354 ML per 1 FILL)
SUTAB ORAL TABLET 1.479-0.188-0.225 GRAM	PREV	QL (24 EA per 1 FILL)

Drug	Status	Notes
Narcotic Antagonists, Peripherally-Acting		
<i>alvimopan oral capsule 12 mg</i>	Tier 2	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 3	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG	Tier 4	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	Tier 4	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	Tier 4	PA
SYMPROIC ORAL TABLET 0.2 MG	Tier 3	QL (1 EA per 1 day)
Ppar Agonist		
IQIRVO ORAL TABLET 80 MG	Tier 4	PA
LIVDELZI ORAL CAPSULE 10 MG	Tier 4	PA
Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	Tier 4	PA
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	Tier 4	PA
Tissue Bulking Implants - Non-Cosmetic		
SOLESTA IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (4)	Tier 5	
Medical Supplies		
Diabetic Supplies		
UNISTIK 3 COMFORT LANCET 28 (lancets) GAUGE	Tier 3	
Durable Medical Equipment,Misc(Group 1)		
ACCU-CHEK FASTCLIX LANCET (lancets) DRUM	Tier 3	
ACCU-CHEK SAFE-T-PRO 23 GAUGE	Tier 3	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE	Tier 3	
ACCU-CHEK SOFTCLIX LANCETS (lancets)	Tier 3	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE	Tier 3	
ACTI-LANCE LANCETS 28 GAUGE (lancets)	Tier 3	
ADVANCED TRAVEL LANCETS 28 (lancets) GAUGE	Tier 3	
ADVOCATE LANCET 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
ADVOCATE LANCET 23 GAUGE	Tier 3	

Drug	Status	Notes
AGAMATRIX ULTRA-THIN LANCET 33 GAUGE (lancets)	Tier 3	
ALTERNATE SITE LANCET 26 GAUGE (lancets)	Tier 3	
ASSURE LANCE 25 GAUGE	Tier 3	
ASSURE LANCE 28 GAUGE (lancets)	Tier 3	
ASSURE LANCE PLUS 21 GAUGE, 30 GAUGE (lancets)	Tier 3	
ASSURE LANCE PLUS 25 GAUGE	Tier 3	
BD MICROTAINER LANCET 1.5 X 2 MM	Tier 3	
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (lancets)	Tier 3	
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
BULLSEYE MINI SAFETY LANCETS 25 GAUGE	Tier 3	
BUTTERFLY TOUCH LANCET 30 GAUGE (lancets)	Tier 3	
CAREONE ULTRA THIN LANCET (lancets)	Tier 3	
CARESENS LANCETS 30 GAUGE (lancets)	Tier 3	
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 3	
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
CHOSEN LANCET 30 GAUGE (lancets)	Tier 3	
CHOSEN SAFETY LANCET 28 GAUGE (lancets)	Tier 3	
CLEVER CHEK LANCETS 30 GAUGE (lancets)	Tier 3	
COAGUCHEK LANCETS (lancets)	Tier 3	
COLOR LANCETS 21 GAUGE (lancets)	Tier 3	
COMFORT EZ LANCETS 23 GAUGE	Tier 3	
COMFORT EZ LANCETS 28 GAUGE (lancets)	Tier 3	
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (lancets)	Tier 3	
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE	Tier 3	
DROPLET LANCETS 30 GAUGE (lancets)	Tier 3	
EASY COMFORT LANCETS 30 GAUGE (lancets)	Tier 3	
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
EASY TOUCH LANCETS 32 GAUGE	Tier 3	
EASY TOUCH SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
EASY TOUCH SAFETY LANCETS 23 GAUGE, 32 GAUGE	Tier 3	

Drug	Status	Notes
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
EASY TOUCH TWIST LANCETS 32 GAUGE	Tier 3	
EASY TWIST AND CAP LANCETS 28 GAUGE (lancets)	Tier 3	
EMBRACE LANCETS 30 GAUGE (lancets)	Tier 3	
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
E-Z JECT LANCETS 32 GAUGE	Tier 3	
E-Z JECT THIN LANCETS 28 GAUGE (lancets)	Tier 3	
EZ SMART LANCETS 28 GAUGE (lancets)	Tier 3	
FINGERSTIX LANCETS (lancets)	Tier 3	
FORACARE LANCETS 30 GAUGE (lancets)	Tier 3	
FREESTYLE LANCETS 28 GAUGE (lancets)	PREV	
FREESTYLE UNISTIK 2 (lancets)	PREV	
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
GOJJI LANCETS 30 GAUGE (lancets)	Tier 3	
INCONTROL SUPER THIN LANCETS 30 GAUGE (lancets)	Tier 3	
INCONTROL ULTRA THIN LANCETS 28 GAUGE (lancets)	Tier 3	
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
INVACARE LANCETS 30 GAUGE (lancets)	Tier 3	
<i>lancets</i> (FreeStyle Unistik 2)	Tier 3	
<i>lancets 21 gauge, 26 gauge, 30 gauge</i> (Advocate Lancet)	Tier 3	
<i>lancets 28 gauge</i> (FreeStyle Lancets)	Tier 3	
<i>lancets 33 gauge</i> (AgaMatrix Ultra-Thin Lancet)	Tier 3	
LANCETS, SUPER THIN (lancets)	Tier 3	
LANCETS,THIN , 28 GAUGE (lancets)	Tier 3	
LANCETS,ULTRA THIN (lancets)	Tier 3	
MEDISENSE THIN LANCETS 28 GAUGE (lancets)	Tier 3	
MEDLANCE PLUS LANCETS 21 GAUGE, 30 GAUGE (lancets)	Tier 3	
MEDLANCE PLUS LANCETS 25 GAUGE	Tier 3	
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM	Tier 3	

Drug		Status	Notes
MICRO THIN LANCETS 33 GAUGE	(lancets)	Tier 3	
MICROLET LANCET	(lancets)	Tier 3	
MOBILE LANCETS 30 GAUGE	(lancets)	Tier 3	
MONOLET LANCETS 21 GAUGE	(lancets)	Tier 3	
MONOLET THIN LANCETS 28 GAUGE	(lancets)	Tier 3	
MYGLUCOHEALTH LANCETS 30 GAUGE	(lancets)	Tier 3	
NOVA SAFETY LANCETS 23 GAUGE		Tier 3	
NOVA SAFETY LANCETS 28 GAUGE	(lancets)	Tier 3	
NOVA SUREFLEX LANCETS	(lancets)	Tier 3	
ON CALL LANCET 30 GAUGE	(lancets)	Tier 3	
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE	(lancets)	Tier 3	
ONETOUCH DELICA SAFETY LANCET 30 GAUGE	(lancets)	Tier 3	
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE	(lancets)	Tier 3	
ON-THE-GO LANCETS 30 GAUGE	(lancets)	Tier 3	
PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE	(lancets)	Tier 3	
PIP LANCET 28 GAUGE, 30 GAUGE	(lancets)	Tier 3	
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE	(lancets)	Tier 3	
PRO COMFORT LANCET 30 GAUGE	(lancets)	Tier 3	
PRO COMFORT LANCET 31 GAUGE		Tier 3	
PRO COMFORT SAFETY LANCET 30 GAUGE	(lancets)	Tier 3	
PRODIGY LANCETS 26 GAUGE, 28 GAUGE	(lancets)	Tier 3	
PRODIGY TWIST TOP LANCET 28 GAUGE	(lancets)	Tier 3	
PURE COMFORT LANCETS 30 GAUGE	(lancets)	Tier 3	
PURE COMFORT SAFETY LANCETS 30 GAUGE	(lancets)	Tier 3	
PUSH BUTTON SAFETY LANCETS 28 GAUGE	(lancets)	Tier 3	
RELIAMED LANCET 28 GAUGE, 30 GAUGE	(lancets)	Tier 3	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	(lancets)	Tier 3	
RIGHTTEST GL300 LANCETS 30 GAUGE	(lancets)	Tier 3	
SAFETY LANCETS 21 GAUGE, 28 GAUGE	(lancets)	Tier 3	

Drug	Status	Notes
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SAFETY-LET LANCETS 30 GAUGE (lancets)	Tier 3	
SINGLE-LET (lancets)	Tier 3	
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (lancets)	Tier 3	
SMARTEST LANCET (lancets)	Tier 3	
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
STERILANCE TL 30 GAUGE (lancets)	Tier 3	
STERILANCE TL 32 GAUGE	Tier 3	
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SURE COMFORT LANCETS 18 GAUGE, 23 GAUGE	Tier 3	
SURE COMFORT LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SURE-LANCE , 26 GAUGE, 28 GAUGE (lancets)	Tier 3	
SURE-LANCE ULTRA THIN 30 GAUGE (lancets)	Tier 3	
SURE-TOUCH LANCET (lancets)	Tier 3	
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
TELCARE LANCETS 30 GAUGE (lancets)	Tier 3	
TEMPO REFILL KIT WITH GAUZE KIT	Tier 3	
THIN LANCETS 26 GAUGE (lancets)	Tier 3	
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (lancets)	Tier 3	
TRUE COMFORT LANCET 30 GAUGE (lancets)	Tier 3	
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
TWIST LANCETS 30 GAUGE (lancets)	Tier 3	
TWIST LANCETS 32 GAUGE	Tier 3	
ULTILET BASIC LANCETS 30 GAUGE (lancets)	Tier 3	
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
ULTILET SAFETY LANCETS 23 GAUGE	Tier 3	
ULTRA THIN II LANCETS 30 GAUGE (lancets)	Tier 3	
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
ULTRA THIN LANCETS 31 GAUGE	Tier 3	
ULTRA THIN PLUS LANCETS 33 GAUGE (lancets)	Tier 3	

Drug		Status	Notes
ULTRA TLC LANCETS	(lancets)	Tier 3	
ULTRA-CARE LANCETS 30 GAUGE	(lancets)	Tier 3	
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE	(lancets)	Tier 3	
ULTRA-THIN II LANCETS 28 GAUGE	(lancets)	Tier 3	
UNILET COMFORTOUCH LANCET , 26 GAUGE	(lancets)	Tier 3	
UNILET GP LANCET	(lancets)	Tier 3	
UNILET LANCET 28 GAUGE, 33 GAUGE	(lancets)	Tier 3	
UNILET LANCETS 30 GAUGE	(lancets)	Tier 3	
UNILET SUPER THIN LANCETS 30 GAUGE	(lancets)	Tier 3	
UNISTIK 3 EXTRA LANCET 21 GAUGE	(lancets)	Tier 3	
UNISTIK 3 GENTLE 30 GAUGE	(lancets)	Tier 3	
UNISTIK 3 NORMAL LANCET 23 GAUGE		Tier 3	
UNISTIK COMFORT LANCETS 28 GAUGE	(lancets)	Tier 3	
UNISTIK CZT LANCET 23 GAUGE		Tier 3	
UNISTIK CZT LANCET 28 GAUGE	(lancets)	Tier 3	
UNISTIK EXTRA LANCETS 21 GAUGE	(lancets)	Tier 3	
UNISTIK NORMAL LANCETS 23 GAUGE		Tier 3	
UNISTIK PRO LANCET 21 GAUGE, 28 GAUGE	(lancets)	Tier 3	
UNISTIK PRO LANCET 25 GAUGE		Tier 3	
UNISTIK SAFETY 28 GAUGE, 30 GAUGE	(lancets)	Tier 3	
UNISTIK TOUCH LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE	(lancets)	Tier 3	
UNISTIK TOUCH LANCETS 23 GAUGE		Tier 3	
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 3	
VERIFINE SAFETY LANCET MINI 21 GAUGE, 28 GAUGE, 30 GAUGE	(lancets)	Tier 3	
VERIFINE SAFETY LANCET MINI 23 GAUGE		Tier 3	
VERIFINE UNIVERSAL LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 3	
VIVAGUARD LANCET 30 GAUGE	(lancets)	Tier 3	
VIVAGUARD SAFETY LANCET 28 GAUGE	(lancets)	Tier 3	
Syringes And Accessories			
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16"		Tier 3	

Drug	Status	Notes
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64" (insulin u-500 syringe-needle)	Tier 3	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	Tier 3	
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64"	Tier 3	
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	Tier 3	
<i>insulin u-500 syringe-needle syringe 1/2 ml 31 gauge x 15/64"</i>	Tier 3	
ULTRA-FINE INS SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16"	Tier 3	
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	Tier 3	
Tissue Bulking Implants		
BARRIGEL IMPLANT GEL FOR IMPLANT IN SYRINGE 60 MG/3 ML	Tier 4	PA
Miscellaneous Agents		
Amyloidosis Agents-Transthyretin (Ttr) Suppression		
AMVUTTRA SUBCUTANEOUS SYRINGE 25 MG/0.5 ML	Tier 5	PA
ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML	Tier 5	PA
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML	Tier 5	PA
Anaphylaxis Therapy Agents		
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i> (Auvi-Q)	Tier 2	QL (4 EA per 1 FILL)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	Tier 2	QL (4 EA per 1 FILL)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (EpiPen)	Tier 2	QL (4 EA per 1 FILL)
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (epinephrine)	Tier 4	QL (4 EA per 1 FILL)

Drug	Status	Notes
EPIPEN INJECTION AUTO-INJECTOR (epinephrine) 0.3 MG/0.3 ML	Tier 4	QL (4 EA per 1 FILL)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML (epinephrine)	Tier 4	QL (4 EA per 1 FILL)
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML (epinephrine)	Tier 4	QL (4 EA per 1 FILL)
NEFFY NASAL SPRAY, NON-AEROSOL 1 MG/SPRAY (0.1 ML), 2 MG/SPRAY (0.1 ML)	Tier 4	QL (4 EA per 1 FILL)
Cxcr4 Chemokine Receptor Antagonist		
APHEXDA SUBCUTANEOUS RECON SOLN 62 MG	Tier 5	PA
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML) (plerixafor)	Tier 5	PA
<i>plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)</i> (Mozobil)	Tier 4	PA
XOLREMDI ORAL CAPSULE 100 MG	Tier 5	PA
Fibroblast Growth Factor 23 (Fgf23) Inhibitors, Mab		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	Tier 5	PA
Genetic D/O Tx-Exon Inclusion Antisense Oligonucle		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	Tier 5	PA
EVRYSDI ORAL TABLET 5 MG	Tier 5	PA
Genetic D/O Tx-Exon Skipping Antisense Oligonucleo		
AMONDYS-45 INTRAVENOUS SOLUTION 50 MG/ML	Tier 5	PA
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML	Tier 5	PA
VILTEPSO INTRAVENOUS SOLUTION 50 MG/ML	Tier 5	PA
VYONDYS-53 INTRAVENOUS SOLUTION 50 MG/ML	Tier 5	PA
Metabolic Disease Enzyme Replacement, Asmd		
XENPOZYME INTRAVENOUS RECON SOLN 20 MG, 4 MG	Tier 5	PA
Metabolic Disease Enzyme Replacement, Fabry's Dx		
ELFABRIO INTRAVENOUS SOLUTION 2 MG/ML	Tier 5	PA
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	Tier 5	PA

Drug	Status	Notes
Metabolic Disease Enzyme Replacement, Gaucher's Dx		
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	Tier 5	PA
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT	Tier 5	PA
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	Tier 5	PA
Metabolic Disease Enzyme Replacement,Pompe Disease		
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	Tier 5	PA
NEXVIAZYME INTRAVENOUS RECON SOLN 100 MG	Tier 5	PA
POMBILITI INTRAVENOUS RECON SOLN 105 MG	Tier 5	PA
Metabolic Dx Enzyme Replacement,Lyso.Acid Lip.Def.		
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	Tier 5	PA
Parasympathetic Agents		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 2	
<i>cevimeline oral capsule 30 mg</i> (Evoxac)	Tier 2	
EVOXAC ORAL CAPSULE 30 MG (cevimeline)	Tier 4	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	Tier 2	
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG (pilocarpine hcl)	Tier 4	
Pharmacological Chaperone-Alpha-Galactosid.A Stabz		
GALAFOLD ORAL CAPSULE 123 MG	Tier 5	PA
Pku Treatment Agents - Phenylalanine Ammonia Lyase		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	Tier 4	PA
Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase		
JAVYGTOR ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin)	Tier 4	
JAVYGTOR ORAL TABLET,SOLUBLE 100 MG (sapropterin)	Tier 4	
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin)	Tier 4	
KUVAN ORAL TABLET,SOLUBLE 100 MG (sapropterin)	Tier 4	

Drug	Status	Notes
<i>sapropterin oral powder in packet 100 mg, 500 mg</i> (Javygtor)	Tier 4	
<i>sapropterin oral tablet, soluble 100 mg</i> (Javygtor)	Tier 4	
Systemic Enzyme Inhibitors		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	Tier 5	
GLASSIA INTRAVENOUS SOLUTION 20 MG/ML (2 %)	Tier 5	
JOENJA ORAL TABLET 70 MG	Tier 5	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	Tier 5	
VIJOICE ORAL GRANULES IN PACKET 50 MG	Tier 5	PA
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	Tier 5	PA
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG	Tier 5	
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Tier 5	PA
Thyroid Hormone Receptor (Thr) Agonist		
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	Tier 5	PA
Topical Anticholinergic Hyperhidrosis Tx Agents		
QBREXZA TOPICAL TOWELETTE 2.4 %	Tier 3	PA
SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION)	Tier 4	PA
Unknown		
LAMZEDE INTRAVENOUS RECON SOLN 10 MG	Tier 5	PA
Neoplastic Disease		
Alkylating Agents		
ALKERAN (AS HCL) INTRAVENOUS RECON SOLN 50 MG (melphalan hcl)	Tier 5	
ALKERAN ORAL TABLET 2 MG (melphalan)	Tier 4	
<i>bendamustine intravenous recon soln 100 mg, 25 mg</i> (Treanda)	Tier 4	
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)	Tier 5	
BICNU INTRAVENOUS RECON SOLN 100 MG (carmustine)	Tier 5	
<i>busulfan intravenous solution 60 mg/10 ml</i> (Busulfex)	Tier 4	

Drug	Status	Notes
BUSULFEX INTRAVENOUS SOLUTION (busulfan) 60 MG/10 ML	Tier 5	
<i>carboplatin intravenous recon soln 150 mg</i>	Tier 4	
<i>carboplatin intravenous solution 10 mg/ml</i> (Paraplatin)	Tier 4	
<i>carmustine intravenous recon soln 100 mg</i> (BiCNU)	Tier 4	
<i>carmustine intravenous recon soln 300 mg</i>	Tier 4	
<i>cisplatin intravenous recon soln 50 mg</i>	Tier 4	
<i>cisplatin intravenous solution 1 mg/ml</i> (Kemoplat)	Tier 4	
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	Tier 4	
<i>cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml</i>	Tier 4	
<i>cyclophosphamide intravenous solution 500 mg/ml</i> (Frindovyx)	Tier 4	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 4	
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	Tier 4	
EVOMELA INTRAVENOUS RECON SOLN 50 MG	Tier 5	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine)	Tier 5	PA
GLIADEL WAFER IMPLANT WAFER 7.7 MG	Tier 5	
GRAFAPEX INTRAVENOUS RECON SOLN 1 GRAM, 5 GRAM	Tier 5	
HEPZATO (50 MM CATHETER) INTRA-ARTERIAL RECON SOLN 50 MG	Tier 5	
HEPZATO (62 MM CATHETER) INTRA-ARTERIAL RECON SOLN 50 MG	Tier 5	
HYDREA ORAL CAPSULE 500 MG (hydroxyurea)	Tier 4	
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	Tier 2	
IFEX INTRAVENOUS RECON SOLN 1 GRAM, 3 GRAM (ifosfamide)	Tier 5	
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i> (Ifex)	Tier 4	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	Tier 4	
IVRA INTRAVENOUS SOLUTION 90 MG/ML	Tier 4	
KEMOPLAT INTRAVENOUS SOLUTION 1 MG/ML (cisplatin)	Tier 4	
LEUKERAN ORAL TABLET 2 MG	Tier 4	

Drug	Status	Notes
<i>melphalan hcl intravenous recon soln 50 mg</i> (Alkeran (as HCl))	Tier 4	
MYLERAN ORAL TABLET 2 MG	Tier 4	
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	Tier 4	
<i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i>	Tier 4	
TEMODAR INTRAVENOUS RECON SOLN 100 MG	Tier 5	PA
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 4	PA
TEPADINA INJECTION RECON SOLN 100 MG, 15 MG (thiotepa)	Tier 5	
TEPYLUTE INTRAVENOUS SOLUTION 10 MG/ML	Tier 5	
<i>thiotepa injection recon soln 100 mg, 15 mg</i> (Tepadina)	Tier 4	
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG (bendamustine)	Tier 5	
VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)	Tier 5	
YONDELIS INTRAVENOUS RECON SOLN 1 MG	Tier 5	PA
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	Tier 5	PA
Antiandrogenic Agents		
<i>abiraterone oral tablet 250 mg</i> (Abirtega)	Tier 4	PA
<i>abiraterone oral tablet 500 mg</i> (Zytiga)	Tier 4	PA
ABIRTEGA ORAL TABLET 250 MG (abiraterone)	Tier 4	PA
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	Tier 2	
CASODEX ORAL TABLET 50 MG (bicalutamide)	Tier 4	
ERLEADA ORAL TABLET 240 MG, 60 MG	Tier 4	PA
NILANDRON ORAL TABLET 150 MG (nilutamide)	Tier 5	QL (2 EA per 1 day)
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	Tier 4	QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG	Tier 4	PA
XTANDI ORAL CAPSULE 40 MG	Tier 4	PA
XTANDI ORAL TABLET 40 MG, 80 MG	Tier 4	PA
YONSA ORAL TABLET 125 MG	Tier 5	PA
ZYTIGA ORAL TABLET 250 MG, 500 MG (abiraterone)	Tier 5	PA
Antibiotic Antineoplastics		
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	Tier 4	

Drug	Status	Notes
COSMEGEN INTRAVENOUS RECON SOLN 0.5 MG (dactinomycin)	Tier 5	
<i>dactinomycin intravenous recon soln 0.5 mg</i> (Cosmegen)	Tier 4	
<i>daunorubicin intravenous solution 5 mg/ml</i>	Tier 4	
DOXIL INTRAVENOUS SUSPENSION 2 MG/ML (doxorubicin, peg-liposomal)	Tier 5	
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Doxil)	Tier 4	
ELLENCE INTRAVENOUS SOLUTION 200 MG/100 ML, 50 MG/25 ML (epirubicin)	Tier 5	
<i>epirubicin intravenous recon soln 50 mg</i>	Tier 4	
<i>epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml</i> (Ellence)	Tier 4	
IDAMYCIN PFS INTRAVENOUS SOLUTION 1 MG/ML (idarubicin)	Tier 5	
<i>idarubicin intravenous solution 1 mg/ml</i> (Idamycin PFS)	Tier 4	
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2	Tier 5	PA
<i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i> (Mutamycin)	Tier 4	
MUTAMYCIN INTRAVENOUS RECON SOLN 20 MG, 40 MG, 5 MG (mitomycin)	Tier 4	
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM	Tier 5	
Anti-Cd20 (B Lymphocyte) Monoclonal Antibody		
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	Tier 5	PA
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	Tier 5	PA
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	Tier 5	PA
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	Tier 5	PA
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	Tier 5	PA
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	Tier 5	PA
Antimetabolites		
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG (pemetrexed disodium)	Tier 5	PA
ARRANON INTRAVENOUS SOLUTION 250 MG/50 ML (nelarabine)	Tier 5	

Drug	Status	Notes
AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG	Tier 5	PA
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	Tier 4	
<i>capecitabine oral tablet 150 mg, 500 mg</i> (Xeloda)	Tier 4	PA
<i>cladribine intravenous solution 10 mg/10 ml</i>	Tier 4	
<i>clofarabine intravenous solution 1 mg/ml</i>	Tier 4	
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml</i>	Tier 4	
<i>cytarabine injection solution 20 mg/ml</i>	Tier 4	
<i>decitabine intravenous recon soln 50 mg</i>	Tier 4	
<i>floxuridine injection recon soln 0.5 gram</i>	Tier 4	
<i>fludarabine intravenous recon soln 50 mg</i>	Tier 4	
<i>fludarabine intravenous solution 50 mg/2 ml</i>	Tier 4	
FOLOTYN INTRAVENOUS SOLUTION (pralatrexate) 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	Tier 5	PA
<i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>	Tier 4	
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 100 mg/ml, 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	Tier 4	
INFUGEM INTRAVENOUS PIGGYBACK 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML)	Tier 5	
INQOVI ORAL TABLET 35-100 MG	Tier 4	PA
JYLAMVO ORAL SOLUTION 2 MG/ML	Tier 4	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 4	PA
<i>mercaptopurine oral suspension 20 mg/ml</i> (Purixan)	Tier 4	ST: Requires prior prescription for Mercaptopurine tablets within the past 120 days
<i>mercaptopurine oral tablet 50 mg</i>	Tier 2	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Tier 2	

Drug	Status	Notes
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 2	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 2	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 2	
<i>nelarabine intravenous solution 250 mg/50 ml</i> (Arranon)	Tier 4	
NIPENT INTRAVENOUS RECON SOLN 10 MG (pentostatin)	Tier 5	
ONUREG ORAL TABLET 200 MG, 300 MG	Tier 4	PA
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg</i>	Tier 4	PA
<i>pemetrexed disodium intravenous recon soln 100 mg, 500 mg</i> (Alimta)	Tier 4	PA
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	Tier 4	PA
<i>pemetrexed intravenous recon soln 100 mg, 500 mg</i>	Tier 4	PA
<i>pemetrexed intravenous solution 25 mg/ml</i> (Pemfexy)	Tier 4	PA
PEMFEXY INTRAVENOUS SOLUTION 25 MG/ML (pemetrexed)	Tier 5	PA
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML	Tier 5	PA
<i>pralatrexate intravenous solution 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml)</i> (Folotyng)	Tier 4	PA
PURIXAN ORAL SUSPENSION 20 MG/ML (mercaptopurine)	Tier 4	ST: Requires prior prescription for Mercaptopurine tablets within the past 120 days
TABLOID ORAL TABLET 40 MG (thioguanine)	Tier 4	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 3	
VIDAZA INJECTION RECON SOLN 100 MG (azacitidine)	Tier 5	
XATMEP ORAL SOLUTION 2.5 MG/ML	Tier 4	ST: Requires prior prescription for Methotrexate tablets or injection solution within the past 120 days if 12 years of age and older; QL (120 ML per 60 days)
XELODA ORAL TABLET 150 MG, 500 MG (capecitabine)	Tier 5	PA

Drug	Status	Notes
Antineoplast Egf Receptor Blocker Rcmb Mc Antibody		
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	Tier 5	PA
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG- 10,000 UNIT/5 ML	Tier 5	PA
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	Tier 5	PA
HERCESSI INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 5	PA
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 5	PA
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 4	PA
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	Tier 5	PA
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 4	PA
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 5	PA
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	Tier 5	PA
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML	Tier 5	PA
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 4	PA
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	Tier 5	PA
Antineoplast Hum Vegf Inhibitor Recomb Mc Antibody		
ALYMSYS INTRAVENOUS SOLUTION 25 MG/ML	Tier 5	PA
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	Tier 5	PA
MVASI INTRAVENOUS SOLUTION 25 MG/ML	Tier 4	PA
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML	Tier 4	PA
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	Tier 4	PA
Antineoplastic - Antibiotic And Antimetabolite		
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	Tier 5	PA

Drug	Status	Notes
Antineoplastic - Anti-Cd38 Monoclonal Antibody		
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	Tier 5	PA
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	Tier 5	PA
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	Tier 5	PA
Antineoplastic - Anti-Slamf7 Monoclonal Antibody		
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	Tier 5	PA
Antineoplastic Aromatase Inhibitors		
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	PREV	
ARIMIDEX ORAL TABLET 1 MG (anastrozole)	Tier 4	
AROMASIN ORAL TABLET 25 MG (exemestane)	Tier 4	
<i>exemestane oral tablet 25 mg</i> (Aromasin)	PREV	
FEMARA ORAL TABLET 2.5 MG (letrozole)	Tier 4	
<i>letrozole oral tablet 2.5 mg</i> (Femara)	Tier 2	
Antineoplastic - Braf Kinase Inhibitors		
BRAFTOVI ORAL CAPSULE 75 MG	Tier 4	PA
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	Tier 5	PA
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	Tier 5	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 4	PA
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	Tier 4	PA
ZELBORAF ORAL TABLET 240 MG	Tier 4	PA
Antineoplastic - Cd19 (B Lymphocyte) Mc Antibody		
MONJUVI INTRAVENOUS RECON SOLN 200 MG	Tier 5	PA
Antineoplastic - Egfr And Met Receptor Inhib, Mab		
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	Tier 5	PA
Antineoplastic - Epothilones And Analogs		
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	Tier 5	PA

Drug	Status	Notes
Antineoplastic - Halichondrin B Analogs		
<i>eribulin intravenous solution 1 mg/2 ml (0.5 mg/ml)</i> (Halaven)	Tier 4	PA
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML) (eribulin)	Tier 5	PA
Antineoplastic - Hedgehog Pathway Inhibitor		
DAURISMO ORAL TABLET 100 MG, 25 MG	Tier 4	PA
ERIVEDGE ORAL CAPSULE 150 MG	Tier 4	PA
ODOMZO ORAL CAPSULE 200 MG	Tier 4	PA
Antineoplastic - Immunotherapy, T-Cell Engager		
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	Tier 5	PA
Antineoplastic - Janus Kinase (Jak) Inhibitors		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 4	PA
Antineoplastic - Kras Protein Inhibitor		
KRAZATI ORAL TABLET 200 MG	Tier 4	PA
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG	Tier 4	PA
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors		
COTELLIC ORAL TABLET 20 MG	Tier 4	PA
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	Tier 5	PA
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	Tier 5	PA
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 4	PA
MEKINIST ORAL RECON SOLN 0.05 MG/ML	Tier 4	PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 4	PA
MEKTOVI ORAL TABLET 15 MG	Tier 4	PA
Antineoplastic - Mtor Kinase Inhibitors		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG (everolimus (antineoplastic))	Tier 5	PA
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (everolimus (antineoplastic))	Tier 5	PA
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i> (Torpenz)	Tier 4	PA
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	Tier 4	PA

Drug	Status	Notes
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	Tier 5	PA
<i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i> (Torisel)	Tier 4	PA
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST) (temsirolimus)	Tier 5	PA
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (everolimus (antineoplastic))	Tier 4	PA
Antineoplastic - Protein Methyltransferase Inhibit		
TAZVERIK ORAL TABLET 200 MG	Tier 4	PA
Antineoplastic - Topoisomerase I Inhibitors		
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML, 300 MG/15 ML, 40 MG/2 ML (irinotecan)	Tier 5	
HYCANTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 4	
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml</i> (Camptosar)	Tier 4	
<i>irinotecan intravenous solution 500 mg/25 ml</i>	Tier 4	
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	Tier 5	PA
<i>topotecan intravenous recon soln 4 mg</i>	Tier 4	
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	Tier 4	
Antineoplastic - Vegf-A,B & P1gf Inhibitor		
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	Tier 5	PA
Antineoplastic - Vegfr Antagonist		
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	Tier 5	PA
Antineoplastic- Cd22 Antibody-Cytotoxic Antibiotic		
BESPO NSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	Tier 5	PA
Antineoplastic- Cd33 Antibody-Cytotoxic Antibiotic		
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	Tier 5	PA

Drug	Status	Notes
Antineoplastic Immunomodulator Agents		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	Tier 4	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 4	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (lenalidomide)	Tier 4	PA
Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs		
ORGOVYX ORAL TABLET 120 MG	Tier 4	PA
Antineoplastic Systemic Enzyme Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	Tier 4	PA
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 5	PA
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	Tier 5	PA
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	Tier 4	PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Tier 4	PA
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 4	PA
<i>bortezomib injection recon soln 1 mg, 2.5 mg</i>	Tier 4	PA
<i>bortezomib injection recon soln 3.5 mg</i> (Velcade)	Tier 5	PA
<i>bortezomib intravenous solution 2.5 mg/ml</i>	Tier 4	PA
BORUZU INJECTION SOLUTION 2.5 MG/ML	Tier 5	PA
BOSULIF ORAL CAPSULE 100 MG, 50 MG	Tier 4	PA
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Tier 4	PA
BRUKINSA ORAL CAPSULE 80 MG	Tier 4	PA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 4	PA
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	Tier 4	PA
CAPRELSA ORAL TABLET 100 MG, 300 MG (vandetanib)	Tier 5	PA
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

Drug	Status	Notes
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 5	PA
DANZITEN ORAL TABLET 71 MG, 95 MG	Tier 4	PA
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i> (Sprycel)	Tier 4	PA
ENSACOVE ORAL CAPSULE 100 MG, 25 MG	Tier 5	PA
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	Tier 4	PA
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Tier 4	PA
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	Tier 4	PA
GAVRETO ORAL CAPSULE 100 MG	Tier 4	PA
<i>gefitinib oral tablet 250 mg</i> (Iressa)	Tier 4	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 4	PA
GLEEVEC ORAL TABLET 100 MG, 400 MG (imatinib)	Tier 5	PA
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 5	PA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 5	PA
IBTROZI ORAL CAPSULE 200 MG	Tier 5	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Tier 4	PA
<i>imatinib oral tablet 100 mg, 400 mg</i> (Gleevec)	Tier 4	PA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 4	PA
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 4	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Tier 4	PA
IMKELDI ORAL SOLUTION 80 MG/ML	Tier 5	PA
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 4	PA
INREBIC ORAL CAPSULE 100 MG	Tier 4	PA
IRESSA ORAL TABLET 250 MG (gefitinib)	Tier 5	PA
ITOVEBI ORAL TABLET 3 MG, 9 MG	Tier 4	PA
IWILFIN ORAL TABLET 192 MG	Tier 4	PA
JAYPIRCA ORAL TABLET 100 MG, 50 MG	Tier 4	PA
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	Tier 4	PA

Drug	Status	Notes
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	Tier 5	PA
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	Tier 4	PA
LAZCLUZE ORAL TABLET 240 MG, 80 MG	Tier 5	PA
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY (10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X 2), 20 MG/DAY (10 MG X 2), 24 MG/DAY (10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	Tier 4	PA
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 4	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 4	PA
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	Tier 4	PA
NERLYNX ORAL TABLET 40 MG	Tier 4	PA
NEXAVAR ORAL TABLET 200 MG (sorafenib)	Tier 5	PA
<i>nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg</i> (Tasigna)	Tier 4	PA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 4	PA
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	Tier 5	PA
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Tier 4	PA
<i>pazopanib oral tablet 200 mg</i> (Votrient)	Tier 4	PA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 4	PA
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X 1-50 MG X 1), 300 MG/DAY (150 MG X 2)	Tier 4	PA
QINLOCK ORAL TABLET 50 MG	Tier 4	PA
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	Tier 4	PA
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	Tier 5	PA
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	Tier 5	PA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 4	PA
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	Tier 4	PA

Drug	Status	Notes
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 5	PA
RYDAPT ORAL CAPSULE 25 MG	Tier 4	PA
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG	Tier 5	PA
SCSEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	Tier 4	PA
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	Tier 4	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (dasatinib)	Tier 5	PA
STIVARGA ORAL TABLET 40 MG	Tier 4	PA
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	Tier 4	PA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (sunitinib malate)	Tier 5	PA
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 4	PA
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 4	PA
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 4	PA
TARCEVA ORAL TABLET 100 MG (erlotinib)	Tier 5	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (nilotinib hcl)	Tier 4	PA
TEPMETKO ORAL TABLET 225 MG	Tier 4	PA
TRUQAP ORAL TABLET 160 MG, 200 MG	Tier 4	PA
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 4	PA
TURALIO ORAL CAPSULE 125 MG	Tier 4	PA
TYKERB ORAL TABLET 250 MG (lapatinib)	Tier 5	PA
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Tier 4	PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 4	PA
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 4	PA
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 4	PA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 4	PA
VONJO ORAL CAPSULE 100 MG	Tier 4	PA
VOTRIENT ORAL TABLET 200 MG (pazopanib)	Tier 5	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 4	PA

Drug	Status	Notes
XALKORI ORAL PELLETT 150 MG, 20 MG, 50 MG	Tier 4	PA
XOSPATA ORAL TABLET 40 MG	Tier 4	PA
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 4	PA
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 4	PA
ZYKADIA ORAL TABLET 150 MG	Tier 4	PA
Antineoplastic,Anti-Programmed Death-1 (Pd-1) Mab		
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	Tier 5	PA
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	Tier 5	PA
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	Tier 5	PA
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	Tier 5	PA
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	Tier 5	PA
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	Tier 5	PA
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML	Tier 5	PA
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	Tier 5	PA
Antineoplastic,Histone Deacetylase Inhibitors,Hdis		
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	Tier 5	PA
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML (romidepsin)	Tier 5	PA
<i>romidepsin intravenous recon soln 10 mg/2 ml</i> (Istodax)	Tier 4	PA
<i>romidepsin intravenous solution 5 mg/ml</i>	Tier 4	PA
ZOLINZA ORAL CAPSULE 100 MG	Tier 4	
Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 4	PA
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	Tier 4	PA

Drug	Status	Notes
Antineoplastic-Cd123-Directed Cytotoxin Conjugate		
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML	Tier 5	PA
Antineoplastic-Enzyme Inhib, Antiandrogen Comb.		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 4	PA
Antineoplastic-Hypoxia Inducible Factor (Hif) Inh		
WELIREG ORAL TABLET 40 MG	Tier 4	PA
Antineoplastic-Immunotherapy Checkpoint Inhib Comb		
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	Tier 5	PA
Antineoplastic-Interleukin-6(IL-6)Inhib,Antibody		
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	Tier 5	PA
Antineoplastic-Isocitrate Dehydrogenase Inhibitors		
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 5	PA
REZLIDHIA ORAL CAPSULE 150 MG	Tier 4	PA
TIBSOVO ORAL TABLET 250 MG	Tier 4	PA
VORANIGO ORAL TABLET 10 MG, 40 MG	Tier 4	PA
Antineoplastics Antibody/Antibody-Drug Complexes		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	Tier 5	PA
BLINCYTO INTRAVENOUS KIT 35 MCG	Tier 5	PA
COLUMVI INTRAVENOUS SOLUTION 1 MG/ML	Tier 5	PA
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	Tier 5	PA
DATROWAY INTRAVENOUS RECON SOLN 100 MG	Tier 5	PA
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML	Tier 5	PA
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	Tier 5	PA
EMRELIS INTRAVENOUS RECON SOLN 100 MG, 20 MG	Tier 5	PA
ENHERTU INTRAVENOUS RECON SOLN 100 MG	Tier 5	PA

Drug	Status	Notes
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	Tier 5	PA
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG	Tier 5	PA
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	Tier 5	PA
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	Tier 5	PA
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	Tier 5	PA
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	Tier 5	PA
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	Tier 5	PA
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	Tier 5	PA
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	Tier 5	PA
TIVDAK INTRAVENOUS RECON SOLN 40 MG	Tier 5	PA
TRODELVY INTRAVENOUS RECON SOLN 180 MG	Tier 5	PA
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	Tier 5	PA
VYLOY INTRAVENOUS RECON SOLN 100 MG, 300 MG	Tier 5	PA
ZEVALIN (Y-90) INTRAVENOUS KIT 3.2 MG/2 ML	Tier 5	
ZIIHERA INTRAVENOUS RECON SOLN 300 MG	Tier 5	PA
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	Tier 5	PA
Antineoplastics,Miscellaneous		
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	Tier 4	
<i>arsenic trioxide intravenous solution 2 mg/ml</i> (Trisenox)	Tier 4	
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML	Tier 5	PA
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i> (Docivyx)	Tier 4	
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	Tier 4	
<i>etoposide oral capsule 50 mg</i>	Tier 2	

Drug	Status	Notes
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	Tier 5	
LYSODREN ORAL TABLET 500 MG	Tier 4	
MATULANE ORAL CAPSULE 50 MG	Tier 4	
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	Tier 4	PA
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	Tier 5	PA
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	Tier 4	
<i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> (Abraxane)	Tier 4	PA
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	Tier 5	PA
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 4	
TRISENOX INTRAVENOUS SOLUTION (arsenic trioxide) 2 MG/ML	Tier 5	
Antineoplastic-Select Inhib Of Nuclear Exp (Sine)		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	Tier 4	PA
Anti-Programmed Cell Death-Ligand 1 (Pd-L1) Mab		
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	Tier 5	PA
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	Tier 5	PA
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1,875 MG-30,000 UNIT/15 ML	Tier 5	PA
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	Tier 5	PA
Chemotherapy Rescue/Antidote Agents		
COSELA INTRAVENOUS RECON SOLN 300 MG	Tier 5	PA
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	Tier 5	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 2	

Drug	Status	Notes
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	Tier 4	
<i>levoleucovorin calcium intravenous solution 10 mg/ml</i>	Tier 4	
<i>mesna oral tablet 400 mg</i> (Mesnex)	Tier 2	
MESNEX ORAL TABLET 400 MG (mesna)	Tier 4	
PEDMARK INTRAVENOUS SOLUTION 12.5 GRAM/100ML (125 MG/ML)	Tier 5	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	Tier 4	QL (24 EA per 14 days)
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT	Tier 5	
Cytotoxic T-Lymphocyte Antigen(Ctla-4)Rmc Antibody		
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	Tier 5	PA
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	Tier 5	PA
Intrapleural Sclerosing Agents, Antineoplast. Adj.		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM	Tier 4	
<i>sterile talc intrapleural suspension for reconstitution 5 gram</i>	Tier 2	
STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM	Tier 4	
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM	Tier 4	
Photoactivated, Antineoplastic Agents (Systemic)		
PHOTOFRIN INTRAVENOUS RECON SOLN 75 MG	Tier 5	PA
Photoactivated, Antineopls. & Premalignant Lesions		
AMELUZ TOPICAL GEL 10 %	Tier 4	
LEVULAN TOPICAL SOLUTION 20 %	Tier 4	
Radioactive Therapeutic Agents		
LUTATHERA INTRAVENOUS SOLUTION 10 MCI/ML (370 MBQ/ML)	Tier 5	PA
PLUVICTO INTRAVENOUS SOLUTION 27 MCI/ML (1,000 MBQ/ML)	Tier 5	PA
XOFIGO INTRAVENOUS SOLUTION 1,100 KBQ/ML(30 MICROCURIE/ML)	Tier 5	

Drug	Status	Notes
Selective Estrogen Receptor Modulators (Serm)		
FARESTON ORAL TABLET 60 MG (toremifene)	Tier 5	PA
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML (fulvestrant)	Tier 5	PA
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex)	Tier 4	PA
ORSERDU ORAL TABLET 345 MG, 86 MG	Tier 5	PA
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	Tier 3	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	PREV	
<i>toremifene oral tablet 60 mg</i> (Fareston)	Tier 4	PA
Selective Retinoid X Receptor Agonists (Rxr)		
<i>bexarotene oral capsule 75 mg</i> (Targretin)	Tier 4	PA
TARGRETIN ORAL CAPSULE 75 MG (bexarotene)	Tier 5	PA
Steroid Antineoplastics		
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 2	
Vinca Alkaloids		
<i>vinblastine intravenous solution 1 mg/ml</i>	Tier 4	
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	Tier 4	
Neurological Disease - Miscellaneous		
Agents To Treat Multiple Sclerosis		
AUBAGIO ORAL TABLET 14 MG, 7 MG (teriflunomide)	Tier 5	PA
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML	Tier 4	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	Tier 4	PA
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML	Tier 4	PA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	Tier 4	PA
BAFIERTAM ORAL CAPSULE, DELAYED RELEASE (DR/EC) 95 MG	Tier 5	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 4	PA
BRIUMVI INTRAVENOUS SOLUTION 25 MG/ML	Tier 5	PA
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML (glatiramer)	Tier 5	PA
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML (glatiramer)	Tier 4	PA

Drug	Status	Notes
<i>dimethyl fumarate oral capsule, delayed release(drlec)</i> 120 mg, 120 mg (14)- 240 mg (46), 240 mg (Tecfidera)	Tier 4	PA
<i>fingolimod oral capsule 0.5 mg</i> (Gilenya)	Tier 4	PA
GILENYA ORAL CAPSULE 0.25 MG	Tier 5	PA
GILENYA ORAL CAPSULE 0.5 MG (fingolimod)	Tier 5	PA
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Glatopa)	Tier 4	PA
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Copaxone)	Tier 4	PA
GLATOPA SUBCUTANEOUS SYRINGE (glatiramer) 20 MG/ML, 40 MG/ML	Tier 4	PA
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	Tier 4	PA
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	Tier 5	PA
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	Tier 4	PA
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	Tier 4	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	Tier 4	PA
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	Tier 5	PA
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML	Tier 5	PA
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	Tier 4	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 4	PA

Drug	Status	Notes
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 4	PA
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	Tier 5	PA
PONVORY ORAL TABLET 20 MG	Tier 5	PA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	Tier 4	PA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 4	PA
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 4	PA
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG	Tier 5	PA
TECFIDERA ORAL (dimethyl fumarate) CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	Tier 5	PA
<i>teriflunomide oral tablet 14 mg, 7 mg</i> (Aubagio)	Tier 4	PA
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	Tier 4	PA
Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr		
AMPYRA ORAL TABLET EXTENDED (dalfampridine) RELEASE 12 HR 10 MG	Tier 5	PA
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	Tier 4	PA
FIRDAPSE ORAL TABLET 10 MG	Tier 5	PA
Amyotrophic Lateral Sclerosis Agents		
<i>edaravone intravenous solution 30 mg/100 ml</i> (Radicava)	Tier 4	PA
<i>edaravone intravenous solution 60 mg/100 ml</i>	Tier 4	PA
RADICAVA INTRAVENOUS SOLUTION (edaravone) 30 MG/100 ML	Tier 5	PA
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	Tier 5	PA
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	Tier 5	PA
RILUTEK ORAL TABLET 50 MG (riluzole)	Tier 4	
<i>riluzole oral tablet 50 mg</i> (Rilutek)	Tier 2	

Drug	Status	Notes
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 5	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 5	PA
Anti-Cd19 (B Lymphocyte) Monoclonal Antibody		
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML	Tier 5	PA
Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 4	ST: At least 2 prior prescriptions for Amitriptyline tablets, Cyclobenzaprine IR tablets, Duloxetine 20/30/60mg capsules, generic Gabapentin IR tablets/capsules, or Pregabalin IR capsules within the past 365 days; QL (2 EA per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	Tier 4	ST: At least 2 prior prescriptions for Amitriptyline tablets, Cyclobenzaprine IR tablets, Duloxetine 20/30/60mg capsules, generic Gabapentin IR tablets/capsules, or Pregabalin IR capsules within the past 365 days; QL (2 EA per 1 day)
Glypromate (Gpe) Analogs		
DAYBUE ORAL SOLUTION 200 MG/ML	Tier 5	PA
Heat Shock Protein (Hsp) Modulating Agents		
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	Tier 4	PA
Leukocyte Adhesion Inhib,Alpha4-Mediat Igg4k Mc Ab		
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	Tier 5	PA
Metabolic Disease Enzyme Replacement, Batten Disea		
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2)	Tier 5	PA

Drug	Status	Notes
Metabolic Disease Enzyme Replacement, Mocd		
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	Tier 5	PA
Movement Disorders(Drug Therapy)		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Tier 4	PA
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
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	Tier 4	PA
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	Tier 4	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Tier 4	PA
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	Tier 4	PA
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	Tier 4	PA
XENAZINE ORAL TABLET 12.5 MG, 25 MG (tetrabenazine)	Tier 5	PA
Neuropathic Agents		
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG (pregabalin)	Tier 4	ST: At least 2 prior prescriptions for Divalproex, Duloxetine , Gabapentin, Pregabalin IR, a tricyclic antidepressant, Valproic Acid, or Venlafaxine within the past 365 days; QL (3 EA per 1 day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG (pregabalin)	Tier 4	ST: At least 2 prior prescriptions for Divalproex, Duloxetine , Gabapentin, Pregabalin IR, a tricyclic antidepressant, Valproic Acid, or Venlafaxine within the past 365 days; QL (2 EA per 1 day)

Drug	Status	Notes
<i>pregabalin oral tablet extended release</i> (Lyrica CR) 24 hr 165 mg, 82.5 mg	Tier 2	ST: At least 2 prior prescriptions for Divalproex, Duloxetine , Gabapentin, Pregabalin IR, a tricyclic antidepressant, Valproic Acid, or Venlafaxine within the past 365 days; QL (3 EA per 1 day)
<i>pregabalin oral tablet extended release</i> (Lyrica CR) 24 hr 330 mg	Tier 2	ST: At least 2 prior prescriptions for Divalproex, Duloxetine , Gabapentin, Pregabalin IR, a tricyclic antidepressant, Valproic Acid, or Venlafaxine within the past 365 days; QL (2 EA per 1 day)
Nuclear Factor Erythroid 2-Rel. Factor 2 Activator		
SKYCLARYS ORAL CAPSULE 50 MG	Tier 5	PA
Pseudobulbar Affect (Pba) Agents, Nmda Antagonists		
NUEDEXTA ORAL CAPSULE 20-10 MG	Tier 4	PA
Sphingosine 1-Phosphate (S1p) Receptor Modulator		
VELSIPITY ORAL TABLET 2 MG	Tier 5	PA
ZEPOSIA ORAL CAPSULE 0.92 MG	Tier 5	PA
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	Tier 5	PA
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	Tier 5	PA
Oral/Pharyngeal Disorders		
Dental Aids And Preparations		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Periogard)	Tier 2	
ORALONE DENTAL PASTE 0.1 % (triamcinolone acetonide)	Tier 2	
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 % (chlorhexidine gluconate)	Tier 4	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 % (chlorhexidine gluconate)	Tier 2	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Oralene)	Tier 2	
Keratinocyte Growth Factor (Kgf)		
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	Tier 5	

Drug	Status	Notes
Nose Preparations, Miscellaneous (Rx)		
<i>cocaine nasal solution 4 %</i> (Numbrino)	Tier 2	
GOPRELTO NASAL SOLUTION 4 % (cocaine)	Tier 4	
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	Tier 2	
NUMBRINO NASAL SOLUTION 4 % (cocaine)	Tier 2	
Periodontal Collagenase Inhibitors		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 2	
Periodontal Tetracycline Antiinfective, Local		
ARESTIN DENTAL CARTRIDGE 1 MG	Tier 5	PA
Other Drugs		
Abortifacient, Progesterone Receptor Antagonist-Typ		
MIFEPREX ORAL TABLET 200 MG (mifepristone)	Tier 4	
<i>mifepristone oral tablet 200 mg</i> (Mifeprex)	Tier 2	
Agents For Stomatological Use		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	Tier 4	
PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML	Tier 4	
Antineoplastic - Systemic Enzyme Inhibitors Combs		
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	Tier 5	PA
Antivenins		
ANASCORP INTRAVENOUS RECON SOLN 120 MG	Tier 4	
Appetite Stim. For Anorexia, Cachexia, Wasting Synd.		
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	Tier 2	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	Tier 2	ST: Requires prior prescription for Megestrol Acetate within the past 120 days
Blood Collection Set With Local Anesthetics		
CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 %	Tier 4	
LIDO BDK KIT 21 GAUGE X 1" - 2.5 %-2.5 %	Tier 4	
Cardioplegic Solutions		
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Tier 2	

Drug	Status	Notes
CARDIOPLEGIA DEL NIDO-ISOLYT S PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Tier 4	
CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM), 36 MEQ/L (POTASSIUM)	Tier 2	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA WARM INDUCT 4:1 PERFUSION SOLUTION 40 MEQ/500 ML (POTASSIUM)	Tier 4	
<i>cardioplegic no.17(induct 4:1) perfusion solution 50 meq/500 ml (potassium)</i>	Tier 2	
<i>cardioplegic no.19 (maint 4:1) perfusion solution 40 meq/l (potassium)</i>	Tier 2	
<i>cardioplegic soln perfusion solution 16</i> (Plegisol) <i>meq/l (= k+)</i>	Tier 2	
<i>cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)</i>	Tier 2	
<i>microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)</i>	Tier 2	
PLEGISOL PERFUSION SOLUTION 16 (cardioplegic soln) MEQ/L (= K+)	Tier 4	
Cholinesterase Reactivat.&Muscarinic Antg.Antidote		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML	Tier 4	
Cholinesterase Reactivating,Organophos. Antidotes		
<i>pralidoxime intramuscular pen injector 600 mg/2 ml</i>	Tier 4	
Condoms		
AIMSCO LATEX CONDOM DEVICE	PREV	
DUREX AVANTI BARE REAL FEEL	PREV	

Drug	Status	Notes
DUREX EXTRA SENSITIVE CONDOM DEVICE	PREV	
DUREX TROPICAL CONDOM DEVICE	PREV	
FANTASY CONDOM DEVICE	PREV	
FC2 FEMALE CONDOM	PREV	
KIMONO LUBRICATED CONDOMS DEVICE	PREV	
KIMONO MICROTHIN AQUA LUBE CON DEVICE	PREV	
KIMONO MICROTHIN CONDOMS DEVICE	PREV	
KIMONO MICROTHIN LARGE CONDOMS DEVICE	PREV	
KIMONO TEXTURED CONDOMS DEVICE	PREV	
KIMONO THIN LUBRICATED CONDOMS DEVICE	PREV	
TROJAN ULTRA RIBBED CONDOM DEVICE	PREV	
TRUE COVER CONDOM DEVICE	PREV	
TRUSTEX LATEX CONDOM DEVICE	PREV	
TRUSTEX LUBRICATED CONDOMS DEVICE	PREV	
TRUSTEX NON-LUB CONDOMS DEVICE	PREV	
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	PREV	
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE	PREV	
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	PREV	
Cystic Fibrosis - Inhaled Osmotic Agents		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	Tier 5	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)
Diluent Solutions		
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION	Tier 4	
Drugs To Treat Hereditary Tyrosinemia		
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin)	Tier 4	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 4	PA

Drug	Status	Notes
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (nitisinone)	Tier 4	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 4	PA
Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing		
CERDELGA ORAL CAPSULE 84 MG	Tier 4	
<i>miglustat oral capsule 100 mg</i> (Yargesa)	Tier 4	PA
OPFOLDA ORAL CAPSULE 65 MG	Tier 5	PA
YARGESA ORAL CAPSULE 100 MG (miglustat)	Tier 4	PA
ZAVESCA ORAL CAPSULE 100 MG (miglustat)	Tier 5	PA
Environment Allergens And Irritants, Other		
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH,MEDICATED	Tier 4	
Eye Antibiotic And Nsaid Combinations		
<i>moxifloxacin-bromfenac ophthalmic (eye) drops 0.5-0.075 %</i>	Tier 2	
General Anesthetics - Benzodiazepine, Injectable		
<i>midazolam (pf) injection solution 5 mg/ml</i>	Tier 2	
<i>midazolam injection solution 5 mg/ml</i>	Tier 2	
General Anesthetics,Inhalant		
<i>desflurane inhalation liquid 100 %</i> (Suprane)	Tier 2	
FORANE INHALATION LIQUID 99.9 % (isoflurane)	Tier 4	
<i>isoflurane inhalation liquid 99.9 %</i> (Terrell)	Tier 2	
<i>sevoflurane inhalation liquid 99.97 %</i> (Ultane)	Tier 2	
TERRELL INHALATION LIQUID 99.9 % (isoflurane)	Tier 2	
ULTANE INHALATION LIQUID 99.97 % (sevoflurane)	Tier 4	
General Inhalation Agents		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	Tier 4	
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 7 % (sodium chloride)	Tier 4	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % (sodium chloride)	Tier 2	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	Tier 4	
PULMOSAL INHALATION SOLUTION FOR NEBULIZATION 7 % (sodium chloride)	Tier 4	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %</i>	Tier 2	
<i>sodium chloride inhalation solution for nebulization 3 %</i> (NebuSal)	Tier 2	
<i>sodium chloride inhalation solution for nebulization 7 %</i> (Hyper-Sal)	Tier 2	

Drug	Status	Notes
Genetic Disorder Therapy - Hdac Inhibitor		
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	Tier 5	PA
Metabolic Deficiency Agents		
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	Tier 4	PA
CARNITOR ORAL SOLUTION 100 MG/ML (levocarnitine (with sugar))	Tier 4	
CARNITOR ORAL TABLET 330 MG (levocarnitine)	Tier 4	
CYSTADANE ORAL POWDER 1 GRAM/SCOOP (betaine)	Tier 5	PA
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	Tier 2	
<i>levocarnitine oral solution 100 mg/ml</i> (Carnitor (sugar-free))	Tier 2	
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	Tier 2	
Metabolic Disease Enzyme Replace, Hypophosphatasia		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	Tier 4	PA
Metabolic Dx Enzyme Replace, Mucopolysaccharidosis		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	Tier 5	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	Tier 5	
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	Tier 5	PA
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	Tier 5	
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	Tier 5	PA
Metabolic Dx Enzyme Replacemt,Sev.Comb.Immune Def.		
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	Tier 5	PA
Metallic Poison,Agents To Treat		
CHEMET ORAL CAPSULE 100 MG	Tier 4	
CUVRIOR ORAL TABLET 300 MG	Tier 5	PA
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	Tier 4	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)	Tier 4	PA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> (Exjade)	Tier 4	PA
<i>deferiprone oral tablet 1,000 mg, 500 mg</i> (Ferriprox)	Tier 4	PA

Drug	Status	Notes
<i>deferoxamine injection recon soln 2 gram</i>	Tier 2	PA
<i>deferoxamine injection recon soln 500 mg</i> (Desferal)	Tier 2	PA
DESFERAL INJECTION RECON SOLN 500 MG (deferoxamine)	Tier 4	PA
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG (deferasirox)	Tier 5	PA
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	Tier 5	PA
FERRIPROX ORAL SOLUTION 100 MG/ML	Tier 5	PA
FERRIPROX ORAL TABLET 1,000 MG, 500 MG (deferiprone)	Tier 5	PA
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	Tier 4	
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (deferasirox)	Tier 5	PA
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG (deferasirox)	Tier 5	PA
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	Tier 4	
SYPRINE ORAL CAPSULE 250 MG (trientine)	Tier 5	PA
<i>trientine oral capsule 250 mg</i> (Syprine)	Tier 4	PA
<i>trientine oral capsule 500 mg</i>	Tier 4	PA
Muscarinic Receptor Antagonists		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML	Tier 4	
Needles/Needleless Devices		
AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 3	
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 3	
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 3	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	Tier 3	
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic)	Tier 3	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 3	
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2" (pen needle, diabetic)	Tier 3	
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 3	

Drug	Status	Notes
NANO 2ND GEN PEN NEEDLE (pen needle, diabetic) NEEDLE 32 GAUGE X 5/32"	Tier 3	
NANO PEN NEEDLE NEEDLE 32 (pen needle, diabetic) GAUGE X 5/32"	Tier 3	
ULTRA-FINE PEN NEEDLE NEEDLE 29 (pen needle, diabetic) GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4"	Tier 3	
Neuromuscular Blocking Agents		
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	Tier 5	PA
DAXXIFY INTRAMUSCULAR RECON SOLN 100 UNIT	Tier 5	PA
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT	Tier 5	PA
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML	Tier 5	PA
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT	Tier 5	PA
Oral Lipid Supplements		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	Tier 5	PA
Oral Mucositis/Stomatitis Agents		
MUGARD MUCOUS MEMBRANE SOLUTION	Tier 4	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	Tier 4	
Protein Replacement		
AQNEURSA ORAL GRANULES IN PACKET 1 GRAM	Tier 4	PA
Saliva Stimulant Agents		
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM	Tier 4	
Saliva Substitute Agents		
NUMOISYN MUCOUS MEMBRANE LIQUID	Tier 4	
Skin Tissue Replacement		
APLIGRAF TOPICAL DISK	Tier 4	
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 7 X 7 CM	Tier 4	
GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	Tier 4	
GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	Tier 4	

Drug	Status	Notes
GRAFIX XC TOPICAL SHEET 7.5 X 15 CM	Tier 4	
KERAMATRIX TOPICAL SHEET 2 X 2 ", 4 X 4 "	Tier 4	
MIRO3D FIBERS TOPICAL POWDER 100 MG, 500 MG, 700 MG	Tier 4	
MIRO3D TOPICAL SHEET 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 4 X 4 X 2 CM, 5 X 5 X 2 CM, 7 X 5 X 2 CM	Tier 4	
MIRODERM FENESTRATED PLUS TOPICAL SHEET 3 X 3 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM	Tier 4	
MIRODERM FENESTRATED TOPICAL SHEET 2 X 2 CM, 2 X 3 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM	Tier 4	
MIRODRY WOUND MATRIX TOPICAL SHEET 10 X 5 CM, 2 X 2 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 5 X 7 CM	Tier 4	
MIROTRACT TOPICAL SHEET 3 MM X 5 CM, 3 MM X 9 CM, 5 MM X 5 CM, 5 MM X 9 CM	Tier 4	
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM	Tier 4	
TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM	Tier 4	
Somatostatic Agents		
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i> (Somatuline Depot)	Tier 4	PA
MYCAPSSA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG	Tier 5	PA
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	Tier 4	
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> (Sandostatin)	Tier 4	
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 4	
<i>octreotide, microspheres intramuscular suspension, extended rel recon 10 mg, 20 mg, 30 mg</i> (Sandostatin LAR Depot)	Tier 4	PA
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (octreotide acetate)	Tier 5	

Drug	Status	Notes
SANDOSTATIN LAR DEPOT (octreotide,microspheres) INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG	Tier 5	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	Tier 5	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	Tier 5	PA
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	Tier 5	PA
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML	Tier 4	PA
Tissue/Wound Adhesives		
ARTISS TOPICAL SYRINGE 2.5 TO 6.5 UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2 ML), 2.5 TO 6.5 UNIT/ML (4 ML)	Tier 4	
TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML	Tier 4	
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML	Tier 4	
Topical Nitric Oxide Releasing Agents		
ZELSUVMI TOPICAL GEL 10.3 %	Tier 4	PA
Treatment Of Hyperphagia In Prader-Willi Syndrome		
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 25 MG, 75 MG	Tier 5	PA
Wound Healing Agents, Local		
FILSUEVZ TOPICAL GEL 10 %	Tier 5	PA
Other Respiratory Disorders		
Antifibrotic Therapy - Pyridone Analogs		
ESBRIET ORAL CAPSULE 267 MG (pirfenidone)	Tier 5	PA
ESBRIET ORAL TABLET 267 MG, 801 MG (pirfenidone)	Tier 5	PA
<i>pirfenidone oral capsule 267 mg</i> (Esbriet)	Tier 4	PA
<i>pirfenidone oral tablet 267 mg, 801 mg</i> (Esbriet)	Tier 4	PA
<i>pirfenidone oral tablet 534 mg</i>	Tier 4	PA
Cystic Fib.Transmemb Conduct.Reg.(Cftr)Potentiator		
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	Tier 4	PA
KALYDECO ORAL TABLET 150 MG	Tier 4	PA

Drug	Status	Notes
Cystic Fibrosis-Cftr Potentiator & Corrector Comb.		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG	Tier 4	PA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	Tier 4	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 4	PA
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	Tier 4	PA
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	Tier 4	PA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	Tier 4	PA
Lung Surfactants		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML	Tier 4	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML	Tier 4	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML	Tier 4	
Mucolytics		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 2	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 4	PA
Pulmonary Fibrosis - Systemic Enzyme Inhibitors		
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 4	PA
Pain Management - Analgesics		
Analgesic, Non-Salicylate & Barbiturate Comb.		
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	Tier 2	ST: Requires prior prescription for generic Butalbital/acetaminophen 50mg-325mg combination product within the past 120 days; QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i> (Tencon)	Tier 2	
TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)	Tier 2	

Drug	Status	Notes
Analgesic, Salicylate, Barbiturate,& Xanthine Cmb		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 2	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	Tier 2	
Analgesic,Non-Salicylate,Barbiturate,&Xanthine Cmb		
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i> (Fioricet)	Tier 2	
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	Tier 2	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	Tier 2	
ESGIC ORAL TABLET 50-325-40 MG (butalbital-acetaminophen-caff)	Tier 4	
FIORICET ORAL CAPSULE 50-300-40 MG (butalbital-acetaminophen-caff)	Tier 2	
Analgesic/Antipyretics, Salicylates		
<i>aspirin oral tablet 325 mg</i> (Bayer Aspirin)	PREV	
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i> (Bayer Aspirin)	PREV	
BAYER ASPIRIN ORAL TABLET 325 MG (aspirin)	PREV	
BAYER ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)	PREV	
<i>choline, magnesium salicylate oral liquid 500 mg/5 ml</i>	Tier 2	
<i>diflunisal oral tablet 500 mg</i>	Tier 2	
DISALCID ORAL TABLET 500 MG, 750 MG (salsalate)	Tier 4	
ECOTRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)	PREV	
<i>salsalate oral tablet 500 mg, 750 mg</i> (Disalcid)	Tier 2	
Analgesics, Narcotic Agonist And Nsaid Combination		
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 2	
Analgesics, Non-Narcotics		
JOURNAVX ORAL TABLET 50 MG	Tier 4	PA
Analgesics, Narcotics		
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	Tier 2	

Drug	Status	Notes
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine transdermal patch weekly</i> (Butrans) 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	Tier 2	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 2	
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	Tier 2	
BUTRANS TRANSDERMAL PATCH (buprenorphine) WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR	Tier 4	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	Tier 2	QL (12 EA per 1 day); Age (Min 12 Years)
<i>codeine sulfate oral tablet 60 mg</i>	Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML	Tier 4	
DEMEROL INJECTION SOLUTION 50 MG/ML (meperidine)	Tier 4	
DILAUDID (PF) INJECTION SYRINGE (hydromorphone (pf)) 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML	Tier 4	
DILAUDID ORAL LIQUID 1 MG/ML (hydromorphone)	Tier 4	
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG (hydromorphone)	Tier 4	
DISKETS ORAL TABLET, SOLUBLE 40 MG (methadone)	Tier 4	QL (1 EA per 1 day)
<i>fentanyl citrate (pf) intravenous patient control analgesia soln 1,500 mcg/30 ml (50 mcg/ml)</i>	Tier 2	
<i>fentanyl citrate (pf)-0.9% nacl intravenous pt controlled analgesia syringe 1,000 mcg/50 ml (20 mcg/ml), 500 mcg/50 ml (10 mcg/ml)</i>	Tier 2	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg</i>	Tier 2	PA

Drug	Status	Notes
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	Tier 2	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>hydrocodone bitartrate oral tablet, oral only, ext. rel. 24 hr 100 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> (Hysingla ER)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>hydrocodone bitartrate oral tablet, oral only, ext. rel. 24 hr 120 mg</i>	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>hydromorphone (pf) injection syringe 0.5 mg/0.5 ml, 1 mg/ml</i> (Dilaudid (PF))	Tier 2	
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i>	Tier 2	
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	Tier 2	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	Tier 2	
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	Tier 2	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>hydromorphone rectal suppository 3 mg</i>	Tier 2	
<i>HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT. REL. 24 HR 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG</i> (hydrocodone bitartrate)	Tier 4	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>levorphanol tartrate oral tablet 2 mg</i>	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	Tier 2	
<i>meperidine oral solution 50 mg/5 ml</i>	Tier 2	QL (30 ML per 1 day)
<i>meperidine oral tablet 50 mg</i>	Tier 2	QL (6 EA per 1 day)
<i>methadone injection solution 10 mg/ml</i>	Tier 2	QL (4 ML per 1 day)
<i>METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML</i> (methadone)	Tier 2	QL (4 ML per 1 day)
<i>methadone oral concentrate 10 mg/ml</i> (Methadone Intensol)	Tier 2	QL (4 ML per 1 day)

Drug	Status	Notes
<i>methadone oral solution 10 mg/5 ml</i>	Tier 2	QL (20 ML per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	Tier 2	QL (40 ML per 1 day)
<i>methadone oral tablet 10 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>methadone oral tablet 5 mg</i>	Tier 2	QL (8 EA per 1 day)
<i>methadone oral tablet, soluble 40 mg</i> (Methadose)	Tier 2	QL (1 EA per 1 day)
METHADOSE ORAL CONCENTRATE 10 MG/ML (methadone)	Tier 4	QL (4 ML per 1 day)
METHADOSE ORAL TABLET, SOLUBLE 40 MG (methadone)	Tier 2	QL (1 EA per 1 day)
<i>morphine (pf) intravenous syringe 1 mg/2 ml</i>	Tier 2	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Tier 2	PA
<i>morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml, 5 mg/ml</i>	Tier 2	
<i>morphine intramuscular pen injector 10 mg/0.7 ml</i>	Tier 2	
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	Tier 2	
<i>morphine oral tablet 15 mg</i>	Tier 4	
<i>morphine oral tablet 30 mg</i>	Tier 3	
<i>morphine oral tablet extended release 100 mg, 200 mg</i>	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
<i>morphine oral tablet extended release 15 mg, 30 mg, 60 mg</i> (MS Contin)	Tier 2	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 2	

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

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

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

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

Drug	Status	Notes
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	Tier 4	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (12 ML per 28 days); Age (Min 18 Years)
UBRELVY ORAL TABLET 100 MG, 50 MG	Tier 3	PA
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML	Tier 5	PA
ZAVZPRET NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	Tier 4	PA
<i>zolmitriptan nasal spray, non-aerosol 2.5 mg, 5 mg</i> (Zomig)	Tier 2	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	Tier 2	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	Tier 2	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
ZOMIG NASAL SPRAY, NON-AEROSOL (zolmitriptan) 2.5 MG, 5 MG	Tier 4	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG (zolmitriptan)	Tier 2	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
Calcitonin Gene-Related Peptide (Cgrp) Inhibitors		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	Tier 3	PA
Narc. & Non-Sal. Analgesic, Barbiturate & Xanthine Cmb		
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i> (Fioricet with Codeine)	Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG (butalbital-acetaminop-caf-cod)	Tier 4	QL (6 EA per 1 day); Age (Min 12 Years)

Drug		Status	Notes
Narcotic & Salicylate Analgesics, Barb.& Xanthine			
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	(codeine-butalbital-asa-caff)	Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	(Ascomp with Codeine)	Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic Analgesic & Non-Salicylate Analgesic Comb			
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i>		Tier 2	QL (150 ML per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>		Tier 2	Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>		Tier 2	QL (12 EA per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>		Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i>	(Apadaz)	Tier 2	FL: 14 DAYS' SUPPLY PER FILL; ST: Requires prior prescription for generic Norco (Hydrocodone/Acetaminophen) tablets within the past 120 days; QL (12 EA per 1 day)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	(oxycodone-acetaminophen)	Tier 2	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml</i>		Tier 2	QL (200 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>		Tier 2	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>		Tier 2	QL (13 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>		Tier 2	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>		Tier 2	QL (61 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	(Endocet)	Tier 2	QL (12 EA per 1 day)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	(oxycodone-acetaminophen)	Tier 2	QL (12 EA per 1 day)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>		Tier 2	QL (10 EA per 1 day); Age (Min 12 Years)

Drug	Status	Notes
Narcotic Withdrawal Therapy Agents		
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML, 16 MG/0.32 ML, 24 MG/0.48 ML, 32 MG/0.64 ML, 64 MG/0.18 ML, 8 MG/0.16 ML, 96 MG/0.27 ML	Tier 5	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	Tier 2	
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	Tier 2	
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	Tier 2	
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	Tier 5	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG (buprenorphine-naloxone)	Tier 4	
SUBOXONE SUBLINGUAL FILM 8-2 MG (buprenorphine-naloxone)	Tier 3	
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	Tier 3	
Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist		
<i>lofexidine oral tablet 0.18 mg</i> (Lucemyra)	Tier 2	
LUCEMYRA ORAL TABLET 0.18 MG (lofexidine)	Tier 4	
Skeletal Muscle Relaxant,Salicylate,Narc Analgesic		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 2	QL (8 EA per 1 day); Age (Min 12 Years)
Parkinsons Disease		
Antiparkinsonism Drugs,Anticholinergic		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 2	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 2	
Antiparkinsonism Drugs,Other		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 2	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Tier 2	
<i>amantadine hcl oral tablet 100 mg</i>	Tier 2	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML (apomorphine)	Tier 5	PA
<i>apomorphine subcutaneous cartridge 10 mg/ml</i> (APOKYN)	Tier 4	PA
AZILECT ORAL TABLET 0.5 MG, 1 MG (rasagiline)	Tier 4	QL (1 EA per 1 day)

Drug	Status	Notes
<i>bromocriptine oral capsule 5 mg</i>	Tier 2	
<i>bromocriptine oral tablet 2.5 mg</i>	Tier 2	
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	Tier 2	
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	Tier 2	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	Tier 2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 2	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 2	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	Tier 2	
CREXONT ORAL CAPSULE, IR - EXTEND REL, BIPHASE 35-140 MG	Tier 4	ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (4 EA per 1 day)
CREXONT ORAL CAPSULE, IR - EXTEND REL, BIPHASE 52.5-210 MG	Tier 4	ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (10 EA per 1 day)
CREXONT ORAL CAPSULE, IR - EXTEND REL, BIPHASE 70-280 MG	Tier 4	ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (7 EA per 1 day)
CREXONT ORAL CAPSULE, IR - EXTEND REL, BIPHASE 87.5-350 MG	Tier 4	ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (6 EA per 1 day)
DHIVY ORAL TABLET 25-100 MG (carbidopa-levodopa)	Tier 4	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	Tier 5	PA
<i>entacapone oral tablet 200 mg</i>	Tier 2	
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 137 MG, 68.5 MG	Tier 5	PA
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	Tier 5	PA

Drug	Status	Notes
MIRAPEX ER ORAL TABLET (pramipexole) EXTENDED RELEASE 24 HR 1.5 MG, 2.25 MG, 3 MG, 3.75 MG	Tier 4	ST: Requires prior prescription for Pramipexole IR or Ropinirole IR within the past 120 days; QL (1 EA per 1 day)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	Tier 3	ST: Requires prior prescription for Pramipexole IR or Ropinirole IR within the past 120 days; QL (1 EA per 1 day)
NOURIANZ ORAL TABLET 20 MG, 40 MG	Tier 5	PA
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML	Tier 5	PA
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Tier 4	PA
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 2	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 4.5 mg</i>	Tier 2	ST: Requires prior prescription for Pramipexole IR or Ropinirole IR within the past 120 days; QL (1 EA per 1 day)
<i>pramipexole oral tablet extended release (Mirapex ER) 24 hr 1.5 mg, 2.25 mg, 3 mg, 3.75 mg</i>	Tier 2	ST: Requires prior prescription for Pramipexole IR or Ropinirole IR within the past 120 days; QL (1 EA per 1 day)
<i>rasagiline oral tablet 0.5 mg, 1 mg (Azilect)</i>	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 2	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 2	ST: Requires prior prescription for Pramipexole IR or Ropinirole IR within the past 120 days; QL (1 EA per 1 day)
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	Tier 4	ST: 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 2	
<i>selegiline hcl oral tablet 5 mg</i>	Tier 2	

Drug	Status	Notes
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (carbidopa-levodopa)	Tier 4	
TASMAR ORAL TABLET 100 MG (tolcapone)	Tier 4	ST: Requires prior prescription for Comtan (Entacapone) within the past 120 days; QL (3 EA per 1 day)
<i>tolcapone oral tablet 100 mg</i> (Tasmar)	Tier 2	ST: Requires prior prescription for Comtan (Entacapone) within the past 120 days; QL (3 EA per 1 day)
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	Tier 5	PA
XADAGO ORAL TABLET 100 MG, 50 MG	Tier 4	ST: Requires prior prescription for Carbidopa/Levodopa (Duopa, Parcopa, Rytary, Sinemet IR, or Sinemet CR) within the past 120 days; QL (1 EA per 1 day)
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	Tier 4	ST: Requires prior prescription for generic Selegiline capsules or tablets within the past 120 days; QL (2 EA per 1 day)
Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	Tier 2	
LODOSYN ORAL TABLET 25 MG (carbidopa)	Tier 4	
Seizure Disorder		
Anticonvulsant - Benzodiazepine Type		
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	Tier 2	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	Tier 2	QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Klonopin)	Tier 2	
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	Tier 2	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (clonazepam)	Tier 4	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	Tier 4	QL (10 EA per 30 days)
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Tier 4	QL (10 EA per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML (clobazam)	Tier 4	QL (480 ML per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG (clobazam)	Tier 4	QL (2 EA per 1 day)

Drug	Status	Notes
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1 ML X 2), 20 MG/2 SPRAY (10 MG/0.1 ML X 2), 5 MG/SPRAY (0.1 ML)	Tier 4	QL (10 EA per 30 days)
Anticonvulsant - Cannabinoid Type		
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 4	ST: Requires trial of or contraindication to 2 of the following generic anticonvulsants: Clobazam, Lamotrigine, Levetiracetam, Topiramate, or Valproic Acid within the past 365 days
Anticonvulsants		
APTOM ORAL TABLET 200 MG, 400 MG (eslicarbazepine)	Tier 4	QL (1 EA per 1 day)
APTOM ORAL TABLET 600 MG, 800 MG (eslicarbazepine)	Tier 4	QL (2 EA per 1 day)
BANZEL ORAL SUSPENSION 40 MG/ML (rufinamide)	Tier 4	ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (80 ML per 1 day)
BANZEL ORAL TABLET 200 MG (rufinamide)	Tier 4	ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (16 EA per 1 day)
BANZEL ORAL TABLET 400 MG (rufinamide)	Tier 4	ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (8 EA per 1 day)
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 3	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 3	QL (2 EA per 1 day)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg (Carbatrol)	Tier 2	
carbamazepine oral suspension 100 mg/5 ml (Tegretol)	Tier 2	
carbamazepine oral tablet 200 mg (Epilex)	Tier 2	

Drug		Status	Notes
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	(Tegretol XR)	Tier 2	
<i>carbamazepine oral tablet, chewable 100 mg, 200 mg</i>		Tier 2	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	(carbamazepine)	Tier 4	
CELONTIN ORAL CAPSULE 300 MG	(methsuximide)	Tier 4	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	(divalproex)	Tier 4	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	(divalproex)	Tier 4	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	(divalproex)	Tier 4	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG		Tier 5	PA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG		Tier 5	PA
DILANTIN EXTENDED ORAL CAPSULE 100 MG	(phenytoin sodium extended)	Tier 4	
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	(phenytoin)	Tier 4	
DILANTIN ORAL CAPSULE 30 MG		Tier 4	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	(phenytoin)	Tier 4	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	(Depakote Sprinkles)	Tier 2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	(Depakote ER)	Tier 2	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	(Depakote)	Tier 2	
EPITOL ORAL TABLET 200 MG	(carbamazepine)	Tier 2	
EPRONTIA ORAL SOLUTION 25 MG/ML	(topiramate)	Tier 4	PA
<i>eslicarbazepine oral tablet 200 mg, 400 mg</i>	(Aptiom)	Tier 2	QL (1 EA per 1 day)
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i>	(Aptiom)	Tier 2	QL (2 EA per 1 day)
<i>ethosuximide oral capsule 250 mg</i>	(Zarontin)	Tier 2	
<i>ethosuximide oral solution 250 mg/5 ml</i>	(Zarontin)	Tier 2	
<i>felbamate oral suspension 600 mg/5 ml</i>		Tier 2	QL (30 ML per 1 day)
<i>felbamate oral tablet 400 mg</i>	(Felbatol)	Tier 2	QL (9 EA per 1 day)
<i>felbamate oral tablet 600 mg</i>	(Felbatol)	Tier 2	QL (6 EA per 1 day)
FELBATOL ORAL TABLET 400 MG	(felbamate)	Tier 4	QL (9 EA per 1 day)

Drug	Status	Notes
FELBATOL ORAL TABLET 600 MG (felbamate)	Tier 4	QL (6 EA per 1 day)
FINTEPLA ORAL SOLUTION 2.2 MG/ML	Tier 5	PA
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Tier 3	QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG (perampanel)	Tier 3	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG (perampanel)	Tier 3	QL (120 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG (perampanel)	Tier 3	QL (60 EA per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	Tier 2	
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	Tier 2	
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	Tier 2	
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	Tier 2	
KEPPRA ORAL SOLUTION 100 MG/ML (levetiracetam)	Tier 4	
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG (levetiracetam)	Tier 4	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG (levetiracetam)	Tier 4	
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	Tier 2	QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	Tier 2	QL (2 EA per 1 day)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG (lamotrigine)	Tier 4	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (3 EA per 1 day)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 200 MG (lamotrigine)	Tier 4	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (2 EA per 1 day)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 25 MG, 50 MG (lamotrigine)	Tier 4	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (6 EA per 1 day)
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7) (lamotrigine)	Tier 4	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14) (lamotrigine)	Tier 4	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days

Drug		Status	Notes
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	(lamotrigine)	Tier 4	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	(lamotrigine)	Tier 4	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	(lamotrigine)	Tier 4	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	(lamotrigine)	Tier 4	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	(lamotrigine)	Tier 4	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	(lamotrigine)	Tier 4	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG	(lamotrigine)	Tier 4	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (3 EA per 1 day)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 200 MG, 250 MG, 300 MG	(lamotrigine)	Tier 4	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (2 EA per 1 day)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 25 MG, 50 MG	(lamotrigine)	Tier 4	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (6 EA per 1 day)
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)		Tier 4	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)		Tier 4	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 4	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>	(Lamictal)	Tier 2	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)</i>	(Lamictal ODT Starter (Blue))	Tier 2	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days

Drug		Status	Notes
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i>	(Lamictal ODT Starter (Orange))	Tier 2	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>	(Lamictal ODT Starter (Green))	Tier 2	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
<i>lamotrigine oral tablet extended release 24hr 100 mg</i>	(Lamictal XR)	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>	(Lamictal XR)	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>	(Lamictal XR)	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>	(Lamictal)	Tier 2	
<i>lamotrigine oral tablet,disintegrating 100 mg</i>	(Lamictal ODT)	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,disintegrating 200 mg</i>	(Lamictal ODT)	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,disintegrating 25 mg, 50 mg</i>	(Lamictal ODT)	Tier 2	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (6 EA per 1 day)
<i>lamotrigine oral tablets,dose pack 25 mg (35)</i>	(Lamictal Starter (Blue) Kit)	Tier 2	
<i>lamotrigine oral tablets,dose pack 25 mg (42) -100 mg (7)</i>	(Lamictal Starter (Orange) Kit)	Tier 2	
<i>lamotrigine oral tablets,dose pack 25 mg (84) -100 mg (14)</i>	(Lamictal Starter (Green) Kit)	Tier 2	
<i>levetiracetam oral solution 100 mg/ml</i>	(Keppra)	Tier 2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	(Keppra)	Tier 2	

Drug		Status	Notes
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	(Keppra XR)	Tier 2	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	(pregabalin)	Tier 4	
LYRICA ORAL SOLUTION 20 MG/ML	(pregabalin)	Tier 4	
<i>methsuximide oral capsule 300 mg</i>	(Celontin)	Tier 2	
MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG		Tier 4	PA
MYSOLINE ORAL TABLET 250 MG, 50 MG	(primidone)	Tier 4	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG	(gabapentin)	Tier 4	
NEURONTIN ORAL SOLUTION 250 MG/5 ML	(gabapentin)	Tier 4	
NEURONTIN ORAL TABLET 600 MG, 800 MG	(gabapentin)	Tier 4	
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	(Trileptal)	Tier 2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	(Trileptal)	Tier 2	
<i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg</i>	(Oxtellar XR)	Tier 2	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (3 EA per 1 day)
<i>oxcarbazepine oral tablet extended release 24 hr 600 mg</i>	(Oxtellar XR)	Tier 2	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (4 EA per 1 day)

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

Drug		Status	Notes
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 25 MG	(topiramate)	Tier 4	ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (1 EA per 1 day)
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 50 MG	(topiramate)	Tier 4	ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (7 EA per 1 day)
ROWEEPRA ORAL TABLET 500 MG	(levetiracetam)	Tier 4	
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	(levetiracetam)	Tier 4	
<i>rufinamide oral suspension 40 mg/ml</i>	(Banzel)	Tier 2	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 2	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 2	ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (8 EA per 1 day)
SABRIL ORAL POWDER IN PACKET 500 MG	(vigabatrin)	Tier 5	PA
SABRIL ORAL TABLET 500 MG	(vigabatrin)	Tier 5	PA
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	(lamotrigine)	Tier 4	
SUBVENITE STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	(lamotrigine)	Tier 4	
SUBVENITE STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	(lamotrigine)	Tier 4	

Drug		Status	Notes
SUBVENITE STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	(lamotrigine)	Tier 4	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	(carbamazepine)	Tier 4	
TEGRETOL ORAL TABLET 200 MG	(carbamazepine)	Tier 4	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	(carbamazepine)	Tier 4	
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>		Tier 2	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam , Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (4 EA per 1 day)
<i>tiagabine oral tablet 16 mg</i>		Tier 2	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam , Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (3 EA per 1 day)
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG	(topiramate)	Tier 4	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	(topiramate)	Tier 4	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	(Topamax)	Tier 2	
<i>topiramate oral capsule, sprinkle 50 mg</i>		Tier 2	
<i>topiramate oral capsule,extended release 24hr 100 mg</i>	(Trokendi XR)	Tier 2	QL (3 EA per 1 day)
<i>topiramate oral capsule,extended release 24hr 200 mg</i>	(Trokendi XR)	Tier 2	QL (2 EA per 1 day)
<i>topiramate oral capsule,extended release 24hr 25 mg</i>	(Trokendi XR)	Tier 2	QL (8 EA per 1 day)
<i>topiramate oral capsule,extended release 24hr 50 mg</i>	(Trokendi XR)	Tier 2	QL (7 EA per 1 day)

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

Drug	Status	Notes
VIGADRONE ORAL TABLET 500 MG (vigabatrin)	Tier 4	PA
VIGAFYDE ORAL SOLUTION 100 MG/ML	Tier 5	PA
VIGPODER ORAL POWDER IN PACKET 500 MG (vigabatrin)	Tier 4	PA
VIMPAT ORAL SOLUTION 10 MG/ML (lacosamide)	Tier 4	QL (1200 ML per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (lacosamide)	Tier 4	QL (2 EA per 1 day)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	Tier 3	QL (2 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	Tier 3	QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG	Tier 3	QL (2 EA per 1 day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)-25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	Tier 3	QL (1 EA per 1 day)
ZARONTIN ORAL CAPSULE 250 MG (ethosuximide)	Tier 4	
ZARONTIN ORAL SOLUTION 250 MG/5 ML (ethosuximide)	Tier 4	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (zonisamide)	Tier 4	
ZONISADE ORAL SUSPENSION 100 MG/5 ML	Tier 4	PA
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	Tier 2	
<i>zonisamide oral capsule 50 mg</i>	Tier 2	
Neuroactive Steroid Gaba-A Receptor Modulator		
ZTALMY ORAL SUSPENSION 50 MG/ML	Tier 5	PA
Skeletal Muscle Disorder		
Agents To Tx Periodic Paralysis - Carbon Anhyd Inh		
<i>dichlorphenamide oral tablet 50 mg</i> (Keveyis)	Tier 4	PA
KEVEYIS ORAL TABLET 50 MG (dichlorphenamide)	Tier 4	PA
ORMALVI ORAL TABLET 50 MG (dichlorphenamide)	Tier 4	PA
Joint Contracture Therapy, Collagenase Enzyme		
XIAFLEX INJECTION RECON SOLN 0.9 MG	Tier 5	
Retinoic Acid Receptor (Rar) Agonists		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	Tier 5	PA

Drug	Status	Notes
Skeletal Muscle Relaxants		
<i>baclofen oral solution 10 mg/5 ml (2 mg/ml)</i> (Ozobax DS)	Tier 2	PA
<i>baclofen oral solution 5 mg/5 ml</i> (Ozobax)	Tier 2	PA
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i> (Fleqsuvy)	Tier 2	PA
<i>baclofen oral tablet 10 mg</i>	Tier 2	QL (8 EA per 1 day)
<i>baclofen oral tablet 20 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>baclofen oral tablet 5 mg</i>	Tier 2	QL (16 EA per 1 day)
<i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)	Tier 2	QL (4 EA per 1 day)
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	Tier 2	
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 2	QL (3 EA per 1 day)
DANTRIUM ORAL CAPSULE 25 MG (dantrolene)	Tier 4	QL (3 EA per 1 day)
<i>dantrolene oral capsule 100 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	Tier 2	QL (3 EA per 1 day)
<i>dantrolene oral capsule 50 mg</i>	Tier 2	QL (3 EA per 1 day)
FLEQSUVY ORAL SUSPENSION 25 MG/5 ML (5 MG/ML) (baclofen)	Tier 4	PA
<i>metaxalone oral tablet 400 mg</i>	Tier 2	QL (8 EA per 1 day)
<i>metaxalone oral tablet 800 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>methocarbamol oral tablet 500 mg</i>	Tier 2	QL (8 EA per 1 day)
<i>methocarbamol oral tablet 750 mg</i>	Tier 2	QL (6 EA per 1 day)
NORGESIC ORAL TABLET 25-385-30 MG (orphenadrine-asa-caffeine)	Tier 4	QL (8 EA per 1 day)
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i> (Norgesic)	Tier 2	QL (8 EA per 1 day)
OZOBAX ORAL SOLUTION 5 MG/5 ML (baclofen)	Tier 4	PA
SOMA ORAL TABLET 250 MG, 350 MG (carisoprodol)	Tier 4	QL (4 EA per 1 day)
<i>tizanidine oral capsule 2 mg</i> (Zanaflex)	Tier 2	QL (18 EA per 1 day)
<i>tizanidine oral capsule 4 mg</i> (Zanaflex)	Tier 2	QL (9 EA per 1 day)
<i>tizanidine oral capsule 6 mg</i> (Zanaflex)	Tier 2	QL (6 EA per 1 day)
<i>tizanidine oral tablet 2 mg</i>	Tier 2	QL (18 EA per 1 day)
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	Tier 2	QL (9 EA per 1 day)
VANADOM ORAL TABLET 350 MG (carisoprodol)	Tier 4	QL (4 EA per 1 day)
ZANAFLEX ORAL CAPSULE 2 MG (tizanidine)	Tier 4	QL (18 EA per 1 day)
ZANAFLEX ORAL CAPSULE 4 MG (tizanidine)	Tier 4	QL (9 EA per 1 day)
ZANAFLEX ORAL CAPSULE 6 MG (tizanidine)	Tier 4	QL (6 EA per 1 day)
ZANAFLEX ORAL TABLET 4 MG (tizanidine)	Tier 4	QL (9 EA per 1 day)

Drug	Status	Notes
Smoking Cessation		
Smoking Deterrent Agents (Ganglionic Stim,Others)		
<i>nicotine (polacrilex) buccal gum 2 mg</i> (Quit 2)	PREV	
<i>nicotine (polacrilex) buccal gum 4 mg</i> (Quit 4)	PREV	
<i>nicotine (polacrilex) buccal lozenge 2 mg</i> (Quit 2)	PREV	
<i>nicotine (polacrilex) buccal lozenge 4 mg</i> (Quit 4)	PREV	
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i> (Nicorette)	PREV	
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i> (Nicoderm CQ)	PREV	
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	PREV	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	PREV	
QUIT 2 BUCCAL GUM 2 MG (nicotine (polacrilex))	PREV	
QUIT 2 BUCCAL LOZENGE 2 MG (nicotine (polacrilex))	PREV	
QUIT 4 BUCCAL GUM 4 MG (nicotine (polacrilex))	PREV	
QUIT 4 BUCCAL LOZENGE 4 MG (nicotine (polacrilex))	PREV	
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG (nicotine (polacrilex))	PREV	
Smoking Deterrent-Nicotinic Recept.Partial Agonist		
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i> (Chantix)	PREV	
<i>varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box)	PREV	
Smoking Deterrents, Other		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	PREV	
Upper Gastrointestinal Disorders - Digestive		
Gastric Enzymes		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Tier 5	PA
Pancreatic Enzymes		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	Tier 3	

Drug	Status	Notes
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200-24,600 UNIT	Tier 4	
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500-60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	Tier 4	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300-78,300 UNIT	Tier 4	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	Tier 3	
Upper Gastrointestinal Disorders - Spastic Disease		
Anticholinergics/Antispasmodics		
<i>dicyclomine oral capsule 10 mg</i>	Tier 2	
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 2	
<i>dicyclomine oral tablet 20 mg</i>	Tier 2	
Belladonna Alkaloids		
ANASPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)	Tier 4	
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)	Tier 2	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i> (Hyosyne)	Tier 2	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i> (Hyosyne)	Tier 2	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i> (Oscimin)	Tier 2	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i> (Levbid)	Tier 2	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i> (Ed-Spaz)	Tier 2	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i> (Oscimin SL)	Tier 2	
HYOSYNE ORAL DROPS 0.125 MG/ML (hyoscyamine sulfate)	Tier 2	

Drug		Status	Notes
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML	(hyoscyamine sulfate)	Tier 2	
LEVVID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	(hyoscyamine sulfate)	Tier 4	
LEVSIN ORAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 4	
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 4	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>		Tier 2	
NULEV ORAL TABLET,DISINTEGRATING 0.125 MG	(hyoscyamine sulfate)	Tier 4	
OSCIMIN ORAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 2	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 2	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	(hyoscyamine sulfate)	Tier 4	
SYMAX FASTABS ORAL TABLET,DISINTEGRATING 0.125 MG	(hyoscyamine sulfate)	Tier 4	
SYMAX-SL SUBLINGUAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 4	
SYMAX-SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	(hyoscyamine sulfate)	Tier 4	
Upper Gastrointestinal Disorders - Ulcer Disease			
Anticholinergics,Quaternary Ammonium			
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	(Librax (with clidinium))	Tier 2	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	(glycopyrrolate)	Tier 4	
DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG		Tier 4	ST: Requires prior prescription for Glycopyrrolate 2mg within the past 120 days; QL (4 EA per 1 day); Age (Min 18 Years)
<i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i>	(Glyrx-PF)	Tier 2	
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	(Cuvposa)	Tier 2	
<i>glycopyrrolate oral tablet 1 mg</i>	(Robinul)	Tier 2	
<i>glycopyrrolate oral tablet 2 mg</i>	(Robinul Forte)	Tier 2	
GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML)	(glycopyrrolate (pf))	Tier 4	
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG	(chlordiazepoxide-clidinium)	Tier 4	

Drug	Status	Notes
ROBINUL FORTE ORAL TABLET 2 MG (glycopyrrolate)	Tier 4	
ROBINUL ORAL TABLET 1 MG (glycopyrrolate)	Tier 4	
Anti-Ulcer Preparations		
CARAFATE ORAL SUSPENSION 100 MG/ML (sucralfate)	Tier 4	
CARAFATE ORAL TABLET 1 GRAM (sucralfate)	Tier 4	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (misoprostol)	Tier 4	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	Tier 2	
<i>sucralfate oral suspension 100 mg/ml</i> (Carafate)	Tier 2	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	Tier 2	
Anti-Ulcer-H.Pylori Agents		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	Tier 2	QL (112 EA per 10 days)
<i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i> (Pylera)	Tier 2	
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	Tier 4	
PYLERA ORAL CAPSULE 140-125-125 MG (bismuth subcit k-metronidz-tcn)	Tier 4	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	Tier 4	QL (168 EA per 14 days); Age (Min 18 Years)
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	Tier 4	PA
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	Tier 4	PA
Histamine H2-Receptor Inhibitors		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	Tier 2	
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	Tier 2	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Tier 2	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	Tier 2	
<i>famotidine oral tablet 20 mg, 40 mg</i> (Pepcid)	Tier 2	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 2	
PEPCID ORAL TABLET 20 MG, 40 MG (famotidine)	Tier 4	
Intestinal Motility Stimulants		
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY	Tier 5	PA
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	Tier 2	

Drug	Status	Notes
MOTTEGRITY ORAL TABLET 1 MG, 2 MG (prucalopride)	Tier 4	QL (1 EA per 1 day)
<i>prucalopride oral tablet 1 mg, 2 mg</i> (Motegrity)	Tier 2	QL (1 EA per 1 day)
REGLAN ORAL TABLET 10 MG, 5 MG (metoclopramide hcl)	Tier 4	
Potassium-Competitive Acid Blockers (Pcabs)		
VOQUEZNA ORAL TABLET 10 MG, 20 MG	Tier 4	PA
Proton-Pump Inhibitors		
ACIPHEX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG (rabeprazole)	Tier 4	QL (1 EA per 1 day)
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 5 MG	Tier 4	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day)
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEASE 30 MG, 60 MG (dexlansoprazole)	Tier 4	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)
<i>dexlansoprazole oral capsule, biphasic delayed release 30 mg, 60 mg</i> (Dexilant)	Tier 2	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule, delayed release (dr/ec) 20 mg</i> (Nexium)	Tier 2	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule, delayed release (dr/ec) 40 mg</i> (Nexium)	Tier 2	QL (2 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Nexium Packet)	Tier 2	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)	Tier 2	QL (2 EA per 1 day)
<i>lansoprazole oral capsule, delayed release (dr/ec) 15 mg</i> (Acid Reducer (lansoprazole))	Tier 2	
<i>lansoprazole oral capsule, delayed release (dr/ec) 30 mg</i> (Prevacid)	Tier 2	
<i>lansoprazole oral tablet, disintegrating, delayed release 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 ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG (esomeprazole magnesium)	Tier 4	QL (1 EA per 1 day)

Drug		Status	Notes
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG	(esomeprazole magnesium)	Tier 4	QL (2 EA per 1 day)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	(esomeprazole magnesium)	Tier 4	QL (1 EA per 1 day)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	(esomeprazole magnesium)	Tier 4	QL (2 EA per 1 day)
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>		Tier 2	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	(Zegerid OTC)	Tier 2	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>		Tier 2	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	(Protonix)	Tier 2	ST: Requires prior prescription for Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec within the past 120 days
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	(Protonix)	Tier 2	
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	(lansoprazole)	Tier 4	
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG, 30 MG	(lansoprazole)	Tier 4	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 120 days
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG, 2.5 MG		Tier 4	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	(pantoprazole)	Tier 4	ST: Requires prior prescription for Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec within the past 120 days

Drug	Status	Notes
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG, 40 MG (pantoprazole)	Tier 4	
<i>rabeprazole oral capsule, delayed rel sprinkle 10 mg</i> (AcipHex Sprinkle)	Tier 2	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex)	Tier 2	QL (1 EA per 1 day)
Urinary Tract - Functional Disorders		
Benign Prostatic Hypertrophy/Micturition Agents		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	Tier 2	
AVODART ORAL CAPSULE 0.5 MG (dutasteride)	Tier 4	
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	Tier 2	
<i>finasteride oral tablet 5 mg</i> (Proscar)	Tier 2	
FLOMAX ORAL CAPSULE 0.4 MG (tamsulosin)	Tier 4	
PROSCAR ORAL TABLET 5 MG (finasteride)	Tier 4	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG (silodosin)	Tier 4	
<i>silodosin oral capsule 4 mg, 8 mg</i> (Rapaflo)	Tier 2	
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	Tier 2	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG (alfuzosin)	Tier 4	
Bph Agent-5-Alpha-Reductase Inh And Pde5 Inh Comb		
ENTADFI ORAL CAPSULE 5-5 MG (finasteride-tadalafil)	Tier 4	PA
Bph Agents, 5-Alpha-Red Inh & Alpha-1-Adr Antg Cmb		
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	Tier 2	ST: Requires prior prescription for Alfuzosin, Doxazosin, Finasteride 5mg, Prazosin, Silodosin, Tamsulosin, or Terazosin within the past 120 days
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG (dutasteride-tamsulosin)	Tier 4	ST: Requires prior prescription for Alfuzosin, Doxazosin, Finasteride 5mg, Prazosin, Silodosin, Tamsulosin, or Terazosin within the past 120 days
Cystine-Depleting Agents, Nephropathic Cystinosis		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 5	

Drug	Status	Notes
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	Tier 4	PA
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	Tier 4	PA
Endothelin-Angiotensin Receptor Antagonist		
FILSPARI ORAL TABLET 200 MG, 400 MG	Tier 5	PA
Kidney Stone Agents		
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG (tiopronin)	Tier 4	
THIOLA ORAL TABLET 100 MG (tiopronin)	Tier 5	
<i>tiopronin oral tablet 100 mg</i> (Thiola)	Tier 4	
<i>tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i> (Thiola EC)	Tier 4	
VENXXIVA ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG (tiopronin)	Tier 4	
Overactive Bladder Agents, Beta-3 Adrenergic Recep		
GEMTESA ORAL TABLET 75 MG	Tier 4	ST: Requires prior prescriptions for Myrbetriq and Oxybutynin IR/XR within the past 365 days; QL (1 EA per 1 day)
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML	Tier 3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron)	Tier 2	QL (1 EA per 1 day)
Oxalosis Agent - Oxalate Inhibitor, Sirna Based		
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	Tier 5	PA
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)	Tier 5	PA
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML	Tier 5	PA
Polycystic Kidney Disease Agent, Avp Recep. Antag		
JYNARQUE ORAL TABLET 15 MG, 30 MG (tolvaptan (polycys kidney dis))	Tier 4	PA
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) (tolvaptan (polycys kidney dis))	Tier 4	PA

Drug	Status	Notes
Tissue Bulking Implants - Ureteral		
DEFLUX IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (1)	Tier 5	
Urinary Ph Modifiers		
K-PHOS NO 2 ORAL TABLET 305-700 MG	Tier 4	
K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG	Tier 4	
ORACIT ORAL SOLUTION 490-640 MG/5 ML (sodium citrate-citric acid)	Tier 4	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	Tier 2	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	Tier 2	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i>	Tier 2	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	Tier 4	
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i> (Oracit)	Tier 2	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG) (potassium citrate)	Tier 4	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (potassium citrate)	Tier 4	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	Tier 4	
Urinary Tract Analgesic Agents		
ELMIRON ORAL CAPSULE 100 MG	Tier 3	PA
Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i> (Pyridium)	Tier 2	
PYRIDIUM ORAL TABLET 100 MG, 200 MG (phenazopyridine)	Tier 4	
Urinary Tract Antispasmodic, M(3) Selective Antag.		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	Tier 2	
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	Tier 2	
VESICARE LS ORAL SUSPENSION 1 MG/ML	Tier 4	PA
VESICARE ORAL TABLET 10 MG, 5 MG (solifenacin)	Tier 4	

Drug	Status	Notes
Urinary Tract		
Antispasmodic/Antiincontinence Agent		
DETROL LA ORAL (tolterodine) CAPSULE,EXTENDED RELEASE 24HR 2 MG, 4 MG	Tier 4	
DETROL ORAL TABLET 1 MG, 2 MG (tolterodine)	Tier 4	
<i>fesoterodine oral tablet extended release</i> (Toviaz) 24 hr 4 mg, 8 mg	Tier 2	QL (1 EA per 1 day)
<i>flavoxate oral tablet 100 mg</i>	Tier 2	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 2	
<i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>	Tier 2	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 2	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	Tier 4	ST: Requires prior prescriptions for Myrbetriq and Oxybutynin IR/XR within the past 365 days
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	Tier 2	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	Tier 2	
TOVIAZ ORAL TABLET EXTENDED (fesoterodine) RELEASE 24 HR 4 MG, 8 MG	Tier 4	QL (1 EA per 1 day)
<i>trospium oral capsule,extended release 24hr 60 mg</i>	Tier 2	
<i>trospium oral tablet 20 mg</i>	Tier 2	
Vaginal Disorders		
Vaginal Antibiotics		
CLEOCIN VAGINAL CREAM 2 % (clindamycin phosphate)	Tier 4	
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Tier 4	ST: At least 2 prior prescriptions for oral Metronidazole, Clindamycin, vaginal Clindamycin cream, vaginal Metronidazole gel, or Tinidazole within the past 365 days; QL (3 EA per 30 days)
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	Tier 2	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	Tier 4	ST: Requires prior prescription for generic Clindamycin vaginal cream within the past 120 days
<i>metronidazole vaginal gel 0.75 %</i> (Vandazole) (37.5mg/5 gram)	Tier 2	
NUVESSA VAGINAL GEL 1.3 % (65 (metronidazole) MG/5 GRAM)	Tier 4	

Drug	Status	Notes
VANDAZOLE VAGINAL GEL 0.75 % (metronidazole) (37.5MG/5 GRAM)	Tier 4	
Vaginal Antifungals		
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 3	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	Tier 2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 2	
<i>terconazole vaginal suppository 80 mg</i>	Tier 2	
Vaginal Antiseptics		
FEM PH VAGINAL GEL 0.9-0.025 %	Tier 4	
RELAGARD VAGINAL GEL 0.9-0.025 %	Tier 4	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	Tier 4	
Vaginal Estrogen For Sexual Dysfunction		
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	Tier 4	ST: Requires prior prescriptions Premarin cream and one of the following: Estradiol cream or vaginal tablet within the past 365 days; QL (18 EA per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	Tier 4	ST: Requires prior prescriptions Premarin cream and one of the following: Estradiol cream or vaginal tablet within the past 365 days; QL (18 EA per 28 days)
Vaginal Estrogen Preparations		
ESTRACE VAGINAL CREAM 0.01 % (estradiol) (0.1 MG/GRAM)	Tier 4	
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	Tier 2	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvaferm)	Tier 2	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	Tier 4	ST: Requires prior prescriptions Premarin cream and one of the following: Estradiol cream or vaginal tablet within the past 365 days; QL (1 EA per 90 days)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	Tier 4	ST: Requires prior prescriptions Premarin cream and one of the following: Estradiol cream or vaginal tablet within the past 365 days; QL (1 EA per 84 days)

Drug	Status	Notes
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	Tier 3	
VAGIFEM VAGINAL TABLET 10 MCG (estradiol)	Tier 4	
YUVAFEM VAGINAL TABLET 10 MCG (estradiol)	Tier 2	
Vitamin And/Or Mineral Deficiency		
Fluoride Preparations		
CLINPRO 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 4	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 2	
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 2	
DENTAGEL DENTAL GEL 1.1 % (fluoride (sodium))	Tier 2	
<i>fluoride (sodium) dental cream 1.1 %</i> (Denta 5000 Plus)	Tier 2	
<i>fluoride (sodium) dental gel 1.1 %</i> (DentaGel)	Tier 2	
<i>fluoride (sodium) dental paste 1.1 %</i> (Sodium Fluoride 5000 Dry Mouth)	Tier 2	
<i>fluoride (sodium) dental solution 0.2 %</i> (PreviDent)	Tier 2	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i> (SoluVita)	PREV	
<i>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)</i> (Ludent Fluoride)	PREV	
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 4	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 4	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 4	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 4	
FRAICHE 5000 DENTAL GEL 1.1 % (fluoride (sodium))	Tier 4	
FRAICHE 5000 PREVI DENTAL GEL 1.1-3 %	Tier 4	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 4	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 4	
PREVIDENT 5000 DRY MOUTH DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 4	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 4	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 4	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 4	

Drug	Status	Notes
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 4	
PREVIDENT DENTAL GEL 1.1 % (fluoride (sodium))	Tier 4	
PREVIDENT DENTAL SOLUTION 0.2 % (fluoride (sodium))	Tier 4	
PREVIDENT KIDS DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 4	
SF 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 2	
SF DENTAL GEL 1.1 % (fluoride (sodium))	Tier 2	
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 2	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 2	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i> (Denta 5000 Plus Sensitive)	Tier 2	
Folic Acid Preparations		
<i>folic acid injection solution 5 mg/ml</i>	Tier 2	
<i>folic acid oral tablet 1 mg</i>	Tier 2	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	PREV	
Iron Replacement		
CITRANATAL BLOOM ORAL TABLET 90-1-12-50 MG-MG-MCG-MG	Tier 4	
INJECTAFER INTRAVENOUS SOLUTION 100 MG IRON/2 ML	Tier 4	
INJECTAFER INTRAVENOUS SOLUTION 50 MG IRON/ML	Tier 5	
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON	Tier 4	
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML	Tier 4	
Multivitamin Preparations		
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Tier 4	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Tier 4	
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG	Tier 2	
Prenatal Vitamin Preparations		
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG -374 MG	PREV	
BAL-CARE DHA ORAL COMBO PACK, TABLET AND CAP, DR 27-1-430 MG	PREV	
CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG	PREV	

Drug	Status	Notes
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG	Tier 4	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG	Tier 4	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG	Tier 4	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG	Tier 4	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG - 50 MG-260 MG	Tier 4	
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG	PREV	
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	PREV	
KPN ORAL TABLET 9 MG IRON- 267 MCG	PREV	
MINI PRENATAL ORAL TABLET 6.75 MG IRON- 200 MCG	PREV	
M-NATAL PLUS ORAL TABLET 27 MG (pnv,calcium 72-iron-folic IRON- 1 MG acid)	PREV	
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG	PREV	
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG	PREV	
MYNATAL ORAL TABLET 90-1-50 MG	PREV	
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG	PREV	
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG	PREV	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG	PREV	
NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON- 1 MG	PREV	
NEO-VITAL RX ORAL TABLET 27 MG IRON- 1 MG	PREV	
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG	Tier 4	
OBSTETRIX DHA ORAL COMBO PACK,TABLET AND CAP,DR 29 MG IRON-1 MG -50 MG	PREV	

Drug	Status	Notes
OBSTETRIX DHA PRENATAL DUO ORAL COMB PACK, TABLET DR, CAPSULE DR 29 MG IRON- 1,700 MCG DFE	PREV	
OBSTETRIX EC ORAL TABLET, DELAYED RELEASE (DR/EC) 29 MG IRON- 1,700 MCG DFE, 29 MG IRON-1 MG -50 MG	PREV	
OBTREX DHA ORAL COMBO PACK, TABLET AND CAP, DR 29 MG IRON-1 MG -50 MG	Tier 4	
ONE DAILY PRENATAL ORAL COMBO PACK 28-800-440 MG-MCG-MG	PREV	
ONE-A-DAY PRENATAL-1 ORAL CAPSULE 27 MG IRON- 800 MCG-235 MG	PREV	
<i>pnv no.95-ferrous fumarate-fa oral tablet (Prenatal)</i> <i>28 mg iron- 800 mcg</i>	PREV	
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG	PREV	
PNV-SELECT ORAL TABLET 27-1 MG	PREV	
PR NATAL 400 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-400 MG	PREV	
PR NATAL 400 ORAL COMBO PACK 29-1-400 MG	PREV	
PR NATAL 430 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-430 MG	PREV	
PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG -430 MG	PREV	
PRENAISSANCE ORAL CAPSULE 29- 1.25-55-325 MG	Tier 2	
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG	Tier 2	
PRENATA ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG	PREV	
PRENATABS FA ORAL TABLET 29-1 MG	PREV	
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG	PREV	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON- 975 MCG-200 MG, 28 MG IRON-800 MCG-200 MG	PREV	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG	PREV	

Drug	Status	Notes
PRENATAL 19 ORAL TABLET 29 MG IRON- 1 MG	PREV	
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	PREV	
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG	PREV	
PRENATAL ESSENTIALS ORAL CAPSULE 6 MG IRON- 272 MCG DFE	PREV	
PRENATAL FORMULA ORAL TABLET 9 MG IRON- 267 MCG	PREV	
PRENATAL FORMULA-DHA ORAL CAPSULE 28 MG-800 MCG- 200 MG	PREV	
PRENATAL MULTI ORAL TABLET 27- 800 MG-MCG	PREV	
PRENATAL MULTI-DHA (ALGAL OIL) ORAL CAPSULE 27MG IRON- 800 MCG-250 MG	PREV	
PRENATAL MULTI-DHA(WITH VIT K) ORAL CAPSULE 27 MG IRON-800 MCG-260 MG	PREV	
PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG (pnv no.95-ferrous fumarate-fa)	PREV	
PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG	PREV	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG (pnv no.95-ferrous fumarate-fa)	PREV	
PRENATAL ORAL TABLET 28-800 MG-MCG	PREV	
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG (pnv,calcium 72-iron-folic acid)	PREV	
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG	PREV	
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (pnv,calcium 72-iron,carb-folic)	PREV	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG	PREV	
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG (prenatal vit-iron fum-folic ac)	PREV	
<i>prenatal vit no. 179-iron-folic oral tablet 28 mg iron- 800 mcg</i>	PREV	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG, 27 MG IRON- 800 MCG	PREV	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG (pnv,calcium 72-iron-folic acid)	PREV	

Drug	Status	Notes
PRENATAL VITAMIN WITH MINERALS (prenatal vit-iron fum-folic ac) ORAL TABLET 28 MG IRON- 800 MCG	PREV	
<i>prenatal vit-iron fum-folic ac oral tablet</i> (Prenatal Tablet) <i>28 mg iron- 800 mcg</i>	PREV	
PRENATAL WITH DHA-FOLIC ACID ORAL TABLET,CHEWABLE 400-32.5 MCG-MG	PREV	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG	PREV	
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	PREV	
SE-NATAL 19 ORAL TABLET 29 MG IRON- 1 MG	PREV	
SIMILAC PRENATAL ORAL COMBO PACK 27 MG IRON-800 MCG-200 MG	PREV	
STUART ONE ORAL CAPSULE 27 MG IRON- 800 MCG-200 MG	PREV	
THERANATAL COMPLETE ORAL COMBO PACK 27 MG IRON- 1 MG-150 MG	PREV	
THERANATAL ONE ORAL CAPSULE 27 MG IRON-1000 MCG-300 MG	PREV	
THERANATAL ORAL TABLET 27 MG IRON- 1 MG	PREV	
THERANATAL PLUS ORAL COMBO PACK 27 MG IRON- 1 MG-300 MG	PREV	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	PREV	
TRICARE ORAL TABLET 27 MG IRON- 1 MG	PREV	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG	PREV	
TRINATE ORAL TABLET 28 MG IRON- 1 MG	PREV	
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG - 50 MG-200 MG	Tier 4	
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG	Tier 2	
WESNATAL DHA COMPLETE ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG	PREV	
WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG (pnv,calcium 72-iron-folic acid)	PREV	
WOMEN'S PRENATAL PLUS DHA ORAL COMBO PACK 28 MG-975 MCG-200 MG	PREV	

Drug	Status	Notes
Prenatal Vitamins Without Iron		
ONE-A-DAY PRENATAL ORAL TABLET,CHEWABLE 400 MCG- 25 MG	PREV	
PRENATAL GUMMIES ORAL TABLET,CHEWABLE 400 MCG-35 MG- 25 MG-5 MG	PREV	
PRENATAL GUMMIES(ZINC CHELATE) ORAL TABLET,CHEWABLE 180 MCG-35 MG- 25 MG-5 MG	PREV	
PRENATAL ORAL TABLET,CHEWABLE 400 MCG	PREV	
THERANATAL OVAVITE ORAL COMBO PACK 18-1-125 MG-MG-UNIT	PREV	
ULTRA PRENATAL PLUS DHA ORAL CAPSULE 23 MG-800 MCG- 250 MG- 200 MG	PREV	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON- 0.33 MG	PREV	
Vitamin B Preparations		
B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML	Tier 2	
B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML	Tier 2	
Vitamin B1 Preparations		
<i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>	Tier 2	
Vitamin B12 Preparations		
<i>cyanocobalamin (vitamin b-12) injection (Dodex) solution 1,000 mcg/ml</i>	Tier 2	
DODEX INJECTION SOLUTION 1,000 MCG/ML (cyanocobalamin (vitamin b-12))	Tier 2	
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	Tier 2	
<i>mecobalamin (vitamin b12) injection recon soln 10,000 mcg</i>	Tier 2	
Vitamin B6 Preparations		
<i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>	Tier 2	
Vitamin C Preparations		
ASCOR INTRAVENOUS SOLUTION 500 MG/ML	Tier 4	
<i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>	Tier 2	
Vitamin D Preparations		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 2	
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	Tier 2	

Drug		Status	Notes
<i>ergocalciferol (vitamin d2) oral capsule</i> <i>1,250 mcg (50,000 unit)</i>	(Vitamin D2)	Tier 2	
ROCALTROL ORAL SOLUTION 1 MCG/ML	(calcitriol)	Tier 4	
VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT)	(ergocalciferol (vitamin d2))	Tier 2	

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<i>rasagiline</i>	293	RESTASIS MULTIDOSE	171	<i>rivastigmine</i>	18
RASUVO (PF)	222	RESTIMO	77	<i>rivastigmine tartrate</i>	18
RAVICTI	234	RESTORIL	35	RIVELSA	69
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