Denver Health Medical Plan
Elevate Exchange, Colorado
Option and Peak Formulary
Administered by MedImpact
Effective October 2026

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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Allergy		
2Nd Gen Antihistamine & Decongestant Combinations		
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	Tier 4	ST: TRIAL OF DESLORATADINE OR LEVOCERTIRIZINE TABLET REQUIRED
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
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

Drug		Status	Notes
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			
carbinoxamine maleate oral liquid 4 mg/5 ml	(Carbzah)	Tier 2	Age (Min 2 Years)
carbinoxamine maleate oral suspension,extended rel 12 hr 4 mg/5 ml	(Karbinal ER)	Tier 2	ST: ST EDIT: TRIAL OF IMMEDIATE-RELEASE CARBINOXAMINE MALEATE ORAL SOLUTION REQUIRED.; QL (960 ML per 30 days); Age (Min 2 Years)
carbinoxamine maleate oral tablet 4 mg		Tier 2	Age (Min 2 Years)
CARBZAH ORAL LIQUID 4 MG/5 ML	(carbinoxamine maleate)	Tier 2	Age (Min 2 Years)
clemastine oral tablet 2.68 mg	(Clemsza)	Tier 2	
CLEMSZA ORAL TABLET 2.68 MG	(clemastine)	Tier 2	
cyproheptadine oral syrup 2 mg/5 ml		Tier 2	
cyproheptadine oral tablet 4 mg		Tier 2	
DIPHEN ORAL ELIXIR 12.5 MG/5 ML	(diphenhydramine hcl)	Tier 2	
diphenhydramine hcl oral elixir 12.5 mg/5 ml	(Diphen)	Tier 2	
hydroxyzine hcl oral solution 10 mg/5 ml		Tier 2	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		Tier 2	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg		Tier 2	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML	(carbinoxamine maleate)	Tier 4	ST: ST EDIT: TRIAL OF IMMEDIATE-RELEASE CARBINOXAMINE MALEATE ORAL SOLUTION REQUIRED.; QL (960 ML per 30 days); Age (Min 2 Years)
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML	(promethazine)	Tier 4	
promethazine injection solution 25 mg/ml, 50 mg/ml	(Phenergan)	Tier 2	
promethazine oral syrup 6.25 mg/5 ml		Tier 2	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg		Tier 2	
Antihistamines - 2Nd Generation			
cetirizine oral solution 1 mg/ml	(Allergy Relief (cetirizine))	Tier 2	
CLARINEX ORAL TABLET 5 MG	(desloratadine)	Tier 4	
desloratadine oral tablet 5 mg	(Clarinex)	Tier 2	

Drug		Status	Notes
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg		Tier 2	ST: ST EDIT: TRIAL OF DESLORATADINE OR LEVOCERTIRIZINE TABLET REQUIRED.
levocetirizine oral solution 2.5 mg/5 ml	(Xyzal)	Tier 2	ST: TRIAL OF DESLORATADINE TABLET, LEVOCETIRIZINE TABLET, OR CETIRIZINE SOLUTION IN THE PAST 120 DAYS
levocetirizine oral tablet 5 mg	(24HR Allergy Relief)	Tier 2	
Nasal Antihistamine			
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)		Tier 2	
olopatadine nasal spray,non-aerosol 0.6 %		Tier 2	
Nasal Antihistamine & Anti-Inflam. Steroid Comb.			
azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray	(Dymista)	Tier 2	ST: TRIAL OF FLUTICASONE OR FLUNISOLIDE (NASAL FORMULATION) IN THE PAST 120 DAYS; QL (23 GM per 30 days)
DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY	(azelastine-fluticasone)	Tier 4	ST: TRIAL OF FLUTICASONE OR FLUNISOLIDE (NASAL FORMULATION) IN THE PAST 120 DAYS; QL (23 GM per 30 days)
Nasal Anti-Inflammatory Steroids			
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)		Tier 2	QL (25 ML per 30 days)
fluticasone propionate nasal spray,suspension 50 mcg/actuation	(24 Hour Allergy Relief)	Tier 2	
mometasone nasal spray,non-aerosol 50 mcg/actuation	(Allergy Nasal (mometasone))	Tier 2	
OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG		Tier 4	ST: ST EDIT: TRIAL OF FLUTICASONE OR FLUNISOLIDE REQUIRED; QL (5 GM per 12 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION		Tier 3	ST: TRIAL OF NASAL FLUNISOLIDE OR FLUTICASONE REQUIRED; QL (6.8 GM per 30 days)

Drug		Status	Notes
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION		Tier 3	ST: TRIAL OF NASAL FLUNISOLIDE OR FLUTICASONE REQUIRED; QL (10.6 GM per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION		Tier 3	ST: TRIAL OF ONE OF THE FOLLOWING INTRANASAL CORTICOSTEROIDS : MOMETASONE, FLUTICASONE PROPIONATE, OR FLUNISOLIDE IN THE PAST 120 DAYS; QL (32 ML per 30 days)
Antiemesis/Antivertigo			
Antiemetic, Cannibinoid-Type			
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	(Marinol)	Tier 2	QL (2 EA per 1 day)
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	(dronabinol)	Tier 4	QL (2 EA per 1 day)
Antiemetic/Antivertigo Agents			
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG		Tier 3	QL (1 EA per 21 FILLs)
aprepitant oral capsule 125 mg		Tier 2	QL (1 EA per 21 days)
aprepitant oral capsule 40 mg		Tier 2	QL (1 EA per 28 days)
aprepitant oral capsule 80 mg	(Emend)	Tier 2	QL (2 EA per 21 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	(Emend)	Tier 2	QL (3 EA per 21 days)
COMPAZINE ORAL TABLET 10 MG, 5 MG	(prochlorperazine maleate)	Tier 4	
COMPAZINE RECTAL SUPPOSITORY 25 MG	(prochlorperazine)	Tier 4	
COMPRO RECTAL SUPPOSITORY 25 MG	(prochlorperazine)	Tier 2	
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG	(doxylamine-pyridoxine (vit b6))	Tier 4	QL (120 EA per 30 days)
doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg	(Diclegis)	Tier 2	QL (120 EA per 30 days)
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	PA; QL (3 EA per 21 days)

Drug		Status	Notes
granisetron hcl oral tablet 1 mg		Tier 2	ST: ST EDIT: TRIAL OF ONDANSETRON TABLETS OR ODT REQUIRED.; QL (10 EA per 21 days)
meclizine oral tablet 12.5 mg		Tier 2	
meclizine oral tablet 25 mg	(Dramamine (meclizine))	Tier 2	
meclizine oral tablet,chewable 25 mg	(Antivert)	Tier 2	
ondansetron hcl oral solution 4 mg/5 ml		Tier 2	QL (150 ML per 21 days)
ondansetron hcl oral tablet 4 mg, 8 mg		Tier 2	
ondansetron oral tablet,disintegrating 4 mg, 8 mg		Tier 2	
prochlorperazine maleate oral tablet 10 mg, 5 mg	(Compazine)	Tier 2	
prochlorperazine rectal suppository 25 mg	(Compro)	Tier 2	
promethazine rectal suppository 12.5 mg, 25 mg	(Promethegan)	Tier 2	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	(promethazine)	Tier 2	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR		Tier 4	ST: ST EDIT: TRIAL OF ONDANSETRON TABLETS OR ODT REQUIRED.; QL (1 EA per 21 days)
scopolamine base transdermal patch 3 day 1 mg over 3 days	(Transderm-Scop)	Tier 2	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	(scopolamine base)	Tier 4	
trimethobenzamide oral capsule 300 mg		Tier 2	
VARUBI ORAL TABLET 90 MG		Tier 3	QL (2 EA per 21 days)
Asthma And Copd			
Anticholinergic, Orally Inhaled Short Acting			
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	(ipratropium bromide)	Tier 3	QL (25.8 GM per 30 days)
ipratropium bromide inhalation solution 0.02 %		Tier 2	
Anticholinergics, Orally Inhaled Long Acting			
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	(umeclidinium)	Tier 3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION		Tier 3	QL (4 GM per 30 days)

Drug		Status	Notes
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	(tiotropium bromide)	Tier 4	QL (30 EA per 30 days)
tiotropium bromide inhalation capsule, w/inhalation device 18 mcg	(Spiriva with HandiHaler)	Tier 2	QL (30 EA per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION		Tier 4	ST: TRIAL OF SPIRIVA RESPIMAT OR INCRUSE ELLIPTA IN 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			
albuterol sulfate oral syrup 2 mg/5 ml		Tier 2	
albuterol sulfate oral tablet 2 mg, 4 mg		Tier 2	
terbutaline oral tablet 2.5 mg, 5 mg		Tier 2	
Beta-Adrenergic Agents, Inhaled, Short Acting			
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	(Ventolin HFA)	Tier 2	6.7gm/Pkg; QL (20.1 GM per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml		Tier 2	
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml		Tier 2	
levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation	(Xopenex HFA)	Tier 2	
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	(albuterol sulfate)	Tier 4	18gm/Pkg; ST: TRIAL OF GENERIC ALBUTEROL SULFATE 90 MCG HFA INHALER IN THE PAST 120 DAYS; QL (54 GM per 30 days)
XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	(levalbuterol tartrate)	Tier 4	
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting			
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION		Tier 3	QL (4 GM per 30 days)
Beta-Adrenergic Agents, Orally Inhaled,Long Acting			
arformoterol inhalation solution for nebulization 15 mcg/2 ml	(Brovana)	Tier 2	ST: TRIAL OF SEREVENT, STRIVERDI, OR PERFOROMIST IN THE PAST 120 DAYS; QL (120 ML per 30 days)

Drug		Status	Notes
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	(arformoterol)	Tier 4	ST: TRIAL OF SEREVENT, STRIVERDI, OR PERFOROMIST IN THE PAST 120 DAYS; QL (120 ML per 30 days)
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	(Perforomist)	Tier 2	QL (120 ML per 30 days)
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	(formoterol fumarate)	Tier 4	QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE		Tier 3	QL (60 EA per 30 days)
Beta-Adrenergic And Anticholinergic Combinations			
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	(umeclidinium-vilanterol)	Tier 3	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG		Tier 4	ST: TRIAL OF STIOLTO RESPIMAT AND ANORO ELLIPTA IN THE PREVIOUS 365 DAYS; QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION		Tier 3	4gm/Pkg
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION		Tier 4	ST: TRIAL OF STIOLTO RESPIMAT AND ANORO ELLIPTA IN THE PREVIOUS 365 DAYS; QL (1 EA per 30 days)
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml		Tier 2	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION		Tier 3	QL (4 GM per 30 days)
Beta-Adrenergic And Glucocorticoid Combinations			
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	(fluticasone propion-salmeterol)	Tier 4	QL (60 EA per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	(fluticasone propion-salmeterol)	Tier 3	QL (12 GM per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION		Tier 3	10.7gm/Pkg; QL (32.1 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate-vilanterol)	Tier 3	QL (60 EA per 30 days)

Drug		Status	Notes
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE		Tier 3	QL (60 EA per 30 days)
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	(budesonide-formoterol)	Tier 2	QL (30.9 GM per 30 days)
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	(Breyna)	Tier 2	QL (30.9 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50-5 MCG/ACTUATION		Tier 3	QL (39 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION		Tier 3	QL (13 GM per 30 days)
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation		Tier 2	QL (1 EA per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	(Wixela Inhub)	Tier 2	QL (60 EA per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	(budesonide-formoterol)	Tier 4	QL (30.9 GM per 30 days)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	(fluticasone propion-salmeterol)	Tier 2	QL (60 EA per 30 days)
Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled			
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-18-4.8 MCG/ACTUATION, 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: TRIAL OF 2 OF THE FOLLOWING REQUIRED: ASMANEX, QVAR, ARNUITY ELLIPTA WITHIN THE PAST 365 DAYS; QL (12.2 GM per 30 days)

Drug		Status	Notes
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	(fluticasone furoate)	Tier 3	QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION		Tier 3	QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)		Tier 3	QL (1 EA per 30 days)
beclomethasone dipropionate inhalation aerosol 40 mcg/actuation, 80 mcg/actuation		Tier 2	QL (17.4 GM per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	(Pulmicort)	Tier 2	QL (120 ML per 30 days)
fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation		Tier 2	QL (60 EA per 30 days)
fluticasone propionate inhalation blister with device 250 mcg/actuation		Tier 2	QL (120 EA per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation		Tier 2	QL (12 GM per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation		Tier 2	QL (24 GM per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation		Tier 2	QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION		Tier 4	ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: ASMANEX, QVAR, ARNUITY ELLIPTA WITHIN THE PAST 365 DAYS; QL (1 EA per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML	(budesonide)	Tier 4	QL (120 ML per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION		Tier 3	QL (21.2 GM per 30 days)
Interleukin-4(Il-4) Receptor Alpha Antagonist, Mab			
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML		Tier 4	PA

Drug		Status	Notes
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 MG	(zafirlukast)	Tier 4	
montelukast oral granules in packet 4 mg	(Singulair)	Tier 2	
montelukast oral tablet 10 mg	(Singulair)	Tier 2	
montelukast oral tablet,chewable 4 mg, 5 mg	(Singulair)	Tier 2	
SINGULAIR ORAL GRANULES IN PACKET 4 MG	(montelukast)	Tier 4	
SINGULAIR ORAL TABLET 10 MG	(montelukast)	Tier 4	
SINGULAIR ORAL TABLET,CHEWABLE 4 MG, 5 MG	(montelukast)	Tier 4	
zafirlukast oral tablet 10 mg, 20 mg		Tier 2	
Mast Cell Stabilizers			
cromolyn oral concentrate 100 mg/5 ml	(Gastrocrom)	Tier 2	
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML	(cromolyn)	Tier 4	
Mast Cell Stabilizers, Orally Inhaled			
cromolyn inhalation solution for nebulization 20 mg/2 ml		Tier 2	
Monoclonal Antibodies To Immunoglobulin E(Ige)			
OMLYCLO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		Tier 4	PA
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

Drug		Status	Notes
EXDENSUR SUBCUTANEOUS SYRINGE 100 MG/ML		Tier 5	PA; QL (1 ML per 180 days)
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)
JASCAYD ORAL TABLET 18 MG, 9 MG		Tier 4	PA; QL (2 EA per 1 day)
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML		Tier 5	PA
roflumilast oral tablet 250 mcg, 500 mcg	(Daliresp)	Tier 2	QL (1 EA per 1 day)
Respiratory Aids,Devices,Equipment			
ACE AEROSOL CLOUD ENHANCER SPACER	(inhalational spacing device)	Tier 4	
AEROCHAMBER MECHANICAL VENT SPACER	(inhalational spacing device)	Tier 4	
AEROCHAMBER MINI SPACER	(inhalational spacing device)	Tier 4	
AEROCHAMBER MV SPACER	(inhalational spacing device)	Tier 4	
AEROCHAMBER PLUS FLOW-VU SPACER	(inhalational spacing device)	Tier 4	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER		Tier 4	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER		Tier 4	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER		Tier 4	
AEROCHAMBER PLUS Z STAT LG MSK SPACER		Tier 4	
AEROCHAMBER PLUS Z STAT MD MSK SPACER		Tier 4	
AEROCHAMBER PLUS Z STAT SM MSK SPACER		Tier 4	
AEROCHAMBER PLUS Z STAT SPACER	(inhalational spacing device)	Tier 4	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER	(inhalational spacing device)	Tier 4	
AEROCHAMBER2GO SPACER	(inhalational spacing device)	Tier 4	
AEROTRACH PLUS SPACER	(inhalational spacing device)	Tier 4	
AEROVENT PLUS SPACER	(inhalational spacing device)	Tier 4	

Drug		Status	Notes
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	
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	

Drug		Status	Notes
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	
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	

Drug		Status	Notes
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			
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)		Tier 2	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG		Tier 3	
theophylline oral elixir 80 mg/15 ml		Tier 2	
theophylline oral solution 80 mg/15 ml		Tier 2	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg		Tier 2	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg		Tier 2	
Autonomic Nervous System Disorders			
Alzheimer's Therapy, Nmda Receptor Antagonists			
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg		Tier 2	ST: TRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS; QL (30 EA per 30 days)
memantine oral capsule,sprinkle,er 24hr 7 mg	(Namenda XR)	Tier 2	ST: TRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS; QL (30 EA per 30 days)
memantine oral solution 2 mg/ml		Tier 2	QL (300 ML per 30 days)
memantine oral tablet 10 mg, 5 mg		Tier 2	QL (60 EA per 30 days)
memantine oral tablets,dose pack 5-10 mg		Tier 2	QL (49 EA per 28 days)

Drug		Status	Notes
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG		Tier 3	ST: TRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS; QL (28 EA per 28 days)
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 7 MG	(memantine)	Tier 4	ST: TRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS; QL (30 EA per 30 days)
Alzheimer's Thx,Nmda Recept Antag & Cholines Inhib			
memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 21-10 mg, 28-10 mg	(Namzaric)	Tier 2	ST: TRIAL OF DONEPEZIL AND MEMANTINE IN THE PAST 365 DAYS.; QL (1 EA per 1 day)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG	(memantine-donepezil)	Tier 4	ST: TRIAL OF DONEPEZIL AND MEMANTINE IN THE PAST 365 DAYS.; QL (1 EA per 1 day)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 7-10 MG		Tier 3	ST: TRIAL OF DONEPEZIL AND MEMANTINE IN 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
LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 360 MG/1.8 ML, 500 MG/2.5 ML (250MG/1.25MLX2)		Tier 5	PA
Cholinesterase Inhibitors			
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG	(donepezil)	Tier 4	
donepezil oral tablet 10 mg, 23 mg, 5 mg	(Aricept)	Tier 2	
donepezil oral tablet,disintegrating 10 mg, 5 mg		Tier 2	
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	(rivastigmine)	Tier 4	QL (30 EA per 30 days)
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg		Tier 2	QL (30 EA per 30 days)
galantamine oral solution 4 mg/ml		Tier 2	PA; QL (200 ML per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg		Tier 2	QL (60 EA per 30 days)
MESTINON ORAL SYRUP 60 MG/5 ML	(pyridostigmine bromide)	Tier 4	
MESTINON ORAL TABLET 60 MG	(pyridostigmine bromide)	Tier 4	

Drug		Status	Notes
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG	(pyridostigmine bromide)	Tier 4	
pyridostigmine bromide oral syrup 60 mg/5 ml	(Mestinon)	Tier 2	
pyridostigmine bromide oral tablet 30 mg		Tier 2	
pyridostigmine bromide oral tablet 60 mg	(Mestinon)	Tier 2	
pyridostigmine bromide oral tablet extended release 105 mg		Tier 4	
pyridostigmine bromide oral tablet extended release 180 mg	(Mestinon Timespan)	Tier 2	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg		Tier 2	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	(Exelon Patch)	Tier 2	QL (30 EA per 30 days)
ZUNVEYL ORAL TABLET,DELAYED RELEASE (DR/EC) 10 MG, 15 MG, 5 MG		Tier 4	ST: TRIAL OF GENERIC GALANTAMINE TABS OR GALANTAMINE ER CAPS IN 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			
mirtazapine oral tablet 15 mg, 30 mg	(Remeron)	Tier 2	
mirtazapine oral tablet 45 mg, 7.5 mg		Tier 2	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	(Remeron SolTab)	Tier 2	
REMERON ORAL TABLET 15 MG, 30 MG	(mirtazapine)	Tier 4	
REMERON SOLTAB ORAL TABLET,DISINTEGRATING 15 MG, 30 MG, 45 MG	(mirtazapine)	Tier 4	
Antidepressant - Nmda Receptor Antagonist			

Drug		Status	Notes
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)		Tier 4	PA
Antidepressant - Postpartum Depression (Ppd)			
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG		Tier 4	PA
Maois - Non-Selective & Irreversible			
MARPLAN ORAL TABLET 10 MG		Tier 4	
NARDIL ORAL TABLET 15 MG	(phenelzine)	Tier 4	
PARNATE ORAL TABLET 10 MG	(tranylcypromine)	Tier 4	
phenelzine oral tablet 15 mg	(Nardil)	Tier 2	
tranylcypromine oral tablet 10 mg	(Parnate)	Tier 2	
Monoamine Oxidase(Mao) Inhibitors			
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR		Tier 4	ST: TRIAL OF PHENELZINE, TRANYLCYPROMINE, OR MARPLAN IN THE PREVIOUS 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	
AUVELITY ORAL TABLET,IR ER BIPHASIC,DOSEPACK 30 MG-105 MG /45 MG-105 MG		Tier 4	QL (51 EA per 29 days)
Norepinephrine And Dopamine Reuptake Inhib (Ndris)			
bupropion hcl oral tablet 100 mg, 75 mg		Tier 2	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	(Wellbutrin XL)	Tier 2	
bupropion hcl oral tablet extended release 24 hr 450 mg		Tier 2	ST: TRIAL OF BUPROPION HCL ER (XL), BUPROPION HCL, OR BUPROPION HCL ER (SR) IN THE PAST 120 DAYS; QL (1 EA per 1 day)
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	(Wellbutrin SR)	Tier 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)			

Drug	Status	Notes
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG (citalopram)	Tier 4	
citalopram oral capsule 30 mg	Tier 4	ST: TRIAL OF ONE OF THE FOLLOWING: BUPROPION, CITALOPRAM, ESCITALOPRAM, FLUOXETINE, MIRTAZAPINE, PAROXETINE, SERTRALINE, VENLAFAXINE, DESVENLAFAXINE, FLUVOXAMINE, OR DULOXETINE IN THE PAST 120 DAYS
citalopram oral solution 10 mg/5 ml	Tier 2	
citalopram oral tablet 10 mg, 20 mg, 40 mg (Celexa)	Tier 2	
escitalopram oxalate oral solution 5 mg/5 ml	Tier 2	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg (Lexapro)	Tier 2	
fluoxetine oral capsule 10 mg, 20 mg (Prozac)	Tier 2	
fluoxetine oral capsule 40 mg	Tier 2	
fluoxetine oral capsule,delayed release(dr/ec) 90 mg	Tier 2	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	Tier 2	
fluoxetine oral tablet 10 mg, 20 mg, 60 mg	Tier 2	
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg	Tier 2	ST: ST EDIT: TRIAL OF PAROXETINE, FLUOXETINE, CITALOPRAM, SERTRALINE, ESCITALOPRAM, OR FLUVOXAMINE IR REQUIRED.; QL (2 EA per 1 day)
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	Tier 2	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (escitalopram oxalate)	Tier 4	
paroxetine hcl oral suspension 10 mg/5 ml	Tier 2	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg (Paxil)	Tier 2	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg (Paxil CR)	Tier 2	

Drug		Status	Notes
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG	(paroxetine hcl)	Tier 4	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	(paroxetine hcl)	Tier 4	
sertraline oral capsule 150 mg, 200 mg		Tier 4	ST: TRIAL OF ONE OF THE FOLLOWING: BUPROPION, CITALOPRAM, ESCITALOPRAM, FLUOXETINE, MIRTAZAPINE, PAROXETINE, SERTRALINE, VENLAFAXINE, DESVENLAFAXINE, FLUVOXAMINE, OR DULOXETINE IN THE PAST 120 DAYS; QL (1 EA per 1 day)
sertraline oral concentrate 20 mg/ml	(Zoloft)	Tier 2	
sertraline oral tablet 100 mg, 25 mg, 50 mg	(Zoloft)	Tier 2	
ZOLOFT ORAL CONCENTRATE 20 MG/ML	(sertraline)	Tier 4	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG	(sertraline)	Tier 4	
Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)			
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg		Tier 2	
RALDESY ORAL SOLUTION 10 MG/ML		Tier 4	PA
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg		Tier 2	
Serotonin-Norepinephrine Reuptake-Inhib (Snris)			
desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg		Tier 2	PA; QL (1 EA per 1 day)
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	(Pristiq)	Tier 2	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG		Tier 4	ST: TRIAL OF GENERIC DULOXETINE IN THE PAST 120 DAYS; QL (1 EA per 1 day)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg		Tier 2	
duloxetine oral capsule,delayed release(dr/ec) 40 mg		Tier 2	ST: TRIAL OF GENERIC DULOXETINE TWO 20MG CAPSULES REQUIRED.; QL (1 EA per 1 day)

Drug		Status	Notes
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG	(venlafaxine)	Tier 4	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)		Tier 3	QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG		Tier 3	QL (1 EA per 1 day)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG	(desvenlafaxine succinate)	Tier 4	
venlafaxine besylate oral tablet extended release 24hr 112.5 mg		Tier 2	ST: TRIAL OF ONE OF THE FOLLOWING: BUPROPION, CITALOPRAM, ESCITALOPRAM, FLUOXETINE, MIRTAZAPINE, PAROXETINE, SERTRALINE, VENLAFAXINE, DESVENLAFAXINE, FLUVOXAMINE, OR DULOXETINE IN THE PAST 120 DAYS; QL (2 EA per 1 day)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	(Effexor XR)	Tier 2	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		Tier 2	
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg		Tier 2	
Ssri & 5Ht1a Partial Agonist Antidepressant			
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	(vilazodone)	Tier 4	
vilazodone oral tablet 10 mg, 20 mg, 40 mg	(Viibryd)	Tier 2	
Ssri & Serotonin Receptor Modulator Antidepressant			
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		Tier 3	QL (1 EA per 1 day)
Tricyclic Antidepressant/Benzodiazepine Combinatns			
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg		Tier 2	
Tricyclic Antidepressant/Phenothiazine Combinatns			

Drug		Status	Notes
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg		Tier 2	
Tricyclic Antidepressants & Rel. Non-Sel. Ru-Inhib			
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		Tier 2	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg		Tier 2	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	(clomipramine)	Tier 4	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	(Anafranil)	Tier 2	
desipramine oral tablet 10 mg, 25 mg	(Norpramin)	Tier 2	
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg		Tier 2	
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		Tier 2	
doxepin oral concentrate 10 mg/ml		Tier 2	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg		Tier 2	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg		Tier 2	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	(desipramine)	Tier 4	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg		Tier 2	
nortriptyline oral solution 10 mg/5 ml		Tier 2	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	(nortriptyline)	Tier 4	
protriptyline oral tablet 10 mg, 5 mg		Tier 2	
trimipramine oral capsule 100 mg, 25 mg, 50 mg		Tier 2	
Behavioral Health - Other			
Adrenergics, Aromatic, Non-Catecholamine			
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	(dextroamphetamine-amphetamine)	Tier 4	QL (2 EA per 1 day)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG	(dextroamphetamine-amphetamine)	Tier 4	QL (1 EA per 1 day)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 20 MG, 25 MG, 30 MG	(dextroamphetamine-amphetamine)	Tier 4	QL (2 EA per 1 day)
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	(amphetamine)	Tier 4	ST: TRIAL OF AZSTARYS OR JORNAY PM IN THE PAST 120 DAYS; QL (1 EA per 1 day)

Drug		Status	Notes
amphetamine oral tablet,disinteg er biphase 24h 12.5 mg, 15.7 mg, 18.8 mg, 3.1 mg, 6.3 mg, 9.4 mg	(Adzenys XR-ODT)	Tier 4	ST: TRIAL OF AZSTARYS OR JORNAY PM IN THE PAST 120 DAYS; QL (1 EA per 1 day)
amphetamine sulfate oral tablet 10 mg, 5 mg	(Evekeo)	Tier 2	QL (4 EA per 1 day)
ARYNTA ORAL SOLUTION 10 MG/ML		Tier 4	PA; QL (7 ML per 1 day)
DESOXYN ORAL TABLET 5 MG	(methamphetamine)	Tier 4	QL (150 EA per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	(dextroamphetamine sulfate)	Tier 4	QL (4 EA per 1 day)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 15 MG	(dextroamphetamine sulfate)	Tier 4	QL (120 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 10 mg	(Dexedrine Spansule)	Tier 2	QL (4 EA per 1 day)
dextroamphetamine sulfate oral capsule, extended release 15 mg	(Dexedrine Spansule)	Tier 2	QL (120 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 5 mg		Tier 2	QL (60 EA per 30 days)
dextroamphetamine sulfate oral solution 5 mg/5 ml	(ProCentra)	Tier 2	QL (1800 ML per 30 days)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	(Zenzedi)	Tier 2	QL (4 EA per 1 day)
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 7.5 mg	(Zenzedi)	Tier 2	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (4 EA per 1 day)
dextroamphetamine sulfate oral tablet 20 mg	(Zenzedi)	Tier 2	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (3 EA per 1 day)
dextroamphetamine sulfate oral tablet 30 mg	(Zenzedi)	Tier 2	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (2 EA per 1 day)
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg	(Mydayis)	Tier 2	QL (1 EA per 1 day)

Drug		Status	Notes
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	(Adderall XR)	Tier 2	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	(Adderall XR)	Tier 2	QL (2 EA per 1 day)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	(Adderall)	Tier 2	QL (2 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML		Tier 4	ST: TRIAL OF AZSTARYS OR JORNAY PM IN 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: TRIAL OF AZSTARYS OR JORNAY PM IN THE PAST 120 DAYS; QL (1 EA per 1 day)
EVEKEO ORAL TABLET 10 MG, 5 MG	(amphetamine sulfate)	Tier 4	QL (4 EA per 1 day)
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	(Vyvanse)	Tier 2	QL (1 EA per 1 day)
lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	(Vyvanse)	Tier 2	QL (1 EA per 1 day)
methamphetamine oral tablet 5 mg	(Desoxyn)	Tier 2	QL (150 EA per 30 days)
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	(dextroamphetamine-amphetamine)	Tier 4	QL (1 EA per 1 day)
PROCENTRA ORAL SOLUTION 5 MG/5 ML	(dextroamphetamine sulfate)	Tier 4	QL (1800 ML per 30 days)
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: TRIAL OF AZSTARYS OR JORNAY PM IN THE PAST 120 DAYS; QL (1 EA per 1 day)
ZENZEDI ORAL TABLET 10 MG, 5 MG	(dextroamphetamine sulfate)	Tier 4	QL (4 EA per 1 day)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 7.5 MG	(dextroamphetamine sulfate)	Tier 4	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (4 EA per 1 day)

Drug		Status	Notes
ZENZEDI ORAL TABLET 20 MG	(dextroamphetamine sulfate)	Tier 4	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (3 EA per 1 day)
ZENZEDI ORAL TABLET 30 MG	(dextroamphetamine sulfate)	Tier 4	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (2 EA per 1 day)
Anti-Alcoholic Preparations			
acamprosate oral tablet,delayed release (dr/ec) 333 mg		Tier 2	
disulfiram oral tablet 250 mg, 500 mg		Tier 2	
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG		Tier 5	
Anti-Anxiety - Benzodiazepines			
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML		Tier 3	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	(Xanax)	Tier 2	
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg		Tier 2	
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg		Tier 2	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	(lorazepam)	Tier 4	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg		Tier 2	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg		Tier 2	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	(diazepam)	Tier 2	
diazepam oral concentrate 5 mg/ml	(Diazepam Intensol)	Tier 2	
diazepam oral solution 5 mg/5 ml (1 mg/ml)		Tier 2	
diazepam oral tablet 10 mg, 2 mg, 5 mg	(Valium)	Tier 2	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	(lorazepam)	Tier 2	
lorazepam oral concentrate 2 mg/ml	(Lorazepam Intensol)	Tier 2	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	(Ativan)	Tier 2	

Drug		Status	Notes
oxazepam oral capsule 10 mg, 15 mg, 30 mg		Tier 2	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG	(diazepam)	Tier 4	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	(alprazolam)	Tier 4	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 2 MG	(alprazolam)	Tier 4	
Anti-Anxiety Drugs			
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg		Tier 2	
meprobamate oral tablet 200 mg, 400 mg		Tier 2	
Anti-Mania Drugs			
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG		Tier 4	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg		Tier 2	
lithium carbonate oral tablet 300 mg		Tier 2	
lithium carbonate oral tablet extended release 300 mg	(Lithobid)	Tier 2	
lithium carbonate oral tablet extended release 450 mg		Tier 2	
lithium citrate oral solution 8 meq/5 ml		Tier 2	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	(lithium carbonate)	Tier 4	
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
sodium oxybate oral solution 500 mg/ml	(Xyrem)	Tier 5	PA
XYREM ORAL SOLUTION 500 MG/ML	(sodium oxybate)	Tier 5	PA
XYWAV ORAL SOLUTION 0.5 GRAM/ML		Tier 5	PA
Antipsych,Dopamine Antag.,Diphenylbutylpiperidines			
pimozide oral tablet 1 mg, 2 mg		Tier 2	
Antipsychotic-Atypical,D3/D2 Partial Ag-5Ht Mixed			
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 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			

Drug	Status	Notes
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	Tier 3	QL (2.4 ML per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	Tier 3	QL (3.2 ML per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG	Tier 3	QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 400 MG	Tier 3	QL (2 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG	Tier 3	QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 400 MG	Tier 3	QL (2 EA per 26 days)
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (aripiprazole)	Tier 4	
aripiprazole oral solution 1 mg/ml	Tier 2	PA
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg (Abilify)	Tier 2	
aripiprazole oral tablet,disintegrating 10 mg	Tier 2	PA; QL (3 EA per 1 day)
aripiprazole oral tablet,disintegrating 15 mg	Tier 2	PA; QL (2 EA per 1 day)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	Tier 3	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	Tier 3	QL (3.9 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	Tier 3	QL (1.6 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	Tier 3	QL (2.4 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	Tier 3	QL (3.2 ML per 14 days)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	Tier 4	ST: TRIAL OF GENERIC ARIPIPRAZOLE TABLETS IN 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		

Drug	Status	Notes
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Tier 4	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	Tier 2	
Antipsychotics,Atypical,Dopamine,& Serotonin Antag		
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg (Saphris)	Tier 2	QL (2 EA per 1 day)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 3	QL (1 EA per 1 day)
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg (Clozaril)	Tier 2	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	Tier 2	QL (3 EA per 1 day)
CLOZARIL ORAL TABLET 100 MG, 25 MG (clozapine)	Tier 4	
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	Tier 3	QL (0.75 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML, 351 MG/2.25 ML	Tier 3	QL (1 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	Tier 3	QL (1.5 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	Tier 3	QL (0.25 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	Tier 3	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	PA; QL (2 EA per 1 day)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	Tier 4	PA; QL (8 EA per 28 days)
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	Tier 4	ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (12 EA per 28 days)
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	Tier 4	ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (8 EA per 28 days)
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (ziprasidone hcl)	Tier 4	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	Tier 3	QL (3.5 ML per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	Tier 3	QL (5 ML per 166 days)

Drug		Status	Notes
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG	(paliperidone)	Tier 4	QL (1 EA per 1 day)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	(paliperidone)	Tier 4	QL (2 EA per 1 day)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML		Tier 3	QL (0.75 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML		Tier 3	QL (1 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML		Tier 3	QL (1.5 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML		Tier 3	QL (0.25 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML		Tier 3	QL (0.5 ML per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML		Tier 3	QL (0.88 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML		Tier 3	QL (1.32 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML		Tier 3	QL (1.75 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML		Tier 3	QL (2.63 ML per 70 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	(lurasidone)	Tier 4	
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	(Latuda)	Tier 2	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG		Tier 4	ST: TRIAL OF ONE GENERIC ATYPICAL ANTIPSYCHOTIC IN THE PAST 365 DAYS; QL (1 EA per 1 day)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	(Zyprexa)	Tier 2	
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	(Zyprexa Zydis)	Tier 2	
paliperidone oral tablet extended release 24hr 1.5 mg		Tier 2	QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 3 mg, 9 mg	(Invega)	Tier 2	QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 6 mg	(Invega)	Tier 2	QL (2 EA per 1 day)
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG		Tier 4	QL (1 EA per 28 days)

Drug		Status	Notes
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	(Seroquel)	Tier 2	
quetiapine oral tablet 150 mg		Tier 2	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	(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 4	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	
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml	(Risperdal Consta)	Tier 2	QL (1 EA per 14 days)
risperidone microspheres intramuscular suspension,extended rel recon 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml	(Rykindo)	Tier 2	QL (1 EA per 14 days)
risperidone oral solution 1 mg/ml	(Risperdal)	Tier 2	
risperidone oral tablet 0.25 mg		Tier 2	
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	(Risperdal)	Tier 2	
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg		Tier 2	
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	(risperidone microspheres)	Tier 3	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	PA; 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 3	QL (0.28 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML		Tier 3	QL (0.35 ML per 28 days)

Drug		Status	Notes
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML		Tier 3	QL (0.42 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML		Tier 3	QL (0.56 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML		Tier 3	QL (0.7 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML		Tier 3	QL (0.14 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML		Tier 3	QL (0.21 ML per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML		Tier 4	PA; QL (18 ML per 1 day)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	(Geodon)	Tier 2	
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	(olanzapine)	Tier 4	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG		Tier 4	QL (1 EA per 14 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG		Tier 4	QL (1 EA per 28 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	(olanzapine)	Tier 4	
Antipsychotics,Dopamine Antagonists, Thioxanthenes			
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg		Tier 2	
Antipsychotics,Dopamine Antagonists,Butyrophenones			
haloperidol lactate oral concentrate 2 mg/ml		Tier 2	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg		Tier 2	
Antipsychotics,Dopamine Antagonst,Dihydroindolones			
molindone oral tablet 10 mg		Tier 2	QL (8 EA per 1 day)
molindone oral tablet 25 mg		Tier 2	QL (9 EA per 1 day)
molindone oral tablet 5 mg		Tier 2	
Anti-Psychotics,Phenothiazines			
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml		Tier 2	

Drug		Status	Notes
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	
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
ramelteon oral tablet 8 mg	(Rozerem)	Tier 2	ST: TRIAL OF ZOLPIDEM IR (AMBIEN), ZALEPLON (SONATA) OR ESZOPICLONE (LUNESTA) REQUIRED WITHIN THE PAST 120 DAYS
ROZEREM ORAL TABLET 8 MG	(ramelteon)	Tier 4	ST: TRIAL OF ZOLPIDEM IR (AMBIEN), ZALEPLON (SONATA) OR ESZOPICLONE (LUNESTA) REQUIRED WITHIN THE PAST 120 DAYS
tasimelteon oral capsule 20 mg	(Hetlioz)	Tier 4	PA
Narcolepsy And Sleep Disorder Therapy Agents			
armodafinil oral tablet 150 mg, 200 mg, 250 mg	(Nuvigil)	Tier 2	QL (1 EA per 1 day)
armodafinil oral tablet 50 mg	(Nuvigil)	Tier 2	QL (3 EA per 1 day)

Drug		Status	Notes
modafinil oral tablet 100 mg, 200 mg	(Provigil)	Tier 2	QL (2 EA per 1 day)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG	(armodafinil)	Tier 4	QL (1 EA per 1 day)
NUVIGIL ORAL TABLET 50 MG	(armodafinil)	Tier 4	QL (3 EA per 1 day)
PROVIGIL ORAL TABLET 100 MG, 200 MG	(modafinil)	Tier 4	QL (2 EA per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG		Tier 3	PA
Narcolepsy Tx-H3-Recept.Antagonist/Inverse Agonist			
WAKIX ORAL TABLET 17.8 MG, 4.45 MG		Tier 5	PA
Narcotic Antagonists			
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION		Tier 3	
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG		Tier 4	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml		Tier 2	
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG		Tier 4	
naltrexone oral tablet 50 mg		Tier 2	
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	(naloxone)	Tier 4	
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	
ZURNAI INJECTION AUTO-INJECTOR 1.5 MG/0.5 ML		Tier 4	
Sedative-Hypnotics - Benzodiazepines			
DORAL ORAL TABLET 15 MG	(quazepam)	Tier 4	ST: TRIAL OF 1 OF THE FOLLOWING ORAL GENERICS: ZOLPIDEM TABLETS, ZALEPLON, ESZOPICLONE, TEMAZEPAM OR FLURAZEPAM WITHIN THE PAST 120 DAYS.
estazolam oral tablet 1 mg, 2 mg		Tier 2	
flurazepam oral capsule 15 mg, 30 mg		Tier 2	
HALCION ORAL TABLET 0.25 MG	(triazolam)	Tier 4	
midazolam oral syrup 2 mg/ml		Tier 2	

Drug		Status	Notes
quazepam oral tablet 15 mg	(Doral)	Tier 2	ST: TRIAL OF 1 OF THE FOLLOWING ORAL GENERICS: ZOLPIDEM TABLETS, ZALEPLON, ESZOPICLONE, TEMAZEPAM OR FLURAZEPAM WITHIN THE PAST 120 DAYS.
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG	(temazepam)	Tier 4	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	(Restoril)	Tier 2	
triazolam oral tablet 0.125 mg, 0.25 mg		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	ST: TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (1 EA per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG		Tier 3	ST: TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (1 EA per 1 day)
doxepin oral tablet 3 mg	(Silenor)	Tier 2	ST: TRIAL OF ZOLPIDEM, ZALEPLON, ESZOPICLONE, DOXEPIN SOLUTION, OR DOXEPIN 10MG CAPSULE REQUIRED.|TRIAL OF ZOLPIDEM, ZALEPLON, ESZOPICLONE, DOXEPIN SOLUTION, OR DOXEPIN 10MG CAPSULE REQUIRED; QL (1 EA per 1 day)
doxepin oral tablet 6 mg	(Silenor)	Tier 2	ST: TRIAL OF ZOLPIDEM, ZALEPLON, ESZOPICLONE, DOXEPIN SOLUTION, OR DOXEPIN 10MG CAPSULE REQUIRED.; QL (1 EA per 1 day)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	(Lunesta)	Tier 2	QL (1 EA per 1 day)
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG		Tier 4	PA

Drug		Status	Notes
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG	(eszopiclone)	Tier 4	QL (1 EA per 1 day)
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG		Tier 2	
QUVIVIQ ORAL TABLET 25 MG, 50 MG		Tier 4	ST: TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (1 EA per 1 day)
SILENOR ORAL TABLET 3 MG	(doxepin)	Tier 4	ST: TRIAL OF ZOLPIDEM, ZALEPLON, ESZOPICLONE, DOXEPIN SOLUTION, OR DOXEPIN 10MG CAPSULE REQUIRED.|TRIAL OF ZOLPIDEM, ZALEPLON, ESZOPICLONE, DOXEPIN SOLUTION, OR DOXEPIN 10MG CAPSULE REQUIRED; QL (1 EA per 1 day)
SILENOR ORAL TABLET 6 MG	(doxepin)	Tier 4	ST: TRIAL OF ZOLPIDEM, ZALEPLON, ESZOPICLONE, DOXEPIN SOLUTION, OR DOXEPIN 10MG CAPSULE REQUIRED.; QL (1 EA per 1 day)
zaleplon oral capsule 10 mg, 5 mg		Tier 2	QL (1 EA per 1 day)
zolpidem oral tablet 10 mg, 5 mg	(Ambien)	Tier 2	QL (1 EA per 1 day)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	(Ambien CR)	Tier 2	QL (1 EA per 1 day)
zolpidem sublingual tablet 1.75 mg, 3.5 mg		Tier 2	ST: TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; 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
Ssri &Antipsych,Atyp,Dopamine&Serotonin Antag Comb			
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg		Tier 2	QL (1 EA per 1 day)

Drug		Status	Notes
Tx For Adhd - Selective Alpha-2A Receptor Agonist			
clonidine hcl oral tablet extended release 12 hr 0.1 mg		Tier 2	
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	(Intuniv ER)	Tier 2	
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG	(guanfacine)	Tier 4	
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML		Tier 4	ST: TRIAL OF A GENERIC NON-STIMULANT AGENT FOR ADHD (ATOMOXETINE, CLONIDINE ER, GUANFACINE ER) OR ATONCY IN THE PAST 120 DAYS; QL (4 ML per 1 day)
Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy			
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	(methylphenidate hcl)	Tier 4	ST: TRIAL OF ONE OF THE FOLLOWING GENERICS: CONCERTA, METADATE CD, RITALIN LA, METHYLIN ER OR RITALIN-SR REQUIRED IN THE PREVIOUS 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: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/ AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (1 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG	(methylphenidate hcl)	Tier 4	QL (1 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG	(methylphenidate hcl)	Tier 4	QL (2 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 8.6 MG	(methylphenidate)	Tier 4	ST: TRIAL OF AZSTARYS OR JORNAY PM IN THE PAST 120 DAYS; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 25.9 MG	(methylphenidate)	Tier 4	ST: TRIAL OF AZSTARYS OR JORNAY PM IN THE PAST 120 DAYS; QL (2 EA per 1 day)

Drug		Status	Notes
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	(methylphenidate)	Tier 4	ST: TRIAL OF ORAL METHYLPHENIDATE CD, ER OR LA FORMULATION OR METHYLPHENIDATE SUSPENSION/SOLUTION REQUIRED.; QL (1 EA per 1 day)
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	(Focalin XR)	Tier 2	QL (1 EA per 1 day)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	(Focalin)	Tier 2	QL (2 EA per 1 day)
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG	(dexmethylphenidate)	Tier 4	QL (2 EA per 1 day)
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	(dexmethylphenidate)	Tier 4	QL (1 EA per 1 day)
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG		Tier 3	ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/ AMPHETAMINE XR/ER IN 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	
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg		Tier 4	ST: TRIAL OF ONE OF THE FOLLOWING GENERICS: CONCERTA, METADATE CD, RITALIN LA, METHYLIN ER OR RITALIN-SR REQUIRED IN THE PREVIOUS 120 DAYS; QL (1 EA per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg	(Metadate CD)	Tier 2	QL (1 EA per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70 30 mg	(Metadate CD)	Tier 2	QL (2 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 40 mg, 60 mg		Tier 2	QL (1 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 20 mg	(Ritalin LA)	Tier 2	QL (1 EA per 1 day)

Drug		Status	Notes
methylphenidate hcl oral capsule,er biphasic 50-50 30 mg		Tier 2	QL (2 EA per 1 day)
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	(Methylin)	Tier 2	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	(Ritalin)	Tier 2	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 10 mg		Tier 2	QL (3 EA per 1 day)
methylphenidate hcl oral tablet extended release 20 mg		Tier 2	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	(Concerta)	Tier 2	QL (1 EA per 1 day)
methylphenidate hcl oral tablet extended release 24hr 36 mg	(Concerta)	Tier 2	QL (2 EA per 1 day)
methylphenidate hcl oral tablet,chewable 10 mg		Tier 2	QL (6 EA per 1 day)
methylphenidate hcl oral tablet,chewable 2.5 mg, 5 mg		Tier 2	QL (90 EA per 30 days)
methylphenidate oral tablet,disinteg er biphase 24h 17.3 mg, 8.6 mg	(Cotempla XR-ODT)	Tier 2	ST: TRIAL OF AZSTARYS OR JORNAY PM IN THE PAST 120 DAYS; QL (1 EA per 1 day)
methylphenidate oral tablet,disinteg er biphase 24h 25.9 mg	(Cotempla XR-ODT)	Tier 2	ST: TRIAL OF AZSTARYS OR JORNAY PM IN THE PAST 120 DAYS; QL (2 EA per 1 day)
methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr	(Daytrana)	Tier 2	ST: TRIAL OF ORAL METHYLPHENIDATE CD, ER OR LA FORMULATION OR METHYLPHENIDATE SUSPENSION/SOLUTION REQUIRED.; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG		Tier 4	ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/ AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG		Tier 4	ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/ AMPHETAMINE XR/ER IN 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: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/ AMPHETAMINE XR/ER IN 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: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/ AMPHETAMINE XR/ER IN 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: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/ AMPHETAMINE XR/ER IN 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: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/ AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (60 ML per 30 days)
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	
atomoxetine oral solution 4 mg/ml (Atoncy)	Tier 4	ST: TRIAL OF A GENERIC NON-STIMULANT AGENT FOR ADHD (ATOMOXETINE, CLONIDINE ER, GUANFACINE ER) OR ONYDA XR IN THE PAST 120 DAYS

Drug		Status	Notes
ATONCY ORAL SOLUTION 4 MG/ML	(atomoxetine)	Tier 4	ST: TRIAL OF A GENERIC NON-STIMULANT AGENT FOR ADHD (ATOMOXETINE, CLONIDINE ER, GUANFACINE ER) OR ONYDA XR IN THE PAST 120 DAYS
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG		Tier 4	ST: TRIAL OF ATOMOXETINE, CLONIDINE ER (KAPVAY), GUANFACINE ER (INTUNIV), GENERIC IR METHYLPHENIDATE, DEXMETHYLPHENIDATE OR DEXTROAMPHETAMINE/ AMPHETAMINE IN THE PAST 120 DAYS; QL (1 EA per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG		Tier 4	ST: TRIAL OF ATOMOXETINE, CLONIDINE ER (KAPVAY), GUANFACINE ER (INTUNIV), GENERIC IR METHYLPHENIDATE, DEXMETHYLPHENIDATE OR DEXTROAMPHETAMINE/ AMPHETAMINE IN THE PAST 120 DAYS; QL (2 EA per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG		Tier 4	ST: TRIAL OF ATOMOXETINE, CLONIDINE ER (KAPVAY), GUANFACINE ER (INTUNIV), GENERIC IR METHYLPHENIDATE, DEXMETHYLPHENIDATE OR DEXTROAMPHETAMINE/ AMPHETAMINE IN THE PAST 120 DAYS; QL (3 EA per 1 day)
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	

Drug		Status	Notes
flecainide oral tablet 100 mg, 150 mg, 50 mg		Tier 2	
mexiletine oral capsule 150 mg, 200 mg, 250 mg		Tier 2	
MULTAQ ORAL TABLET 400 MG		Tier 3	
NORPACE ORAL CAPSULE 100 MG, 150 MG	(disopyramide phosphate)	Tier 4	
PACERONE ORAL TABLET 100 MG, 200 MG	(amiodarone)	Tier 2	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg		Tier 2	
propafenone oral tablet 150 mg, 225 mg, 300 mg		Tier 2	
quinidine gluconate oral tablet extended release 324 mg		Tier 2	
quinidine sulfate oral tablet 200 mg, 300 mg		Tier 2	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	(dofetilide)	Tier 4	
Cardiovascular Disease - Cardiac Stimulant			
Adrenergic Agents,Catecholamines			
epinephrine injection syringe 0.1 mg/ml		Tier 2	
Digitalis Glycosides			
digoxin oral solution 50 mcg/ml (0.05 mg/ml)		Tier 4	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(Lanoxin)	Tier 2	
digoxin oral tablet 62.5 mcg (0.0625 mg)	(Lanoxin)	Tier 2	PA
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	(digoxin)	Tier 4	
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	(digoxin)	Tier 4	PA
Cardiovascular Disease - Hypertension			
Ace Inhibitor/Calcium Channel Blocker Combination			
amlodipine-benazepril oral capsule 10-20 mg	(Lotrel)	Tier 2	
amlodipine-benazepril oral capsule 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg		Tier 2	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg		Tier 2	
Ace Inhibitor/Thiazide & Thiazide-Like Diuretic			
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	Tier 2	

Drug		Status	Notes
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		Tier 2	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg		Tier 2	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	(Vaseretic)	Tier 2	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		Tier 2	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg		Tier 2	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Zestoretic)	Tier 2	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	(benazepril-hydrochlorothiazide)	Tier 4	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg		Tier 2	
VASERETIC ORAL TABLET 10-25 MG	(enalapril-hydrochlorothiazide)	Tier 4	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	(lisinopril-hydrochlorothiazide)	Tier 4	
Alpha/Beta-Adrenergic Blocking Agents			
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	(Coreg)	Tier 2	
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg	(Coreg CR)	Tier 2	QL (1 EA per 1 day)
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	(carvedilol phosphate)	Tier 4	QL (1 EA per 1 day)
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	(carvedilol)	Tier 4	
labetalol oral tablet 100 mg, 200 mg, 300 mg, 400 mg		Tier 2	
Alpha-Adrenergic Blocking Agents			
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	(doxazosin)	Tier 4	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG		Tier 4	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	(Cardura)	Tier 2	
phenoxybenzamine oral capsule 10 mg		Tier 4	PA
prazosin oral capsule 1 mg, 2 mg, 5 mg		Tier 2	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg		Tier 2	
TEZRULY ORAL SOLUTION 1 MG/ML		Tier 4	PA

Drug		Status	Notes
Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb			
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	(Exforge HCT)	Tier 2	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG	(amlodipine-valsartan-hcthiazid)	Tier 4	
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	(Tribenzor)	Tier 2	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	(olmesartan-amlodipin-hcthiazid)	Tier 4	
Angiotensin Receptor Antag./Thiazide Diuretic Comb			
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG	(candesartan-hydrochlorothiazid)	Tier 4	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	(irbesartan-hydrochlorothiazide)	Tier 4	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	(olmesartan-hydrochlorothiazide)	Tier 4	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	(Atacand HCT)	Tier 2	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	(valsartan-hydrochlorothiazide)	Tier 4	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG		Tier 4	ST: TRIAL OF ACE INHIBITOR, ACE-I COMBO, ARB, OR ARB COMBO REQUIRED
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	(losartan-hydrochlorothiazide)	Tier 4	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	Tier 2	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	(Hyzaar)	Tier 2	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	(telmisartan-hydrochlorothiazid)	Tier 4	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	(Benicar HCT)	Tier 2	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	(Micardis HCT)	Tier 2	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	(Diovan HCT)	Tier 2	
Angiotensin Receptor Antgnst & Calc.Channel Blockr			
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	(Azor)	Tier 2	

Drug		Status	Notes
amlodipine-valsartan oral tablet 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	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg		Tier 2	
Antihypertensives, Ace Inhibitors			
benazepril oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	Tier 2	
benazepril oral tablet 5 mg		Tier 2	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		Tier 2	
enalapril maleate oral solution 1 mg/ml	(Epaned)	Tier 2	PA
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	Tier 2	
EPANED ORAL SOLUTION 1 MG/ML	(enalapril maleate)	Tier 4	PA
fosinopril oral tablet 10 mg, 20 mg, 40 mg		Tier 2	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	(Zestril)	Tier 2	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	(benazepril)	Tier 4	
moexipril oral tablet 15 mg, 7.5 mg		Tier 2	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		Tier 2	
QBRELIS ORAL SOLUTION 1 MG/ML		Tier 4	PA
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg		Tier 2	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg		Tier 2	
trandolapril oral tablet 1 mg, 2 mg, 4 mg		Tier 2	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	(enalapril maleate)	Tier 4	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	(lisinopril)	Tier 4	
Antihypertensives, Angiotensin Receptor Antagonist			
ARBLI ORAL SUSPENSION 10 MG/ML		Tier 4	PA
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	(candesartan)	Tier 4	
AVAPRO ORAL TABLET 150 MG, 300 MG	(irbesartan)	Tier 4	
azilsartan medoxomil oral tablet 40 mg, 80 mg	(Edarbi)	Tier 2	ST: TRIAL OF ACE INHIBITOR, ACE-I COMBO, ARB, OR ARB COMBO REQUIRED

Drug		Status	Notes
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	(olmesartan)	Tier 4	
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Atacand)	Tier 2	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG	(losartan)	Tier 4	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	(valsartan)	Tier 4	
EDARBI ORAL TABLET 40 MG, 80 MG	(azilsartan medoxomil)	Tier 4	ST: TRIAL OF ACE INHIBITOR, ACE-I COMBO, ARB, OR ARB COMBO REQUIRED
irbesartan oral tablet 150 mg, 300 mg	(Avapro)	Tier 2	
irbesartan oral tablet 75 mg		Tier 2	
losartan oral tablet 100 mg, 25 mg, 50 mg	(Cozaar)	Tier 2	
MICARDIS ORAL TABLET 40 MG, 80 MG	(telmisartan)	Tier 4	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	(Benicar)	Tier 2	
telmisartan oral tablet 20 mg		Tier 2	
telmisartan oral tablet 40 mg, 80 mg	(Micardis)	Tier 2	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	Tier 2	
Antihypertensives, Ganglionic Blockers			
VECAMYL ORAL TABLET 2.5 MG		Tier 5	PA
Antihypertensives, Miscellaneous			
metyrosine oral capsule 250 mg		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	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg		Tier 2	
clonidine transdermal patch weekly 0.1 mg/24 hr	(Catapres-TTS-1)	Tier 2	
clonidine transdermal patch weekly 0.2 mg/24 hr	(Catapres-TTS-2)	Tier 2	
clonidine transdermal patch weekly 0.3 mg/24 hr	(Catapres-TTS-3)	Tier 2	
guanfacine oral tablet 1 mg, 2 mg		Tier 2	
JAVADIN ORAL SOLUTION 0.02 MG/ML (20 MCG/ML)		Tier 4	PA; QL (120 ML per 1 day)

Drug		Status	Notes
methyldopa oral tablet 250 mg, 500 mg		Tier 2	
Antihypertensives, Vasodilators			
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		Tier 2	
minoxidil oral tablet 10 mg, 2.5 mg		Tier 2	
Antihypertensives,Endothelin Receptor Antagonists			
TRYVIO ORAL TABLET 12.5 MG		Tier 5	PA
VANRAFIA ORAL TABLET 0.75 MG		Tier 4	PA
Beta-Adrenergic Blocking Agents			
acebutolol oral capsule 200 mg, 400 mg		Tier 2	
atenolol oral tablet 100 mg, 25 mg, 50 mg	(Tenormin)	Tier 2	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	(sotalol)	Tier 4	
BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	(sotalol)	Tier 4	
betaxolol oral tablet 10 mg, 20 mg		Tier 2	
bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg		Tier 2	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	(nebivolol)	Tier 4	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML		Tier 4	ST: TRIAL OF GENERIC PROPRANOLOL ORAL SOLUTION REQUIRED WITHIN THE PAST 120 DAYS|FOR PATIENTS 1 YEAR AND OLDER, TRIAL OF PROPRANOLOL SOLUTION REQUIRED.; QL (360 ML per 30 days)
INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG	(propranolol)	Tier 4	
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 200 MG, 25 MG, 50 MG		Tier 4	
LOPRESSOR ORAL SOLUTION 10 MG/ML		Tier 4	PA
LOPRESSOR ORAL TABLET 100 MG, 50 MG	(metoprolol tartrate)	Tier 4	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	(Toprol XL)	Tier 2	
metoprolol tartrate oral tablet 100 mg, 50 mg	(Lopressor)	Tier 2	
metoprolol tartrate oral tablet 12.5 mg	(Lopressor)	Tier 4	QL (4 EA per 1 day)

Drug		Status	Notes
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg		Tier 2	
nadolol oral tablet 20 mg, 40 mg, 80 mg		Tier 2	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Bystolic)	Tier 2	
pindolol oral tablet 10 mg, 5 mg		Tier 2	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	(Inderal LA)	Tier 2	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)		Tier 2	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		Tier 2	
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG	(sotalol)	Tier 2	
sotalol oral tablet 120 mg, 160 mg, 80 mg	(Sotalol AF)	Tier 2	
sotalol oral tablet 240 mg		Tier 2	
SOTYLIZE ORAL SOLUTION 5 MG/ML		Tier 4	250mL Bottle; ST: TRIAL OF SOTALOL TABLETS REQUIRED WITHIN THE PAST 120 DAYS; QL (64 ML per 1 day)
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	(atenolol)	Tier 4	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		Tier 2	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	(metoprolol succinate)	Tier 4	
Beta-Adrenergic Blocking Agents/Thiazide & Related			
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg		Tier 2	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg		Tier 2	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg		Tier 2	
TENORETIC 100 ORAL TABLET 100-25 MG	(atenolol-chlorthalidone)	Tier 4	
TENORETIC 50 ORAL TABLET 50-25 MG	(atenolol-chlorthalidone)	Tier 4	
Calcium Channel Blocking Agents			
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	(Norvasc)	Tier 2	
CARDAMYST NASAL SPRAY,NON-AEROSOL 70 MG/2 SPRAY		Tier 4	QL (2 EA per 1 FILL)

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

Drug		Status	Notes
nifedipine oral tablet extended release 24hr 90 mg		Tier 2	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg		Tier 2	
nimodipine oral capsule 30 mg		Tier 2	
nimodipine oral solution 60 mg/20 ml		Tier 4	PA
nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg	(Sular)	Tier 2	
nisoldipine oral tablet extended release 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg		Tier 2	
NORLIQVA ORAL SOLUTION 1 MG/ML		Tier 4	PA
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	(amlodipine)	Tier 4	
NYMALIZE ORAL SOLUTION 60 MG/10 ML		Tier 4	PA
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML		Tier 4	PA
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG	(nifedipine)	Tier 4	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	(nisoldipine)	Tier 4	
TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	(diltiazem hcl)	Tier 2	
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	(diltiazem hcl)	Tier 4	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg		Tier 2	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg		Tier 2	
verapamil oral tablet 120 mg, 40 mg, 80 mg		Tier 2	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg		Tier 2	
Loop Diuretics			
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg		Tier 2	
EDECRIN ORAL TABLET 25 MG	(ethacrynic acid)	Tier 4	PA
ENBUMYST NASAL SPRAY,NON-AEROSOL 0.5 MG/SPRAY (0.1 ML)		Tier 4	PA
ethacrynic acid oral tablet 25 mg	(Edecrin)	Tier 2	PA
FUROSCIX READYFLOW SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML		Tier 5	PA; QL (1 ML per 1 FILL)

Drug		Status	Notes
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML		Tier 5	PA
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)		Tier 2	
furosemide oral tablet 20 mg, 40 mg, 80 mg	(Lasix)	Tier 2	
LASIX ONYU SUBCUTANEOUS KIT 80 MG/2.67 ML		Tier 5	PA; QL (1 EA per 1 FILL)
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	(furosemide)	Tier 4	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg		Tier 2	
Potassium Sparing Diuretics			
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	(spironolactone)	Tier 4	
amiloride oral tablet 5 mg		Tier 2	
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	(spironolactone)	Tier 4	PA
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	(triamterene)	Tier 4	
eplerenone oral tablet 25 mg	(Inspra)	Tier 2	
eplerenone oral tablet 50 mg		Tier 2	
INSPRA ORAL TABLET 25 MG	(eplerenone)	Tier 4	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG		Tier 3	
spironolactone oral suspension 25 mg/5 ml	(CaroSpir)	Tier 2	PA
spironolactone oral tablet 100 mg, 25 mg, 50 mg	(Aldactone)	Tier 2	
triamterene oral capsule 100 mg, 50 mg	(Dyrenium)	Tier 2	
Potassium Sparing Diuretics In Combination			
amiloride-hydrochlorothiazide oral tablet 5-50 mg		Tier 2	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg		Tier 2	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg		Tier 2	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg		Tier 2	
Pulm Anti-Htn,Soluble Guanylate Cyclase Stimulator			
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		Tier 4	PA
Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib			
ALYQ ORAL TABLET 20 MG	(tadalafil (pulm. hypertension))	Tier 4	PA; QL (2 EA per 1 day)

Drug		Status	Notes
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; QL (2 EA per 1 day)
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
bosentan oral tablet for suspension 32 mg	(Tracleer)	Tier 4	PA
LETAIRIS ORAL TABLET 10 MG, 5 MG	(ambrisentan)	Tier 5	PA
macitentan oral tablet 10 mg	(Opsumit)	Tier 4	PA
OPSUMIT ORAL TABLET 10 MG	(macitentan)	Tier 5	PA
TRACLEER ORAL TABLET 125 MG, 62.5 MG	(bosentan)	Tier 5	PA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	(bosentan)	Tier 5	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			
epoprostenol intravenous recon soln 0.5 mg, 1.5 mg	(Veletri)	Tier 4	PA
FLOLAN INTRAVENOUS RECON SOLN 1.5 MG		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 0.4 MG/ML		Tier 5	PA

Drug		Status	Notes
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	(treprostinil sodium)	Tier 5	PA
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	(Remodulin)	Tier 4	PA
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 32-64 MCG, 48 MCG, 48-64 MCG, 48-80 MCG, 64 MCG, 80 MCG		Tier 4	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)		Tier 4	PA
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML		Tier 4	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)		Tier 4	PA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML		Tier 4	PA
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG		Tier 4	PA
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 100 MCG, 150 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
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG		Tier 4	PA
Pulmonary Htn-Endothelin Recept Antg-Cgmp Pde5 Inh			
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG		Tier 4	PA
Renin Inhibitor, Direct			
aliskiren oral tablet 150 mg, 300 mg	(Tekturna)	Tier 2	
TEKTURNA ORAL TABLET 150 MG, 300 MG	(aliskiren)	Tier 4	
Thiazide And Related Diuretics			
chlorthalidone oral tablet 25 mg, 50 mg		Tier 2	
DIURIL ORAL SUSPENSION 250 MG/5 ML		Tier 4	
HEMICLOR ORAL TABLET 12.5 MG		Tier 4	

Drug		Status	Notes
hydrochlorothiazide oral capsule 12.5 mg		Tier 2	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		Tier 2	
indapamide oral tablet 1.25 mg, 2.5 mg		Tier 2	
INZIRQO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML		Tier 4	PA
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		Tier 2	
THALITONE ORAL TABLET 15 MG		Tier 4	
Vasodilators, Combination			
BIDIL ORAL TABLET 20-37.5 MG	(isosorbide-hydralazine)	Tier 4	
isosorbide-hydralazine oral tablet 20-37.5 mg	(BiDil)	Tier 2	
Cardiovascular Disease - Lipid Irregularity			
Antihyperlip.Hmg Coa Reduct Inhib&Cholest.Ab.Inhib			
ezetimibe-rosuvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-5 mg	(Roszet)	Tier 2	QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-10 mg	(Vytorin 10-10)	Tier 2	
ezetimibe-simvastatin oral tablet 10-20 mg	(Vytorin 10-20)	Tier 2	
ezetimibe-simvastatin oral tablet 10-40 mg	(Vytorin 10-40)	Tier 2	
ezetimibe-simvastatin oral tablet 10-80 mg	(Vytorin 10-80)	Tier 2	PA; QL (1 EA per 1 day)
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	(ezetimibe-rosuvastatin)	Tier 4	QL (1 EA per 1 day)
VYTORIN 10-10 ORAL TABLET 10-10 MG	(ezetimibe-simvastatin)	Tier 4	
VYTORIN 10-20 ORAL TABLET 10-20 MG	(ezetimibe-simvastatin)	Tier 4	
VYTORIN 10-40 ORAL TABLET 10-40 MG	(ezetimibe-simvastatin)	Tier 4	
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			
REDEMPLO SUBCUTANEOUS SYRINGE 25 MG/0.5 ML		Tier 4	PA; QL (0.5 ML per 90 days)

Drug		Status	Notes
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 50 MG/0.8 ML, 80 MG/0.8 ML		Tier 4	PA
Antihyperlipidemic - Atp Citrate Lyase Inhibitor			
NEXLETOL ORAL TABLET 180 MG		Tier 3	ST: TRIAL OF GENERIC STATIN IN THE PREVIOUS 120 DAYS
Antihyperlipidemic - Hmg Coa Reductase Inhibitors			
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)		Tier 4	PA
atorvastatin oral tablet 10 mg, 20 mg	(Lipitor)	PREV (Tier 1)	$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
atorvastatin oral tablet 40 mg, 80 mg	(Lipitor)	Tier 2	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	(rosuvastatin)	Tier 4	
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG		Tier 4	PA; QL (1 EA per 1 day)
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	(simvastatin)	Tier 4	PA
FLOLIPID ORAL SUSPENSION 40 MG/5 ML (8 MG/ML)		Tier 4	PA
fluvastatin oral capsule 20 mg		PREV (Tier 1)	ST: ST EDIT: TRIAL OF 2 OF THE FOLLOWING REQUIRED: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)

Drug		Status	Notes
fluvastatin oral capsule 40 mg		PREV (Tier 1)	ST: ST EDIT: TRIAL OF 2 OF THE FOLLOWING REQUIRED: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN; $0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
fluvastatin oral tablet extended release 24 hr 80 mg	(Lescol XL)	PREV (Tier 1)	ST: ST EDIT: TRIAL OF 2 OF THE FOLLOWING REQUIRED: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG	(fluvastatin)	Tier 4	ST: ST EDIT: TRIAL OF 2 OF THE FOLLOWING REQUIRED: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN; QL (1 EA per 1 day)
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	(atorvastatin)	Tier 4	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	(pitavastatin calcium)	Tier 4	QL (1 EA per 1 day)
lovastatin oral tablet 10 mg, 20 mg		PREV (Tier 1)	$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS

Drug	Status	Notes
lovastatin oral tablet 40 mg	PREV (Tier 1)	$0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg (Livalo)	PREV (Tier 1)	$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
pravastatin oral tablet 10 mg, 80 mg	PREV (Tier 1)	$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
pravastatin oral tablet 20 mg, 40 mg	PREV (Tier 1)	$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
rosuvastatin oral tablet 10 mg, 5 mg (Crestor)	PREV (Tier 1)	$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
rosuvastatin oral tablet 20 mg, 40 mg (Crestor)	Tier 2	

Drug	Status	Notes
simvastatin oral tablet 10 mg, 20 mg, 40 mg (Zocor)	PREV (Tier 1)	$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
simvastatin oral tablet 5 mg	PREV (Tier 1)	$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
simvastatin oral tablet 80 mg	Tier 2	PA; QL (1 EA per 1 day)
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG (simvastatin)	Tier 4	
Antihyperlipidemic - Mtp Inhibitor		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	Tier 4	PA
Antihyperlipidemic - Pcsk9 Inhibitors		
LEROCHOL SUBCUTANEOUS SYRINGE 300 MG/1.2 ML	Tier 4	ST: TRIAL OF REPATHA IN THE PAST 120 DAYS
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 4	ST: TRIAL OF REPATHA IN THE PAST 120 DAYS; QL (6 ML per 84 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 75 MG/ML	Tier 4	ST: TRIAL OF REPATHA IN THE PAST 120 DAYS; QL (12 ML per 84 days)
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	Tier 3	ST: TRIAL OF GENERIC STATIN IN THE PREVIOUS 120 DAYS; QL (10.5 ML per 84 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	Tier 3	ST: TRIAL OF GENERIC STATIN IN THE PREVIOUS 120 DAYS; QL (6 ML per 84 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Tier 3	ST: TRIAL OF GENERIC STATIN IN THE PREVIOUS 120 DAYS; QL (6 ML per 84 days)
Antihyperlipidemic-Acly And Choles Absorp Inhib		
NEXLIZET ORAL TABLET 180-10 MG	Tier 3	ST: TRIAL OF GENERIC STATIN IN THE PREVIOUS 120 DAYS
Bile Salt Sequestrants		

Drug		Status	Notes
cholestyramine (with sugar) oral powder 4 gram	(Questran)	Tier 2	
cholestyramine (with sugar) oral powder in packet 4 gram	(Questran)	Tier 2	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	(cholestyramine)	Tier 2	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	(cholestyramine)	Tier 2	
colesevelam oral powder in packet 3.75 gram	(WelChol)	Tier 2	
colesevelam oral tablet 625 mg	(WelChol)	Tier 2	
COLESTID ORAL GRANULES 5 GRAM	(colestipol)	Tier 4	
COLESTID ORAL TABLET 1 GRAM	(colestipol)	Tier 4	
colestipol oral granules 5 gram	(Colestid)	Tier 2	
colestipol oral packet 5 gram		Tier 2	
colestipol oral tablet 1 gram	(Colestid)	Tier 2	
PREVALITE ORAL POWDER 4 GRAM	(cholestyramine)	Tier 2	
PREVALITE ORAL POWDER IN PACKET 4 GRAM	(cholestyramine)	Tier 2	
QUESTRAN LIGHT ORAL POWDER 4 GRAM	(cholestyramine)	Tier 4	
QUESTRAN ORAL POWDER 4 GRAM	(cholestyramine (with sugar))	Tier 4	
QUESTRAN ORAL POWDER IN PACKET 4 GRAM	(cholestyramine (with sugar))	Tier 4	
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	(colesevelam)	Tier 4	
WELCHOL ORAL TABLET 625 MG	(colesevelam)	Tier 4	
Lipotropics			
ezetimibe oral tablet 10 mg	(Zetia)	Tier 2	QL (1 EA per 1 day)
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg		Tier 2	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg		Tier 2	
fenofibrate oral capsule 150 mg, 50 mg	(Lipofen)	Tier 2	
fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg		Tier 2	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg		Tier 2	
fenofibric acid oral tablet 105 mg, 35 mg	(Fibricor)	Tier 2	
FIBRICOR ORAL TABLET 105 MG, 35 MG	(fenofibric acid)	Tier 4	
gemfibrozil oral tablet 600 mg	(Lopid)	Tier 2	
icosapent ethyl oral capsule 0.5 gram	(Vascepa)	Tier 2	QL (8 EA per 1 day)
icosapent ethyl oral capsule 1 gram	(Vascepa)	Tier 2	QL (4 EA per 1 day)

Drug		Status	Notes
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	(fenofibrate)	Tier 4	ST: PREVIOUS RX OF GEMFIBROZIL OR GENERIC FENOFIBRATE REQUIRED
LOPID ORAL TABLET 600 MG	(gemfibrozil)	Tier 4	
LOVAZA ORAL CAPSULE 1 GRAM	(omega-3 acid ethyl esters)	Tier 4	ST: TRIAL OF GENERIC FENOFIBRATE IN THE PAST 120 DAYS; QL (4 EA per 1 day)
niacin oral tablet 500 mg	(Niacor)	Tier 2	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg		Tier 2	
NIACOR ORAL TABLET 500 MG	(niacin)	Tier 2	
omega-3 acid ethyl esters oral capsule 1 gram	(Lovaza)	Tier 2	ST: TRIAL OF GENERIC FENOFIBRATE IN THE PAST 120 DAYS; QL (4 EA per 1 day)
VASCEPA ORAL CAPSULE 0.5 GRAM	(icosapent ethyl)	Tier 4	QL (8 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM	(icosapent ethyl)	Tier 4	QL (4 EA per 1 day)
ZETIA ORAL TABLET 10 MG	(ezetimibe)	Tier 4	QL (1 EA per 1 day)
Cardiovascular Disease - Miscellaneous Agents			
Adrenergic Vasopressor Agents			
droxidopa oral capsule 100 mg, 200 mg, 300 mg	(Northera)	Tier 4	PA
midodrine oral tablet 10 mg, 2.5 mg, 5 mg		Tier 2	
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 4	QL (6 EA per 1 day)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	(sacubitril-valsartan)	Tier 4	QL (2 EA per 1 day)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG		Tier 4	QL (8 EA per 1 day)
sacubitril-valsartan oral tablet 24-26 mg	(Entresto)	Tier 2	QL (6 EA per 1 day)
sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg	(Entresto)	Tier 2	QL (2 EA per 1 day)
Antianginal & Anti-Ischemic Agents,Non-Hemodynamic			
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg		Tier 2	
Antianginal, Heart Rate Reducing, I(F) Inhibitor			
CORLANOR ORAL SOLUTION 5 MG/5 ML		Tier 3	QL (15 ML per 1 day)

Drug		Status	Notes
CORLANOR ORAL TABLET 5 MG, 7.5 MG	(ivabradine)	Tier 4	ST: TRIAL OF METOPROLOL SUCCINATE, BISOPROLOL, OR CARVEDILOL REQUIRED IN THE PAST 120 DAYS.; QL (2 EA per 1 day)
ivabradine oral tablet 5 mg, 7.5 mg	(Corlanor)	Tier 2	ST: TRIAL OF METOPROLOL SUCCINATE, BISOPROLOL, OR CARVEDILOL REQUIRED IN THE PAST 120 DAYS.; QL (2 EA per 1 day)
Antihyperlip - Hmg-Coa&Calcium Channel Blocker Cb			
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	(Caduet)	Tier 2	QL (1 EA per 1 day)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		Tier 2	QL (1 EA per 1 day)
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	(amlodipine-atorvastatin)	Tier 4	QL (1 EA per 1 day)
Cardiac Myosin Inhibitor			
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG		Tier 4	PA
MYQORZO ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		Tier 5	PA; QL (1 EA per 1 day)
Protein Stabilizers			
ATTRUBY ORAL TABLET 356 MG		Tier 5	PA
VYNDAMAX ORAL CAPSULE 61 MG		Tier 4	PA
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	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		Tier 2	
isosorbide dinitrate oral tablet 40 mg	(Isordil)	Tier 2	
isosorbide dinitrate oral tablet 5 mg	(Isordil Titradose)	Tier 2	
isosorbide mononitrate oral tablet 10 mg, 20 mg		Tier 2	

Drug		Status	Notes
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg		Tier 2	
NITRO-BID TRANSDERMAL OINTMENT 2 %	(nitroglycerin)	Tier 3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	(nitroglycerin)	Tier 4	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR		Tier 3	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	(Nitrostat)	Tier 2	
nitroglycerin transdermal ointment 2 %	(Nitro-Bid)	Tier 2	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(Nitro-Dur)	Tier 2	
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	(Nitrolingual)	Tier 2	
NITROLINGUAL TRANSLINGUAL SPRAY,NON-AEROSOL 400 MCG/SPRAY	(nitroglycerin)	Tier 4	
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	(nitroglycerin)	Tier 4	
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG	(nitroglycerin)	Tier 2	
Vasodilators,Peripheral			
ergoloid oral tablet 1 mg		Tier 2	
papaverine injection solution 30 mg/ml		Tier 2	
Contraception/Oxytocics			
Contraceptives, Intravaginal, Systemic			
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR		PREV (Tier 1)	
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	(etonogestrel-ethinyl estradiol)	PREV (Tier 1)	
ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR	(etonogestrel-ethinyl estradiol)	PREV (Tier 1)	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	(EluRyng)	PREV (Tier 1)	
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR	(etonogestrel-ethinyl estradiol)	PREV (Tier 1)	
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	(etonogestrel-ethinyl estradiol)	PREV (Tier 1)	
Contraceptives,Implantable			
NEXPLANON SUBDERMAL IMPLANT 68 MG		PREV (Tier 1)	$0 COPAY IF QUANTITY IS LIMITED TO 1 IN 365 DAYS
Contraceptives,Injectable			

Drug		Status	Notes
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	(medroxyprogesterone)	PREV (Tier 1)	
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML	(medroxyprogesterone)	PREV (Tier 1)	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML		PREV (Tier 1)	$0 COPAY IF DAY SUPPLY LIMITED TO 90
medroxyprogesterone intramuscular suspension 150 mg/ml	(Depo-Provera)	PREV (Tier 1)	$0 COPAY IF DAY SUPPLY LIMITED TO 90
medroxyprogesterone intramuscular syringe 150 mg/ml	(Depo-Provera)	PREV (Tier 1)	$0 COPAY IF DAY SUPPLY LIMITED TO 90
Contraceptives,Intravaginal			
PHEXX VAGINAL GEL 1.8-1-0.4 %		PREV (Tier 1)	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %		PREV (Tier 1)	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %		PREV (Tier 1)	
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %		PREV (Tier 1)	
Contraceptives,Oral			
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
AFTER PILL ORAL TABLET 1.5 MG	(levonorgestrel)	PREV (Tier 1)	
AFTERA ORAL TABLET 1.5 MG	(levonorgestrel)	PREV (Tier 1)	
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	(levonorgestrel-ethinyl estrad)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
APRI ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG		PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
AUBRA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS

Drug		Status	Notes
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
AVERI ORAL TABLET 0.15 MG-0.03 MG (21)/36.5 MG(7)		PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
AVIANE ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
AYUNA ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	(levonorgest-eth.estradiol-iron)	PREV (Tier 1)	
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG		PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)	(drospirenone-e.estradiol-lm.fa)	PREV (Tier 1)	
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
BRIELLYN ORAL TABLET 0.4-35 MG-MCG		PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
CAMILA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
CAZIANT (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
CRYSELLE (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
CYRED EQ ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS

Drug		Status	Notes
CYRED ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
DEBLITANE ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Azurette (28))	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
DOLISHALE ORAL TABLET 90-20 MCG (28)	(levonorgestrel-ethinyl estrad)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)	(Beyaz)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)	(Safyral)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	(Jasmiel (28))	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	(Syeda)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ECONTRA EZ ORAL TABLET 1.5 MG	(levonorgestrel)	PREV (Tier 1)	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	(levonorgestrel)	PREV (Tier 1)	
ELINEST ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ELLA ORAL TABLET 30 MG		PREV (Tier 1)	
EMZAHH ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ENSKYCE ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ERRIN ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ESTARYLLA ORAL TABLET 0.25-0.035 MG	(norgestimate-ethinyl estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	(Kelnor 1/35 (28))	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Valtya)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
FEIRZA ORAL TABLET 1 MG-20 MCG (21)/75 MG (7), 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS

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

Drug		Status	Notes
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
KALLIGA ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
KURVELO (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LESSINA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	(Balcoltra)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
levonorgestrel oral tablet 1.5 mg	(After Pill)	PREV (Tier 1)	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	(Afirmelle)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	(Altavera (28))	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)	(Amethyst (28))	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(Iclevia)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Enpresse)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)		PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	PREV (Tier 1)	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	PREV (Tier 1)	

Drug		Status	Notes
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV (Tier 1)	
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV (Tier 1)	
LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LORYNA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LUIZZA ORAL TABLET 1-20 MG-MCG, 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LYLEQ ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LYZA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
MELEYA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
MILI ORAL TABLET 0.25-0.035 MG	(norgestimate-ethinyl estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
MINZOYA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	(levonorgest-eth.estradiol-iron)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
MONO-LINYAH ORAL TABLET 0.25-0.035 MG	(norgestimate-ethinyl estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
MY CHOICE ORAL TABLET 1.5 MG	(levonorgestrel)	PREV (Tier 1)	
MY WAY ORAL TABLET 1.5 MG	(levonorgestrel)	PREV (Tier 1)	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG		PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS

Drug		Status	Notes
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
NEW DAY ORAL TABLET 1.5 MG	(levonorgestrel)	PREV (Tier 1)	
NEXTSTELLIS ORAL TABLET 3 MG-14.2 MG (28)		PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
NIKKI (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
NORA-BE ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	(Galbriela)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone (contraceptive) oral tablet 0.35 mg	(Camila)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	(Aurovela 1.5/30 (21))	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	(Aurovela 1/20 (21))	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	(Gemmily)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Aurovela Fe 1.5/30 (28))	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	(Charlotte 24 Fe)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg	(Tri-Lo-Estarylla)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(Tri-Estarylla)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg	(Estarylla)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)		PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
OPCICON ONE-STEP ORAL TABLET 1.5 MG	(levonorgestrel)	PREV (Tier 1)	
OPILL ORAL TABLET 0.075 MG		PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
OPTION-2 ORAL TABLET 1.5 MG	(levonorgestrel)	PREV (Tier 1)	

Drug		Status	Notes
ORQUIDEA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
PHILITH ORAL TABLET 0.4-35 MG-MCG		PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
PLAN B ONE-STEP ORAL TABLET 1.5 MG	(levonorgestrel)	PREV (Tier 1)	
PORTIA 28 ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	(l norgest/e.estradiol-e.estrad)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ROSYRAH ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	(l norgest/e.estradiol-e.estrad)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7)	(drospirenone-e.estradiol-lm.fa)	PREV (Tier 1)	
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
SHAROBEL ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
SHEWISE ORAL TABLET 1.5 MG	(levonorgestrel)	PREV (Tier 1)	
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
SLYND ORAL TABLET 4 MG (28)		PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
SPRINTEC (28) ORAL TABLET 0.25-0.035 MG	(norgestimate-ethinyl estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
SYEDA ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TAKE ACTION ORAL TABLET 1.5 MG	(levonorgestrel)	PREV (Tier 1)	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	PREV (Tier 1)	
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS

Drug		Status	Notes
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TULANA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG		PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	(drospirenone-e.estradiol-lm.fa)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
VALTYA ORAL TABLET 1-35 MG-MCG, 1-50 MG-MCG	(ethynodiol diac-eth estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
VESTURA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
VIENVA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG		PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
VYLIBRA ORAL TABLET 0.25-0.035 MG	(norgestimate-ethinyl estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
WERA (28) ORAL TABLET 0.5-35 MG-MCG		PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	(noreth-ethinyl estradiol-iron)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS

Drug		Status	Notes
XARAH FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
XELRIA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	(noreth-ethinyl estradiol-iron)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
YASMIN (28) ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	PREV (Tier 1)	
YAZ (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	PREV (Tier 1)	
YOUR CHOICE ORAL TABLET 1.5 MG	(levonorgestrel)	PREV (Tier 1)	
ZARAH ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	PREV (Tier 1)	$0 COPAY IF QUANTITY 28 IN 21 DAYS
Contraceptives,Transdermal			
GWYN LO TRANSDERMAL PATCH WEEKLY 220-20 MCG/24 HR		PREV (Tier 1)	
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	(Xulane)	PREV (Tier 1)	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR		PREV (Tier 1)	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradiol)	PREV (Tier 1)	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradiol)	PREV (Tier 1)	
Diaphragms/Cervical Cap			
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM		PREV (Tier 1)	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM		PREV (Tier 1)	
Intra-Uterine Devices (Iud's)			
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG		PREV (Tier 1)	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG		PREV (Tier 1)	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG		PREV (Tier 1)	
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM		PREV (Tier 1)	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM		PREV (Tier 1)	

Drug		Status	Notes
PARAGARD T380A (SINGLE HAND) INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM		PREV (Tier 1)	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG		PREV (Tier 1)	
Oxytocics			
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG		Tier 4	
methylergonovine oral tablet 0.2 mg		Tier 2	QL (28 EA per 30 days)
PREPIDIL VAGINAL GEL 0.5 MG/3 G		Tier 4	
Cough And Cold			
1St Gen Antihistamine & Decongestant Combinations			
promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml	(Promethazine VC)	Tier 2	
1St Gen Antihist-Decongest-Anticholinergic Comb			
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG		Tier 2	
Antitussives,Non-Narcotic			
benzonatate oral capsule 100 mg, 150 mg, 200 mg		Tier 2	
Narcotic Antitussive-1St Generation Antihistamine			
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml		Tier 2	QL (10 ML per 1 day); Age (Min 18 Years)
promethazine-codeine oral syrup 6.25-10 mg/5 ml		Tier 2	QL (30 ML per 1 day); Age (Min 18 Years)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG		Tier 4	ST: TRIAL OF PROMETHAZINE/CODEINE REQUIRED IN THE PREVIOUS 120 DAYS.; QL (2 EA per 1 day); Age (Min 18 Years)
Narcotic Antitussive-Anticholinergic Comb.			
HYCODAN (WITH HOMATROPINE) ORAL TABLET 5-1.5 MG	(hydrocodone-homatropine)	Tier 4	QL (6 EA per 1 day); Age (Min 18 Years)
hydrocodone-homatropine oral solution 5-1.5 mg/5 ml	(Hycodan (with homatropine))	Tier 2	QL (30 ML per 1 day); Age (Min 18 Years)
hydrocodone-homatropine oral tablet 5-1.5 mg	(Hycodan (with homatropine))	Tier 2	QL (6 EA per 1 day); Age (Min 18 Years)
HYDROMET ORAL SOLUTION 5-1.5 MG/5 ML	(hydrocodone-homatropine)	Tier 2	QL (30 ML per 1 day); Age (Min 18 Years)
Non-Narc Antituss-1St Gen. Antihistamine-Decongest			

Drug		Status	Notes
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	(brompheniramine-pseudoeph-dm)	Tier 2	
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	(Bromfed DM)	Tier 2	
Non-Narc Antitussive-1St Gen Antihistamine Comb.			
promethazine-dm oral solution 6.25-15 mg/5 ml		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	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(Accutane)	Tier 2	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	(isotretinoin)	Tier 2	
Acne Agents,Topical			
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	(clindamycin-benzoyl peroxide)	Tier 4	ST: TRIAL OF GENERIC CLINDAMYCIN/BENZOYL PEROXIDE GEL REQUIRED
ACZONE TOPICAL GEL WITH PUMP 7.5 %	(dapsone)	Tier 4	
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %	(Epiduo)	Tier 2	
adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %	(Epiduo Forte)	Tier 2	
ADERMICA HP TOPICAL GEL 0.05-2.5-1-2 %		Tier 4	
ADMIRAZOL DUAL TOPICAL CREAM 6-5-2 %		Tier 4	
ADMIRAZOL HP DUAL TOPICAL CREAM 8.5-5-2 %		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	
ALUXOF DUAL TOPICAL GEL 0.025-5-1-2-2 %		Tier 4	

Drug		Status	Notes
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	
AZELEX TOPICAL CREAM 20 %		Tier 4	PA
CABTREO TOPICAL GEL 0.15-3.1-1.2 %		Tier 4	PA
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %	(Neuac)	Tier 2	
clindamycin-benzoyl peroxide topical gel 1-5 %		Tier 2	
clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 %	(Onexton)	Tier 2	ST: TRIAL OF ONE TOPICAL GENERIC CLINDAMYCIN, ERYTHROMYCIN, METRONIDAZOLE, BENZOYL PEROXIDE, SULFACETAMIDE AND COMBINATIONS, OR AZELAIC ACID GEL IN THE PAST 120 DAYS
clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %	(Acanya)	Tier 2	ST: TRIAL OF GENERIC CLINDAMYCIN/BENZOYL PEROXIDE GEL REQUIRED
clindamycin-benzoyl peroxide topical gel with pump 1-5 %		Tier 2	
clindamycin-tretinoin topical gel 1.2-0.025 %	(Veltin)	Tier 2	ST: TRIAL OF ONE TOPICAL GENERIC CLINDAMYCIN, ERYTHROMYCIN, METRONIDAZOLE, BENZOYL PEROXIDE, SULFACETAMIDE AND COMBINATIONS, OR AZELAIC ACID GEL IN THE PAST 120 DAYS
dapsone topical gel 5 %, 7.5 %		Tier 2	
dapsone topical gel with pump 7.5 %	(Aczone)	Tier 2	
DEOXIATAR TOPICAL SOLUTION 0.025-1-4 %		Tier 4	
DEOXIAVAR TOPICAL CREAM 0.05-1-4 %		Tier 4	
DIADIMAXIA TOPICAL CREAM 6-5-2 %		Tier 4	
DIAOXIA TOPICAL CREAM 6-4 %		Tier 4	

Drug		Status	Notes
DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 %		Tier 4	
DIASAXIATAR TOPICAL GEL 0.025-8.5-2 %		Tier 4	
DIASDIMAXIA TOPICAL CREAM 8.5-5-2 %		Tier 4	
DIASOXIA TOPICAL CREAM 8.5-4 %		Tier 4	
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %	(adapalene-benzoyl peroxide)	Tier 4	
EPIDUO TOPICAL GEL WITH PUMP 0.1-2.5 %	(adapalene-benzoyl peroxide)	Tier 4	
IDYYXIATAR TOPICAL GEL 0.025-5 %		Tier 4	
INZDEAXIAVAR TOPICAL GEL 0.05-2.5-1-2 %		Tier 4	
KLARON TOPICAL SUSPENSION 10 %	(sulfacetamide sodium (acne))	Tier 4	
MELZARA TOPICAL CREAM 10-6-2 %		Tier 4	
NEUAC KIT TOPICAL COMBO PACK,CREAM AND GEL 1.2-5 %		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	ST: TRIAL OF ONE TOPICAL GENERIC CLINDAMYCIN, ERYTHROMYCIN, METRONIDAZOLE, BENZOYL PEROXIDE, SULFACETAMIDE AND COMBINATIONS, OR AZELAIC ACID GEL IN THE PAST 120 DAYS
ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 %		Tier 4	
ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 %		Tier 4	
ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 %		Tier 4	
OXIAVARY TOPICAL CREAM 0.1-4 %		Tier 4	
SIRVANA TOPICAL GEL 0.025-5 %		Tier 4	
sulfacetamide sodium (acne) topical suspension 10 %	(Klaron)	Tier 2	

Drug		Status	Notes
VELTIN TOPICAL GEL 1.2-0.025 %	(clindamycin-tretinoin)	Tier 4	ST: TRIAL OF ONE TOPICAL GENERIC CLINDAMYCIN, ERYTHROMYCIN, METRONIDAZOLE, BENZOYL PEROXIDE, SULFACETAMIDE AND COMBINATIONS, OR AZELAIC ACID GEL IN THE PAST 120 DAYS
ZIANA TOPICAL GEL 1.2-0.025 %	(clindamycin-tretinoin)	Tier 4	ST: TRIAL OF ONE TOPICAL GENERIC CLINDAMYCIN, ERYTHROMYCIN, METRONIDAZOLE, BENZOYL PEROXIDE, SULFACETAMIDE AND COMBINATIONS, OR AZELAIC ACID GEL IN THE PAST 120 DAYS
Keratolytic-Glucocorticoid Combinations			
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %		Tier 3	
Rosacea Agents, Topical			
AVEIDA TOPICAL GEL 1-1 %		Tier 4	
azelaic acid topical gel 15 %		Tier 2	
BAXONIL TOPICAL OINTMENT 1-2 %		Tier 4	
brimonidine topical gel with pump 0.33 %	(Mirvaso)	Tier 2	
DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 %		Tier 4	
DAZOMON TOPICAL GEL 0.25 %		Tier 4	
FINACEA TOPICAL FOAM 15 %		Tier 3	
IDARAN TOPICAL OINTMENT 1-2 %		Tier 4	
ivermectin topical cream 1 %	(Soolantra)	Tier 2	ST: TRIAL OF FINACEA GEL OR FOAM REQUIRED
METROCREAM TOPICAL CREAM 0.75 %	(metronidazole)	Tier 4	
METROGEL TOPICAL GEL 1 %	(metronidazole)	Tier 4	
METROLOTION TOPICAL LOTION 0.75 %	(metronidazole)	Tier 4	
metronidazole topical cream 0.75 %	(Rosadan)	Tier 2	
metronidazole topical gel 0.75 %	(Rosadan)	Tier 2	
metronidazole topical gel 1 %	(Metrogel)	Tier 2	
metronidazole topical gel with pump 1 %		Tier 2	
metronidazole topical lotion 0.75 %	(MetroLotion)	Tier 2	

Drug		Status	Notes
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	(brimonidine)	Tier 4	
REMYDA TOPICAL GEL 0.25 %		Tier 4	
RENSOTI TOPICAL CREAM 1-1-4 %		Tier 4	
RESTIMO TOPICAL GEL 1-1 %		Tier 4	
ROCELIX TOPICAL CREAM 1-4 %		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: TRIAL OF FINACEA GEL OR FOAM REQUIRED
Topical Antiandrogenic Agents			
WINLEVI TOPICAL CREAM 1 %		Tier 4	PA; QL (60 GM per 30 days)
Topical Preparations,Antibacterials			
BASADROX TOPICAL GEL IN PACKET		Tier 4	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 %		Tier 4	
hydrocortisone-iodoquinol topical cream 1-1 %	(Corti-Sav)	Tier 2	
hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %	(Vytone)	Tier 2	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %		Tier 4	
IODOSORB TOPICAL GEL 0.9 %		Tier 4	
LUGOLS TOPICAL SOLUTION 5-10 %	(iodine-potassium iodide)	Tier 2	
NORMLGEL AG TOPICAL GEL 0.11 %		Tier 4	
silver nitrate topical solution 0.5 %, 25 %, 50 %		Tier 2	
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			
adapalene topical cream 0.1 %	(Differin)	Tier 2	
adapalene topical gel 0.1 %	(Differin)	Tier 2	
adapalene topical gel 0.3 %		Tier 2	
adapalene topical gel with pump 0.3 %	(Differin)	Tier 2	
adapalene topical lotion 0.1 %	(Differin)	Tier 2	Age (Max 39 Years)
ALTRENO TOPICAL LOTION 0.05 %		Tier 4	Age (Max 39 Years)
ATRALIN TOPICAL GEL 0.05 %	(tretinoin)	Tier 4	

Drug		Status	Notes
DIFFERIN TOPICAL CREAM 0.1 %	(adapalene)	Tier 4	
DIFFERIN TOPICAL GEL 0.1 %	(adapalene)	Tier 4	
DIFFERIN TOPICAL GEL WITH PUMP 0.3 %	(adapalene)	Tier 4	
DIFFERIN TOPICAL LOTION 0.1 %	(adapalene)	Tier 4	Age (Max 39 Years)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %		Tier 4	ST: TRIAL OF GENERIC TRETINOIN MICROSPHERES 0.04% AND 0.10% REQUIRED; Age (Max 39 Years)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.08 %	(tretinoin microspheres)	Tier 4	ST: TRIAL OF GENERIC TRETINOIN MICROSPHERES 0.04% AND 0.10% REQUIRED; Age (Max 39 Years)
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 %	(tretinoin)	Tier 4	
RETIN-A TOPICAL GEL 0.01 %, 0.025 %	(tretinoin)	Tier 4	
tretinoin microspheres topical gel 0.04 %, 0.1 %		Tier 2	Age (Max 39 Years)
tretinoin microspheres topical gel with pump 0.04 %, 0.1 %		Tier 2	Age (Max 39 Years)
tretinoin microspheres topical gel with pump 0.08 %	(Retin-A Micro Pump)	Tier 2	ST: TRIAL OF GENERIC TRETINOIN MICROSPHERES 0.04% AND 0.10% REQUIRED; Age (Max 39 Years)
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	(Retin-A)	Tier 2	
tretinoin topical gel 0.01 %, 0.025 %	(Retin-A)	Tier 2	
tretinoin topical gel 0.05 %	(Atralin)	Tier 2	
Vitamin A Derivatives, Topical Acne Agents			
AKLIEF TOPICAL CREAM 0.005 %		Tier 4	ST: TRIAL OF 1 OF THE FOLLOWING GENERIC TOPICALS: TAZAROTENE, TRETINOIN, OR ADAPALENE (GEL, CREAM, LOTION, OR SOLUTION) REQUIRED IN THE PAST 120 DAYS; Age (Max 39 Years)
Dermatology - Antiinfective			
Topical Antibiotics			

Drug		Status	Notes
AMZEEQ TOPICAL FOAM 4 %		Tier 4	ST: TRIAL OF ONE TOPICAL GENERIC CLINDAMYCIN, ERYTHROMYCIN, METRONIDAZOLE, BENZOYL PEROXIDE, SULFACETAMIDE AND COMBINATIONS, OR AZELAIC ACID GEL IN THE PAST 120 DAYS; Age (Min 9 Years)
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	
clindamycin phosphate topical foam 1 %	(Clindacin)	Tier 2	
clindamycin phosphate topical gel 1 %		Tier 2	
clindamycin phosphate topical gel, once daily 1 %	(Clindagel)	Tier 2	
clindamycin phosphate topical lotion 1 %	(Cleocin T)	Tier 2	
clindamycin phosphate topical solution 1 %		Tier 2	QL (180 ML per 1 FILL)
clindamycin phosphate topical swab 1 %	(Clindacin ETZ)	Tier 2	
ERY PADS TOPICAL SWAB 2 %	(erythromycin with ethanol)	Tier 2	
erythromycin with ethanol topical gel 2 %		Tier 2	
erythromycin with ethanol topical solution 2 %		Tier 2	QL (180 ML per 1 FILL)
erythromycin-benzoyl peroxide topical gel 3-5 %	(Benzamycin)	Tier 2	
gentamicin topical cream 0.1 %		Tier 2	QL (90 GM per 1 FILL)
gentamicin topical ointment 0.1 %		Tier 2	QL (90 GM per 1 FILL)
mupirocin calcium topical cream 2 %		Tier 2	QL (90 GM per 1 FILL)
mupirocin topical ointment 2 %	(Centany)	Tier 2	QL (90 GM per 1 FILL)
XEPI TOPICAL CREAM 1 %		Tier 4	ST: TRIAL OF MUPIROCIN OINTMENT REQUIRED IN PREVIOUS 120 DAYS

Drug		Status	Notes
Topical Antifungal/Antiinflammatory,Steriod Agent			
clotrimazole-betamethasone topical cream 1-0.05 %		Tier 2	
clotrimazole-betamethasone topical lotion 1-0.05 %		Tier 2	
DIYRA TOPICAL SHAMPOO 0.77-0.05-0.2 %		Tier 4	
DOREVI TOPICAL SHAMPOO 0.77-0.05-3-0.2 %		Tier 4	
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)
ciclopirox topical cream 0.77 %	(Ciclodan)	Tier 2	QL (180 GM per 1 FILL)
ciclopirox topical gel 0.77 %		Tier 2	
ciclopirox topical shampoo 1 %		Tier 2	
ciclopirox topical solution 8 %	(Ciclodan)	Tier 2	QL (19.8 ML per 1 FILL)
ciclopirox topical suspension 0.77 %	(Loprox (as olamine))	Tier 2	QL (180 ML per 1 FILL)
ciclopirox-ure-camph-menth-euc topical solution 8 %	(Ciclodan Kit)	Tier 2	QL (19.8 ML per 1 FILL)
clotrimazole topical cream 1 %	(Antifungal (clotrimazole))	Tier 2	
clotrimazole topical solution 1 %	(Athlete's Foot (clotrimazole))	Tier 2	
DAFILOR TOPICAL SHAMPOO 0.77-2 %	(ciclopirox-salicylic acid)	Tier 4	
econazole nitrate topical cream 1 %		Tier 2	QL (170 GM per 1 FILL)
econazole nitrate topical foam 1 %	(Ecoza)	Tier 2	
ECOZA TOPICAL FOAM 1 %	(econazole nitrate)	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
ketoconazole topical cream 2 %		Tier 2	QL (180 GM per 1 FILL)
ketoconazole topical shampoo 2 %		Tier 2	QL (360 ML per 1 FILL)
KETODAN KIT TOPICAL COMBO PACK 2 %		Tier 4	
KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM	(nystatin)	Tier 2	
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 %	(ciclopirox)	Tier 4	QL (180 GM per 1 FILL)
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 %	(ciclopirox)	Tier 4	QL (180 ML per 1 FILL)
luliconazole topical cream 1 %	(Luzu)	Tier 2	ST: TRIAL OF KETOCONAZOLE AND CLOTRIMAZOLE CREAM REQUIRED.; QL (60 GM per 28 days)
LUZU TOPICAL CREAM 1 %	(luliconazole)	Tier 4	ST: TRIAL OF KETOCONAZOLE AND CLOTRIMAZOLE CREAM REQUIRED.; QL (60 GM per 28 days)
miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %	(Vusion)	Tier 2	
naftifine topical cream 1 %		Tier 2	
naftifine topical cream 2 %		Tier 2	QL (180 GM per 1 FILL)
naftifine topical gel 2 %	(Naftin)	Tier 2	
NAFTIN TOPICAL GEL 2 %	(naftifine)	Tier 4	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	(nystatin)	Tier 2	
nystatin topical cream 100,000 unit/gram		Tier 2	
nystatin topical ointment 100,000 unit/gram		Tier 2	QL (90 GM per 1 FILL)
nystatin topical powder 100,000 unit/gram	(Klayesta)	Tier 2	
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%		Tier 2	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%		Tier 2	QL (180 GM per 1 FILL)
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	(nystatin)	Tier 2	
oxiconazole topical cream 1 %		Tier 2	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 %		Tier 4	
PHEDRAX TOPICAL SHAMPOO 2-2 %		Tier 4	
sulconazole topical cream 1 %	(Exelderm)	Tier 2	
sulconazole topical solution 1 %	(Exelderm)	Tier 2	
tavaborole topical solution with applicator 5 %		Tier 2	PA

Drug		Status	Notes
VUSION TOPICAL OINTMENT 0.25-15-81.35 %	(miconazole nitrate-zinc ox-pet)	Tier 4	
Topical Antiparasitics			
malathion topical lotion 0.5 %	(Ovide)	Tier 2	
NATROBA TOPICAL SUSPENSION 0.9 %	(spinosad)	Tier 4	
OVIDE TOPICAL LOTION 0.5 %	(malathion)	Tier 4	
permethrin topical cream 5 %		Tier 2	
spinosad topical suspension 0.9 %	(Natroba)	Tier 2	
ULESFIA TOPICAL LOTION 5 %		Tier 4	
Topical Antivirals			
acyclovir topical ointment 5 %	(Zovirax)	Tier 2	
ZOVIRAX TOPICAL OINTMENT 5 %	(acyclovir)	Tier 4	
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)
AVAR-E TOPICAL CREAM 10-5 % (W/W)	(sulfacetamide sodium-sulfur)	Tier 4	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 %	(sulfacetamide sod-sulfur-urea)	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	
SILVADENE TOPICAL CREAM 1 %	(silver sulfadiazine)	Tier 4	
silver sulfadiazine topical cream 1 %	(SSD)	Tier 2	
SSD TOPICAL CREAM 1 %	(silver sulfadiazine)	Tier 2	
SSS 10-5 TOPICAL CREAM 10-5 % (W/W)	(sulfacetamide sodium-sulfur)	Tier 2	
sulfacetamide sodium-sulfur topical cleanser 10-2 %	(Avar LS)	Tier 2	
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)	(Avar)	Tier 2	QL (1419 GM per 1 FILL)
sulfacetamide sodium-sulfur topical cleanser 8-4 %		Tier 2	
sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %	(Plexion)	Tier 2	
sulfacetamide sodium-sulfur topical cleanser 9-4 %	(Sumaxin)	Tier 2	

Drug		Status	Notes
sulfacetamide sodium-sulfur topical cleanser 9-4.5 %	(Sumadan)	Tier 2	
sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)	(SSS 10-5)	Tier 2	
sulfacetamide sodium-sulfur topical suspension 8-4 %	(SulfaCleanse 8-4)	Tier 2	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %		Tier 2	QL (1419 ML per 1 FILL)
SULFACLEANSE 8-4 TOPICAL SUSPENSION 8-4 %	(sulfacetamide sodium-sulfur)	Tier 2	
SULFAMYLON TOPICAL CREAM 85 MG/G		Tier 4	
SUMADAN TOPICAL CLEANSER 9-4.5 %	(sulfacetamide sodium-sulfur)	Tier 4	
SUMAXIN TOPICAL CLEANSER 9-4 %	(sulfacetamide sodium-sulfur)	Tier 4	
SUMAXIN TS TOPICAL SUSPENSION 8-4 %	(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 4	PA
Top. Anti-Inflam.,Phosphodiesterase-4 (Pde4) Inhib			
EUCRISA TOPICAL OINTMENT 2 %		Tier 3	PA; QL (100 GM per 30 days)
ZORYVE TOPICAL CREAM 0.05 %, 0.15 %		Tier 3	PA; QL (60 GM per 30 days)
ZORYVE TOPICAL FOAM 0.3 %		Tier 3	PA; QL (60 GM per 30 days)
Topical Antibiotics/Antiinflammatory,Steroidal			
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %		Tier 4	ST: TRIAL OF GENERIC FLUOCINOLONE ACETONIDE CREAM, OIL, OINTMENT OR SOLUTION IN THE PAST 120 DAYS

Drug		Status	Notes
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %		Tier 4	ST: TRIAL OF GENERIC FLUOCINOLONE ACETONIDE CREAM, OIL, OINTMENT OR SOLUTION IN THE PAST 120 DAYS
Topical Anti-Inflammatory Steroidal			
ACIOXIA TOPICAL GEL 0.1-0.5 %		Tier 4	
ALA-CORT TOPICAL CREAM 1 %	(hydrocortisone)	Tier 2	
ALA-SCALP TOPICAL LOTION 2 %	(hydrocortisone)	Tier 2	ST: TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS
alclometasone topical cream 0.05 %		Tier 2	
alclometasone topical ointment 0.05 %		Tier 2	
amcinonide topical cream 0.1 %		Tier 2	ST: TRIAL OF BETAMETHASONE 0.1% OINT, FLUTICASONE 0.005% OINT, TRIAMCINOLONE 0.5% (OINT, CREAM), OR MOMETASONE 0.1% OINT IN 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	
betamethasone dipropionate topical cream 0.05 %		Tier 2	
betamethasone dipropionate topical lotion 0.05 %		Tier 2	
betamethasone dipropionate topical ointment 0.05 %		Tier 2	
betamethasone valerate topical cream 0.1 %		Tier 2	
betamethasone valerate topical foam 0.12 %		Tier 2	
betamethasone valerate topical lotion 0.1 %		Tier 2	
betamethasone valerate topical ointment 0.1 %		Tier 2	
betamethasone, augmented topical cream 0.05 %		Tier 2	
betamethasone, augmented topical gel 0.05 %		Tier 2	
betamethasone, augmented topical lotion 0.05 %		Tier 2	
betamethasone, augmented topical ointment 0.05 %	(Diprolene (augmented))	Tier 2	

Drug		Status	Notes
CAPEX TOPICAL SHAMPOO 0.01 %		Tier 4	
clobetasol scalp solution 0.05 %		Tier 2	
clobetasol topical cream 0.05 %		Tier 2	
clobetasol topical foam 0.05 %		Tier 2	
clobetasol topical gel 0.05 %		Tier 2	
clobetasol topical lotion 0.05 %	(Clobex)	Tier 2	
clobetasol topical ointment 0.05 %		Tier 2	
clobetasol topical shampoo 0.05 %	(Clobex)	Tier 2	
clobetasol topical spray,non-aerosol 0.05 %	(Clobex)	Tier 2	
clobetasol-emollient topical cream 0.05 %		Tier 2	
clobetasol-emollient topical foam 0.05 %	(Tovet Emollient)	Tier 2	
CLOBEX TOPICAL LOTION 0.05 %	(clobetasol)	Tier 4	
CLOBEX TOPICAL SHAMPOO 0.05 %	(clobetasol)	Tier 4	
CLOBEX TOPICAL SPRAY,NON-AEROSOL 0.05 %	(clobetasol)	Tier 4	
clocortolone pivalate topical cream 0.1 %		Tier 2	ST: TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 %		Tier 4	
CLODAN TOPICAL SHAMPOO 0.05 %	(clobetasol)	Tier 4	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2		Tier 4	ST: TRIAL OF 1 OF THE FOLLOWING: BETAMETHASONE AUGMENTED (OINT, GEL, LOTION), FLUOCINONIDE 0.1% CREAM, CLOBETASOL (SPRAY, LOTION, GEL, OINT, CRM, SOLN), OR HALOBETASOL 0.05% (CREAM, OINT) IN PAST 120 DAS; QL (2 EA per 30 days)
DERMA-SMOOTHE/FS BODY OIL TOPICAL OIL 0.01 %	(fluocinolone)	Tier 4	
DERMA-SMOOTHE/FS SCALP OIL SCALP OIL 0.01 %	(fluocinolone and shower cap)	Tier 4	
desonide topical cream 0.05 %		Tier 2	

Drug		Status	Notes
desonide topical gel 0.05 %		Tier 2	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS
desonide topical lotion 0.05 %		Tier 2	
desonide topical ointment 0.05 %		Tier 2	
desoximetasone topical cream 0.05 %, 0.25 %	(Topicort)	Tier 2	
desoximetasone topical gel 0.05 %	(Topicort)	Tier 2	
desoximetasone topical ointment 0.05 %, 0.25 %	(Topicort)	Tier 2	
desoximetasone topical spray,non-aerosol 0.25 %	(Topicort)	Tier 2	ST: TRIAL OF 1 OF THE FOLLOWING: BETAMETHASONE AUGMENTED 0.05% (CRM, GEL, LTN, OINT), DESOXIMETASONE (CRM,GEL,OINT), FLUOCINONIDE (CRM,GEL), CLOBETASOL (EXCEPT FOAM/SHAMPOO), OR HALOBETASOL (CRM,OINT)
DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 %	(betamethasone, augmented)	Tier 4	
DYNOMA TOPICAL CREAM 0.05-4 %		Tier 4	
EVESSE TOPICAL LOTION 0.1 %	(hydrocortisone butyrate)	Tier 2	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS; QL (236 ML per 30 days)
fluocinolone and shower cap scalp oil 0.01 %	(Derma-Smoothe/FS Scalp Oil)	Tier 2	
fluocinolone topical cream 0.01 %		Tier 2	
fluocinolone topical cream 0.025 %	(Synalar)	Tier 2	

Drug		Status	Notes
fluocinolone topical oil 0.01 %	(Derma-Smoothe/FS Body Oil)	Tier 2	
fluocinolone topical ointment 0.025 %	(Synalar)	Tier 2	
fluocinolone topical solution 0.01 %	(Synalar)	Tier 2	
fluocinonide topical cream 0.05 %		Tier 2	
fluocinonide topical cream 0.1 %	(Vanos)	Tier 2	
fluocinonide topical gel 0.05 %		Tier 2	
fluocinonide topical ointment 0.05 %		Tier 2	
fluocinonide topical solution 0.05 %		Tier 2	
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	(fluocinonide-emollient)	Tier 2	
fluocinonide-emollient topical cream 0.05 %	(Fluocinonide-E)	Tier 2	
FLUOXIA TOPICAL CREAM 0.05-4 %		Tier 4	
flurandrenolide topical cream 0.05 %		Tier 2	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS
flurandrenolide topical lotion 0.05 %		Tier 2	
flurandrenolide topical ointment 0.05 %		Tier 2	ST: TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS; QL (180 GM per 30 days)
fluticasone propionate topical cream 0.05 %		Tier 2	
fluticasone propionate topical lotion 0.05 %	(Beser)	Tier 2	
fluticasone propionate topical ointment 0.005 %		Tier 2	

Drug		Status	Notes
halcinonide topical cream 0.1 %	(Halog)	Tier 2	ST: TRIAL OF ONE OF THE FOLLOWING: BETAMETHASONE 0.05% OINTMENT OR AUGMENTED CREAM, FLUOCINONIDE 0.05% (GEL, OINT, SOLUTION, CREAM), OR DESOXIMETASONE (CREAM, GEL, OINT) IN THE PREVIOUS 120 DAYS.
halcinonide topical solution 0.1 %	(Halog)	Tier 2	ST: TRIAL OF ONE OF THE FOLLOWING: BETAMETHASONE 0.05% OINTMENT OR AUGMENTED CREAM, FLUOCINONIDE 0.05% (GEL, OINT, SOLUTION, CREAM), OR DESOXIMETASONE (CREAM, GEL, OINT) IN THE PREVIOUS 120 DAYS.
halobetasol propionate topical cream 0.05 %		Tier 2	
halobetasol propionate topical ointment 0.05 %		Tier 2	
HALOG TOPICAL CREAM 0.1 %	(halcinonide)	Tier 4	ST: TRIAL OF ONE OF THE FOLLOWING: BETAMETHASONE 0.05% OINTMENT OR AUGMENTED CREAM, FLUOCINONIDE 0.05% (GEL, OINT, SOLUTION, CREAM), OR DESOXIMETASONE (CREAM, GEL, OINT) IN THE PREVIOUS 120 DAYS.
HALOG TOPICAL SOLUTION 0.1 %	(halcinonide)	Tier 4	ST: TRIAL OF ONE OF THE FOLLOWING: BETAMETHASONE 0.05% OINTMENT OR AUGMENTED CREAM, FLUOCINONIDE 0.05% (GEL, OINT, SOLUTION, CREAM), OR DESOXIMETASONE (CREAM, GEL, OINT) IN THE PREVIOUS 120 DAYS.
hydrocortisone butyrate topical cream 0.1 %		Tier 2	

Drug		Status	Notes
hydrocortisone butyrate topical lotion 0.1 %	(Evesse)	Tier 2	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS; QL (236 ML per 30 days)
hydrocortisone butyrate topical ointment 0.1 %		Tier 2	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS
hydrocortisone butyrate topical solution 0.1 %		Tier 2	
hydrocortisone topical cream 1 %	(Ala-Cort)	Tier 2	
hydrocortisone topical cream 2.5 %		Tier 2	
hydrocortisone topical cream with perineal applicator 1 %		Tier 2	
hydrocortisone topical cream with perineal applicator 2.5 %	(Procto-Med HC)	Tier 2	
hydrocortisone topical lotion 2 %	(Ala-Scalp)	Tier 2	ST: TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS
hydrocortisone topical lotion 2.5 %		Tier 2	
hydrocortisone topical ointment 1 %	(Anti-Itch (HC))	Tier 2	
hydrocortisone topical ointment 2.5 %		Tier 2	
hydrocortisone topical solution 2.5 %	(Texacort)	Tier 2	ST: TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS
hydrocortisone valerate topical cream 0.2 %		Tier 2	
hydrocortisone valerate topical ointment 0.2 %		Tier 2	ST: TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS

Drug		Status	Notes
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	(triamcinolone acetonide)	Tier 4	
mometasone topical cream 0.1 %		Tier 2	
mometasone topical ointment 0.1 %		Tier 2	
mometasone topical solution 0.1 %		Tier 2	
NUCORT TOPICAL LOTION 2 %	(hydrocortisone acet-aloe vera)	Tier 4	
PANDEL TOPICAL CREAM 0.1 %		Tier 4	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS; QL (160 GM per 30 days)
prednicarbate topical cream 0.1 %		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: TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %		Tier 4	ST: TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN 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: TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN 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: TRIAL OF 1 OF THE FOLLOWING: BETAMETHASONE AUGMENTED 0.05% (CRM, GEL, LTN, OINT), DESOXIMETASONE (CRM,GEL,OINT), FLUOCINONIDE (CRM,GEL), CLOBETASOL (EXCEPT FOAM/SHAMPOO), OR HALOBETASOL (CRM,OINT)
TOVET EMOLLIENT TOPICAL FOAM 0.05 %	(clobetasol-emollient)	Tier 4	
triamcinolone acetonide topical aerosol 0.147 mg/gram	(Kenalog)	Tier 2	
triamcinolone acetonide topical cream 0.025 %, 0.1 %		Tier 2	
triamcinolone acetonide topical cream 0.5 %	(Triderm)	Tier 2	QL (454 GM per 30 days)
triamcinolone acetonide topical lotion 0.025 %, 0.1 %		Tier 2	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %		Tier 2	
TRIDERM TOPICAL CREAM 0.5 %	(triamcinolone acetonide)	Tier 2	QL (454 GM per 30 days)
VANOS TOPICAL CREAM 0.1 %	(fluocinonide)	Tier 4	
Topical Anti-Inflammatory, Nsaids			
diclofenac epolamine transdermal patch 12 hour 1.3 %	(Flector)	Tier 2	
diclofenac sodium topical drops 1.5 %		Tier 2	QL (300 ML per 28 days)
diclofenac sodium topical gel 1 %	(Arthritis Pain (diclofenac))	Tier 2	QL (900 GM per 28 days)
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)		Tier 2	ST: TRIAL OF DICLOFENAC 1% GEL OR DICLOFENAC 1.5% DROPS IN THE PAST 120 DAYS; QL (224 GM per 28 days)
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	(diclofenac epolamine)	Tier 4	

Drug		Status	Notes
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %		Tier 4	ST: TRIAL OF GENERIC FLECTOR PATCH IN THE LAST 120 DAYS; QL (1 EA per 1 day)
Topical Janus Kinase (Jak) Inhibitors			
ANZUPGO TOPICAL CREAM 2 %		Tier 4	PA; QL (60 GM per 30 days)
OPZELURA TOPICAL CREAM 1.5 %		Tier 3	PA; QL (60 GM per 30 days)
Dermatology - 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			
OVACE PLUS TOPICAL CLEANSER 10 %	(sulfacetamide sodium)	Tier 4	
OVACE PLUS WASH TOPICAL CLEANSER, GEL 10 %	(sulfacetamide sodium)	Tier 4	
OVACE TOPICAL CLEANSER 10 %	(sulfacetamide sodium)	Tier 4	
selenium sulfide topical lotion 2.5 %		Tier 2	
selenium sulfide topical shampoo 2.25 %, 2.3 %		Tier 2	
sulfacetamide sodium topical cleanser 10 %		Tier 2	
sulfacetamide sodium topical cleanser, gel 10 %		Tier 2	
sulfacetamide sodium topical shampoo 9.8 %	(Plexion NS)	Tier 2	
Emollients			
ammonium lactate topical cream 12 %		Tier 2	
ammonium lactate topical lotion 12 %	(AmLactin)	Tier 2	
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	
PRUMYX TOPICAL CREAM		Tier 2	
XCLAIR TOPICAL CREAM		Tier 4	

Drug		Status	Notes
Iodine Antiseptics			
povidone-iodine ophthalmic (eye) solution 5 %	(Betadine Ophthalmic Prep)	Tier 2	
Irrigants			
acetic acid irrigation solution 0.25 %		Tier 2	
lactated ringers irrigation solution		Tier 4	
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml		Tier 2	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L		Tier 4	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L		Tier 4	
ringer's irrigation solution		Tier 2	
sodium chloride irrigation solution 0.9 %	(Sterile Saline)	Tier 2	
sorbitol irrigation solution 3 %		Tier 2	
sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml		Tier 2	
VASHE IRRIGATION IRRIGATION SOLUTION 0.033 %		Tier 4	
water for irrigation, sterile irrigation solution	(Curity Sterile Water)	Tier 2	
Irritants/Counter-Irritants			
QUTENZA TOPICAL KIT 8 %		Tier 4	PA
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 %		Tier 4	PA
Keratolytics			
benzoyl peroxide topical foam 9.8 %	(BenzePrO)	Tier 2	
BPO TOPICAL GEL 8 %	(benzoyl peroxide)	Tier 2	
CEM-UREA TOPICAL GEL 45 %	(urea)	Tier 2	
CONDYLOX TOPICAL GEL 0.5 %	(podofilox)	Tier 4	ST: TRIAL OF 0.5% PODOFILOX SOLUTION REQUIRED; QL (0.5 GM per 1 day)
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	
podofilox topical gel 0.5 %	(Condylox)	Tier 2	ST: TRIAL OF 0.5% PODOFILOX SOLUTION REQUIRED; QL (0.5 GM per 1 day)
podofilox topical solution 0.5 %		Tier 2	QL (0.5 ML per 1 day)

Drug		Status	Notes
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %		Tier 2	
PRONAL TOPICAL GEL 10-40 %		Tier 4	
salicylic acid topical cream 6 %	(Salimez)	Tier 2	
salicylic acid topical cream,extended release 6 %		Tier 2	
salicylic acid topical film forming liquid w/appl 27.5 %	(Virasal)	Tier 2	
salicylic acid topical film-forming soln er w/ appl 28.5 %	(UltraSal-ER)	Tier 2	
salicylic acid topical foam 6 %		Tier 2	
salicylic acid topical liquid 26 %		Tier 2	
salicylic acid topical lotion 6 %		Tier 2	
salicylic acid topical lotion,extended release 6 %		Tier 2	
salicylic acid topical shampoo 6 %	(Keralyt)	Tier 2	
SALIMEZ FORTE TOPICAL CREAM 10 %		Tier 4	
SALIMEZ TOPICAL CREAM 6 %	(salicylic acid)	Tier 4	
SALYCIM TOPICAL CREAM 6 %	(salicylic acid)	Tier 4	
silver nitrate applicators topical stick 75-25 %		Tier 2	
silver nitrate topical solution 10 %		Tier 2	
URAMAXIN GT TOPICAL GEL 45 %	(urea)	Tier 4	
URAMAXIN GT TOPICAL KIT,CREAM AND GEL 45 %		Tier 4	
URAMAXIN TOPICAL CREAM 45 %	(urea)	Tier 4	
URAMAXIN TOPICAL FOAM 20 %		Tier 4	
URAMAXIN TOPICAL GEL 45 %	(urea)	Tier 4	
UREA NAIL STICK TOPICAL SOLUTION 50 %	(urea)	Tier 2	
urea topical cream 39 %	(Xurea)	Tier 2	
urea topical cream 40 %		Tier 2	
urea topical cream 45 %	(Uramaxin)	Tier 2	
urea topical cream 50 %	(Ure-K)	Tier 2	
urea topical foam 35 %		Tier 2	
urea topical gel 45 %	(CEM-Urea)	Tier 2	
VIRASAL TOPICAL FILM FORMING LIQUID W/APPL 27.5 %	(salicylic acid)	Tier 4	
WAYZEN TOPICAL GEL 40-5 %		Tier 4	
WENIXRA TOPICAL OINTMENT 5-30 %		Tier 4	
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 %		Tier 4	

Drug		Status	Notes
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	
EPIFOAM TOPICAL FOAM 1-1 %		Tier 4	ST: TRIAL OF HYDROCORTISONE-PRAMOXINE 2.5%-1% CREAM IN THE PAST 120 DAYS
hydrocortisone-pramoxine topical cream 2.5-1 %		Tier 2	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	(Lidocort)	Tier 2	
PRAMOSONE TOPICAL CREAM 1-1 %	(hydrocortisone-pramoxine)	Tier 3	ST: TRIAL OF HYDROCORTISONE-PRAMOXINE 2.5%-1% CREAM IN THE PAST 120 DAYS
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %		Tier 3	
PRAMOSONE TOPICAL OINTMENT 1-1 %		Tier 3	ST: TRIAL OF HYDROCORTISONE-PRAMOXINE 2.5%-1% CREAM IN THE PAST 120 DAYS
PRAMOSONE TOPICAL OINTMENT 2.5-1 %	(hydrocortisone-pramoxine)	Tier 3	
Topical Antineoplastic & Premalignant Lesion Agnts			
bexarotene topical gel 1 %	(Targretin)	Tier 4	PA
CARAC TOPICAL CREAM 0.5 %	(fluorouracil)	Tier 4	PA

Drug		Status	Notes
diclofenac sodium topical gel 3 %		Tier 2	
EFUDEX TOPICAL CREAM 5 %	(fluorouracil)	Tier 4	
fluorouracil topical cream 0.5 %	(Carac)	Tier 2	PA
fluorouracil topical cream 5 %	(Efudex)	Tier 2	
fluorouracil topical solution 2 %, 5 %		Tier 2	
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %		Tier 4	QL (5 EA per 1 FILL)
KLISYRI (350 MG) TOPICAL OINTMENT IN PACKET 1 %		Tier 4	QL (5 EA per 1 FILL)
PANRETIN TOPICAL GEL 0.1 %		Tier 5	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	
CRYODOSE TA MEDIUM STREAM SPR TOPICAL AEROSOL,SPRAY		Tier 4	
CRYODOSE TA MIST SPRAY TOPICAL AEROSOL,SPRAY		Tier 4	
DERMACINRX LIDOCAN TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 2	QL (90 EA per 30 days)
DERMACINRX LIDOGEL TOPICAL GEL 2.8 %		Tier 4	
DERMACINRX LIDOREX TOPICAL GEL 2.8 %		Tier 4	
ENZNONUTY TOPICAL OINTMENT 10-10-20 %		Tier 4	
ethyl chloride topical aerosol,spray 100 %		Tier 2	
INSTANUMB TOPICAL AEROSOL,SPRAY		Tier 4	
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	
L.E.T.(LIDO-RACEPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 %		Tier 2	
L.E.T.(LIDO-RACEPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 %	(lidocaine-racepinep-tetracaine)	Tier 2	
lidocaine hcl laryngotracheal solution 4 %		Tier 2	
lidocaine hcl topical cream 3 %	(Lidopin)	Tier 2	

Drug		Status	Notes
lidocaine topical adhesive patch,medicated 5 %	(DermacinRx Lidocan)	Tier 2	QL (90 EA per 30 days)
lidocaine topical ointment 5 %		Tier 2	QL (240 GM per 30 days)
lidocaine-prilocaine topical cream 2.5-2.5 %		Tier 2	
LIDOCAN III TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 2	QL (90 EA per 30 days)
LIDOCAN IV TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 2	QL (90 EA per 30 days)
LIDOCAN V TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 2	QL (90 EA per 30 days)
LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 4	QL (90 EA per 30 days)
LIDOPIN TOPICAL CREAM 3 %	(lidocaine hcl)	Tier 4	
LIDOPIN TOPICAL CREAM 3.25 %		Tier 4	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %		Tier 4	
LIDTOPIC TOPICAL CREAM, METERED-DOSE APPLICATOR 7.5 %		Tier 4	
NOBELA TOPICAL OINTMENT 10-10-20 %		Tier 4	
NOLIRA TOPICAL CREAM 23-7 %		Tier 4	
NUMBONEX TOPICAL LOTION 2.75 %		Tier 4	
NYNUTEY TOPICAL CREAM 23-7 %		Tier 4	
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

Drug	Status	Notes
Dermatology - Psoriasis/Eczema		
Antipsoriatic Agents,Systemic		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	Tier 2	
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML, 320 MG/2 ML	Tier 4	PA
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML, 320 MG/2 ML	Tier 4	PA
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 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
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
ICOTYDE ORAL TABLET 200 MG	Tier 4	PA
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 5	PA
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	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, 55 MG/0.37 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, 300 MG/2 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

Drug		Status	Notes
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML		Tier 4	PA
Antipsoriatics Agents			
calcipotriene scalp solution 0.005 %	(Pellix)	Tier 2	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
calcipotriene topical cream 0.005 %		Tier 2	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
calcipotriene topical foam 0.005 %	(Sorilux)	Tier 2	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
calcipotriene topical ointment 0.005 %		Tier 2	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
calcitriol topical ointment 3 mcg/gram	(Vectical)	Tier 2	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
DIOOXIA TOPICAL CREAM 0.005-4 %		Tier 4	
DRITHOCREME HP TOPICAL CREAM 1 %		Tier 3	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
DUOBRII TOPICAL LOTION 0.01-0.045 %		Tier 4	ST: TRIAL OF 1 OF THE FOLLOWING: BETAMETHASONE AUGMENTED 0.05% (CRM, GEL, LTN, OINT), DESOXIMETASONE (CRM,GEL,OINT), FLUOCINONIDE (CRM,GEL), CLOBETASOL (EXCEPT FOAM/SHAMPOO), OR HALOBETASOL (CRM,OINT); QL (200 GM per 28 days)
PELLIX SCALP SOLUTION 0.005 %	(calcipotriene)	Tier 2	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
PURAZIL TOPICAL CREAM 0.005-4 %		Tier 4	
SORILUX TOPICAL FOAM 0.005 %	(calcipotriene)	Tier 4	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
tazarotene topical cream 0.05 %	(Tazorac)	Tier 2	Age (Max 39 Years)
tazarotene topical cream 0.1 %	(Tazorac)	Tier 2	
tazarotene topical gel 0.05 %	(Tazorac)	Tier 2	Age (Max 39 Years)
tazarotene topical gel 0.1 %	(Trilitas)	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	

Drug	Status	Notes
TAZORAC TOPICAL GEL 0.05 %, 0.1 % (tazarotene)	Tier 4	Age (Max 39 Years)
TRILITAS TOPICAL GEL 0.1 % (tazarotene)	Tier 2	Age (Max 39 Years)
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM (calcitriol)	Tier 4	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
VTAMA TOPICAL CREAM 1 %	Tier 3	PA; QL (60 GM per 30 days)
ZITHRANOL TOPICAL SHAMPOO 1 %	Tier 4	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
ZORYVE TOPICAL CREAM 0.3 %	Tier 3	PA; QL (60 GM per 30 days)
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, 200 MG/2 ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML)	Tier 4	PA
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML, 200 MG/2 ML (100 MG/ML X 2), 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 ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 4	PA
TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	Tier 4	PA
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML	Tier 4	PA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	Tier 4	PA
Topical Agents,Miscellaneous		
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	

Drug		Status	Notes
OCM TOPICAL OINTMENT IN PACKET		Tier 4	
SIVORA TOPICAL CREAM 0.3 %		Tier 4	
Topical Immunosuppressive Agents			
HOVYN TOPICAL SOLUTION 0.1 %		Tier 4	
HYFTOR TOPICAL GEL 0.2 %		Tier 5	PA
NUJO TOPICAL SOLUTION 0.1 %		Tier 4	
pimecrolimus topical cream 1 %		Tier 2	ST: TRIAL OF GENERIC MOMETASONE CREAM OR OINTMENT, CLOBETASOL CREAM OR OINTMENT, HYDROCORTISONE 1% OR 2.5% CREAM OR OINTMENT, OR TRIAMCINOLONE 0.1% OR 0.5% OINTMENT IN THE PAST 120 DAYS
tacrolimus topical ointment 0.03 %, 0.1 %		Tier 2	ST: TRIAL OF GENERIC MOMETASONE CREAM OR OINTMENT, CLOBETASOL CREAM OR OINTMENT, HYDROCORTISONE 1% OR 2.5% CREAM OR OINTMENT, OR TRIAMCINOLONE 0.1% OR 0.5% OINTMENT IN THE PAST 120 DAYS
Topical Vit D Analog/Antiinflammatory, Steroidal			
calcipotriene-betamethasone topical ointment 0.005-0.064 %		Tier 2	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
calcipotriene-betamethasone topical suspension 0.005-0.064 %	(Taclonex)	Tier 2	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
ENSTILAR TOPICAL FOAM 0.005-0.064 %		Tier 3	
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	(calcipotriene-betamethasone)	Tier 4	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
WYNZORA TOPICAL CREAM 0.005-0.064 %		Tier 4	ST: TRIAL OF TWO OF THE FOLLOWING: ENSTILAR AND GENERIC TOPICAL CALCIPOTRIENE-BETAMETHASOME PRODUCT IN THE PAST 365 DAYS
Diabetes			

Drug		Status	Notes
Antihypergly, (Dpp-4) Inhibitor & Biguanide Comb.			
alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg	(Kazano)	Tier 4	ST: TRIAL OF JANUVIA, JANUMET, OR JANUMET XR IN THE PAST 120 DAYS; QL (2 EA per 1 day)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	(sitagliptin phos-metformin)	Tier 4	QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	(sitagliptin phos-metformin)	Tier 4	QL (1 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	(sitagliptin phos-metformin)	Tier 4	QL (2 EA per 1 day)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	(linagliptin-metformin)	Tier 4	ST: TRIAL OF JANUVIA, JANUMET, OR JANUMET XR IN 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: TRIAL OF JANUVIA, JANUMET, OR JANUMET XR IN 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: TRIAL OF JANUVIA, JANUMET, OR JANUMET XR IN 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: TRIAL OF JANUVIA, JANUMET, OR JANUMET XR IN THE PAST 120 DAYS; QL (2 EA per 1 day)
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg		Tier 2	ST: TRIAL OF JANUVIA, JANUMET, OR JANUMET XR IN THE PAST 120 DAYS; QL (2 EA per 1 day)
saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg		Tier 2	ST: TRIAL OF JANUVIA, JANUMET, OR JANUMET XR IN THE PAST 120 DAYS; QL (1 EA per 1 day)
sitagliptin phos-metformin oral tablet 50-1,000 mg, 50-500 mg	(Janumet)	Tier 2	QL (2 EA per 1 day)
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg	(Janumet XR)	Tier 2	QL (1 EA per 1 day)
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 50-1,000 mg, 50-500 mg	(Janumet XR)	Tier 2	QL (2 EA per 1 day)
Antihypergly,Dpp-4 Enzyme Inhib &Thiazolidinedione			
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-45 mg	(Oseni)	Tier 4	ST: TRIAL OF JANUVIA, JANUMET, OR JANUMET XR IN THE PAST 120 DAYS; QL (1 EA per 1 day)

Drug	Status	Notes
alogliptin-pioglitazone oral tablet 25-15 mg, 25-30 mg	Tier 4	ST: TRIAL OF JANUVIA, JANUMET, OR JANUMET XR IN THE PAST 120 DAYS; QL (1 EA per 1 day)
OSENI ORAL TABLET 12.5-30 MG, 25-45 MG (alogliptin-pioglitazone)	Tier 4	ST: TRIAL OF JANUVIA, JANUMET, OR JANUMET XR IN THE PAST 120 DAYS; QL (1 EA per 1 day)
Antihypergly,Incretin Mimetic(Glp-1 Recep.Agonist)		
exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (2.4 ML per 30 days)
exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (1.2 ML per 30 days)
liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml) (Victoza 2-Pak)	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (9 ML per 30 days)
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG	Tier 3	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (1 EA per 1 day)
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; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	Tier 3	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; 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; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (2 ML per 28 days)

Drug		Status	Notes
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	(liraglutide)	Tier 4	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; 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; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (9 ML per 30 days)
Antihyperglycemc-Sod/Gluc Cotransport2(Sglt2)Inhib			
BRENZAVVY ORAL TABLET 20 MG	(bexagliflozin)	Tier 4	ST: TRIAL OF 2 OF THE FOLLOWING: JARDIANCE, SYNJARDY/SYNJARDY XR, FARXIGA, OR XIGDUO XR IN THE PAST 365 DAYS; QL (1 EA per 1 day)
dapagliflozin oral tablet 10 mg, 5 mg	(Farxiga)	Tier 2	QL (1 EA per 1 day)
FARXIGA ORAL TABLET 10 MG, 5 MG	(dapagliflozin)	Tier 4	QL (1 EA per 1 day)
INPEFA ORAL TABLET 200 MG		Tier 4	ST: TRIAL OF 2 OF THE FOLLOWING: JARDIANCE, SYNJARDY/SYNJARDY XR, FARXIGA, OR XIGDUO XR IN THE PAST 365 DAYS; QL (2 EA per 1 day)
INPEFA ORAL TABLET 400 MG		Tier 4	ST: TRIAL OF 2 OF THE FOLLOWING: JARDIANCE, SYNJARDY/SYNJARDY XR, FARXIGA, OR XIGDUO XR IN THE PAST 365 DAYS; QL (1 EA per 1 day)
INVOKANA ORAL TABLET 100 MG, 300 MG		Tier 4	ST: TRIAL OF 2 OF THE FOLLOWING: JARDIANCE, SYNJARDY/SYNJARDY XR, FARXIGA, OR XIGDUO XR IN 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)

Drug		Status	Notes
STEGLATRO ORAL TABLET 15 MG, 5 MG		Tier 4	ST: TRIAL OF 2 OF THE FOLLOWING: JARDIANCE, SYNJARDY/SYNJARDY XR, FARXIGA, OR XIGDUO XR IN THE PAST 365 DAYS; QL (1 EA per 1 day)
Antihyperglycemic - Dopamine Receptor Agonists			
CYCLOSET ORAL TABLET 0.8 MG		Tier 4	ST: PRIOR PRESCRIPTION FOR METFORMIN(GLUCOPHAGE), METFORMIN ER, GLYBURIDE/METFORMIN (GLUCOVANCE) OR GLIPIZIDE/METFORMIN (METAGLIP) WITHIN THE PAST 180 DAYS; QL (6 EA per 1 day)
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; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (0.5 ML per 7 days)
Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)			
acarbose oral tablet 100 mg, 25 mg, 50 mg		Tier 2	
miglitol oral tablet 100 mg, 25 mg, 50 mg		Tier 2	
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG	(acarbose)	Tier 4	
Antihyperglycemic, Dpp-4 Inhibitors			
alogliptin oral tablet 12.5 mg, 25 mg	(Nesina)	Tier 4	ST: TRIAL OF JANUVIA, JANUMET, OR JANUMET XR IN THE PAST 120 DAYS; QL (1 EA per 1 day)
alogliptin oral tablet 6.25 mg		Tier 4	ST: TRIAL OF JANUVIA, JANUMET, OR JANUMET XR IN THE PAST 120 DAYS; QL (1 EA per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	(sitagliptin phosphate)	Tier 4	QL (1 EA per 1 day)
NESINA ORAL TABLET 12.5 MG, 25 MG	(alogliptin)	Tier 4	ST: TRIAL OF JANUVIA, JANUMET, OR JANUMET XR IN THE PAST 120 DAYS; QL (1 EA per 1 day)

Drug		Status	Notes
saxagliptin oral tablet 2.5 mg, 5 mg		Tier 2	ST: TRIAL OF JANUVIA, JANUMET, OR JANUMET XR IN THE PAST 120 DAYS; QL (1 EA per 1 day)
sitagliptin oral tablet 100 mg, 25 mg, 50 mg	(Zituvio)	Tier 4	ST: TRIAL OF JANUVIA, JANUMET, OR JANUMET XR IN THE PAST 120 DAYS; QL (1 EA per 1 day)
sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg	(Januvia)	Tier 2	QL (1 EA per 1 day)
TRADJENTA ORAL TABLET 5 MG	(linagliptin)	Tier 4	ST: TRIAL OF JANUVIA, JANUMET, OR JANUMET XR IN THE PAST 120 DAYS; QL (1 EA per 1 day)
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG	(sitagliptin)	Tier 4	ST: TRIAL OF JANUVIA, JANUMET, OR JANUMET XR IN THE PAST 120 DAYS; QL (1 EA per 1 day)
Antihyperglycemic, Insulin-Release Stimulant Type			
glimepiride oral tablet 1 mg, 2 mg, 4 mg		Tier 2	
glipizide oral tablet 10 mg, 5 mg		Tier 2	
glipizide oral tablet 2.5 mg		Tier 2	QL (2 EA per 1 day)
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg		Tier 2	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg		Tier 2	
nateglinide oral tablet 120 mg, 60 mg		Tier 2	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg		Tier 2	
Antihyperglycemic, Insulin-Response Enhancer (N-S)			
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	(pioglitazone)	Tier 4	
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	(Actos)	Tier 2	
Antihyperglycemic, Sglt-2 & Dpp-4 Inhibitor Comb.			
dapagliflozin-saxagliptin oral tablet 10-5 mg		Tier 2	ST: TRIAL OF 2 OF THE FOLLOWING: JARDIANCE, SYNJARDY/SYNJARDY XR, FARXIGA, OR XIGDUO XR IN THE PAST 365 DAYS; QL (1 EA per 1 day)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG		Tier 3	QL (1 EA per 1 day)

Drug	Status	Notes
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	Tier 4	ST: TRIAL OF 2 OF THE FOLLOWING: JARDIANCE, SYNJARDY/SYNJARDY XR, FARXIGA, OR XIGDUO XR IN THE PAST 365 DAYS; QL (1 EA per 1 day)
Antihyperglycemic,Biguanide Type(Non-Sulfonylurea)		
DM2 COMBO PACK, TABLET AND STRIP 500 MG	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982)
metformin oral solution 500 mg/5 ml (Riomet)	Tier 2	PA; QL (20 ML per 1 day)
metformin oral tablet 1,000 mg, 500 mg, 850 mg	Tier 2	
metformin oral tablet extended release 24 hr 500 mg, 750 mg	Tier 2	
RIOMET ORAL SOLUTION 500 MG/5 ML (metformin)	Tier 4	PA; QL (20 ML per 1 day)
Antihyperglycemic,Insulin & Glp-1 Receptor Agonist		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Tier 3	QL (15 ML per 25 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		
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	Tier 2	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	Tier 2	
Antihyperglycemic,Insulin-Response & Release Comb.		

Drug		Status	Notes
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	(pioglitazone-glimepiride)	Tier 4	ST: TRIAL OF METFORMIN, PREFERRED SULFONYLUREA OR PREFERRED METFORMIN/SULFONYL UREA COMBO REQUIRED WITHIN THE PAST 120 DAYS; QL (1 EA per 1 day)
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	(DUETACT)	Tier 2	ST: TRIAL OF METFORMIN, PREFERRED SULFONYLUREA OR PREFERRED METFORMIN/SULFONYL UREA COMBO REQUIRED WITHIN THE PAST 120 DAYS; QL (1 EA per 1 day)
Antihyperglycemic-Glucocorticoid Receptor Blocker			
KORLYM ORAL TABLET 300 MG	(mifepristone)	Tier 4	PA
mifepristone oral tablet 300 mg	(Korlym)	Tier 4	PA
Antihyperglycemic-Sglt2 Inhibitor & Biguanide Comb			
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-500 mg, 5-500 mg	(Xigduo XR)	Tier 2	QL (1 EA per 1 day)
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG		Tier 4	ST: TRIAL OF 2 OF THE FOLLOWING: JARDIANCE, SYNJARDY/SYNJARDY XR, FARXIGA, OR XIGDUO XR IN 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: TRIAL OF 2 OF THE FOLLOWING: JARDIANCE, SYNJARDY/SYNJARDY XR, FARXIGA, OR XIGDUO XR IN 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: TRIAL OF 2 OF THE FOLLOWING: JARDIANCE, SYNJARDY/SYNJARDY XR, FARXIGA, OR XIGDUO XR IN THE PAST 365 DAYS; QL (2 EA per 1 day)

Drug		Status	Notes
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG		Tier 3	QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG		Tier 3	QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG		Tier 3	QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	(dapagliflozin-metformin)	Tier 3	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 5-500 MG	(dapagliflozin-metformin)	Tier 4	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	(dapagliflozin-metformin)	Tier 3	QL (2 EA per 1 day)
Antihyperglycm,Insul-Resp.Enhancer & Biguanide Cmb			
ACTOPLUS MET ORAL TABLET 15-850 MG	(pioglitazone-metformin)	Tier 4	ST: TRIAL OF METFORMIN, PREFERRED SULFONYLUREA OR PREFERRED METFORMIN/SULFONYL UREA COMBO REQUIRED WITHIN THE PAST 120 DAYS; QL (3 EA per 1 day)
pioglitazone-metformin oral tablet 15-500 mg		Tier 2	ST: TRIAL OF METFORMIN, PREFERRED SULFONYLUREA OR PREFERRED METFORMIN/SULFONYL UREA COMBO REQUIRED WITHIN THE PAST 120 DAYS; QL (3 EA per 1 day)
pioglitazone-metformin oral tablet 15-850 mg	(Actoplus MET)	Tier 2	ST: TRIAL OF METFORMIN, PREFERRED SULFONYLUREA OR PREFERRED METFORMIN/SULFONYL UREA COMBO REQUIRED WITHIN THE PAST 120 DAYS; QL (3 EA per 1 day)
Antihypergly-Sglt-2 Inhib,Dpp-4 Inhib,Biguanide Cb			

Drug		Status	Notes
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 STRP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
ACCU-CHEK GUIDE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
ACCU-CHEK SMARTVIEW TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
ACCUTREND GLUCOSE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
ADVANCED GLUC METER TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
ADVOCATE REDI-CODE PLUS STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
AGAMATRIX AMP TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
AGAMATRIX JAZZ TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
AGAMATRIX PRESTO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
ASSURE 4 STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
ASSURE PLATINUM TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
ASSURE PRISM MULTI STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
ASSURE TITANIUM TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
BIONIME RIGHTEST TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
BLOOD GLUCOSE TEST STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
BLULINK GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
CARESENS N TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
CARESENS S TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
CARETOUCH TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
CHOICEDM CLARUS STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
CLEVER CHOICE MICRO TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
CLEVER CHOICE PRO STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
CLEVER CHOICE TALK TEST STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
CLEVER CHOICE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
CLEVER CHOICE VOICE PLUS TEST STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
CONTOUR NEXT TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
CONTOUR PLUS TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
CONTOUR TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
DIATRUE PLUS TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
EASY PLUS II TEST STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
EASY STEP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
EASY TALK GLUCOSE TEST STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
EASY TALK PLUS II TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
EASY TOUCH BLULINK TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
EASY TOUCH TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
EASY TRAK GLUCOSE TEST STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
EASY TRAK II TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
EASYGLUCO TEST STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
EASYMAX 15 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
EASYMAX STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
ELEMENT COMPACT TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
ELEMENT TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
EMBRACE BLOOD GLUCOSE SYSTEM STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
EMBRACE EVO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
EMBRACE PRO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
EMBRACE TALK TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
EMBRACE WAVE GLUCOSE TEST STRP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
EVENCARE G2 STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
EVENCARE G3 TEST STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
EVENCARE MINI GLUCOSE TEST STR STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
EVENCARE PROVIEW TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
EVENCARE TEST STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
EVOLUTION TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
EZ SMART PLUS TEST STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
EZ SMART TEST STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
FORA 6 CONNECT GLUCOSE STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
FORA 6CONN-GTEL-TN'G ADV STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
FORA D40-G31 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
FORA G20 STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
FORA GD50 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
FORA GTEL GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
FORA TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
FORA TN'G ADVAN PRO TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
FORA TN'G VOICE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
FORA V10 STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
FORA V10-V12-D10-D20 STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
FORACARE GD20 STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
FORACARE GD40 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
FREESTYLE INSULINX STRIP	(blood sugar diagnostic)	PREV (Tier 1)	QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP	(blood sugar diagnostic)	PREV (Tier 1)	QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP	(blood sugar diagnostic)	PREV (Tier 1)	QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP	(blood sugar diagnostic)	PREV (Tier 1)	QL (200 EA per 30 days)
FREESTYLE TEST STRIP	(blood sugar diagnostic)	PREV (Tier 1)	QL (200 EA per 30 days)

Drug		Status	Notes
GE100 BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
GE333 BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
GLUCO NAVII TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
GLUCOCARD 01 SENSOR PLUS STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
GLUCOCARD EXPRESSION STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
GLUCOCARD SHINE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
GLUCOCARD VITAL SENSOR STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
GLUCOCARD VITAL TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
GLUCOCOM GLUCOSE STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
GM100 STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
GOJJI BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
HARMONY GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
HEALTHPRO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
IHEALTH GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
INFINITY TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
MICRO BLOOD GLUCOSE STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
MICRODOT BLOOD GLUCOSE SYSTEM STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
MICRODOT XTRA BLOOD GLUCOSE STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
MOBI BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
MYGLUCOHEALTH STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
NEUTEK 2TEK TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
NOVA MAX GLUCOSE TEST STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
ON CALL EXPRESS TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
ONETOUCH ULTRA TEST STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
ONETOUCH VERIO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
OPTIUM EZ STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
PHARMACIST CHOICE STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
PIP BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
PLATINUM TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
PRECISION POINT OF CARE TEST STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP	(blood sugar diagnostic)	PREV (Tier 1)	QL (200 EA per 30 days)
PREMIER TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
PREMIUM V10 STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
PRO VOICE V8-V9 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
PRODIGY NO CODING STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
QUINTET AC STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
QUINTET GLUCOSE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
REFUAH PLUS STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
RELION CONFIRM-MICRO STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
RELION PRIME TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
RELION ULTIMA STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
REVEAL TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
RIGHTEST GS550 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
RIGHTEST GT333 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
SMART SENSE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
SMARTEST TEST STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
SOLUS V2 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
SURE-TEST EASYPLUS MINI STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
TELCARE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
TEST N'GO TEST STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
TRUE METRIX GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
TRUE METRIX PRO TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
TRUENESS GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
TRUETEST TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
TRUETRACK TEST STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
ULTIMA TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
ULTRATRAK STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
ULTRATRAK ULTIMATE STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
UNISTRIP1 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
VIVAGUARD INO TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
Diabetic Supplies			
CEQUR SIMPLICITY DEVICE 1 UNIT (240 UNIT)		Tier 3	QL (4 EA per 30 days)
CEQUR SIMPLICITY DEVICE 2 UNIT (200 UNIT), 2 UNIT (240 UNIT)		Tier 3	QL (10 EA per 30 days)
CEQUR SIMPLICITY INSERTER		Tier 3	QL (1 EA per 365 days)
DEXCOM G6 RECEIVER		PREV (Tier 1)	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE		PREV (Tier 1)	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (3 EA per 30 days)

Drug		Status	Notes
DEXCOM G6 TRANSMITTER DEVICE		PREV (Tier 1)	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 90 days)
DEXCOM G7 15 DAY SENSOR DEVICE		Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 30 days)
DEXCOM G7 RECEIVER		Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE		Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (3 EA per 30 days)
FREESTYLE FREEDOM LITE KIT	(blood-glucose meter)	PREV (Tier 1)	
FREESTYLE INSULINX	(blood-glucose meter)	PREV (Tier 1)	
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)
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 (Tier 1)	

Drug	Status	Notes
FREESTYLE PRECISION NEO METER (blood-glucose meter)	PREV (Tier 1)	
FREESTYLE SYSTEM KIT KIT (blood-glucose meter)	PREV (Tier 1)	
GUARDIAN 4 GLUCOSE SENSOR DEVICE	Tier 4	PA
GUARDIAN 4 TRANSMITTER DEVICE	Tier 4	PA
GUARDIAN LINK 3 TRANSMITTER DEVICE	Tier 4	PA
GUARDIAN SENSOR 3 DEVICE	Tier 4	PA
ILET INFUSION KIT-FLEX 23" COMBO PACK	Tier 4	
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 780G INSULIN PUMP	Tier 4	PA
MINIMED APP MANAGER	Tier 4	QL (1 EA per 365 days)
MINIMED FLEX	Tier 4	PA
MINIMED INSTINCT SENSOR DEVICE	Tier 4	PA
MODD1 PATIENT WELCOME KIT KIT	Tier 4	PA
MODD1 SUPPLY KIT COMBO PACK	Tier 4	PA
OMNIPOD 5 (LIBRE 2/3 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 (LIBRE2/3PLUS) 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	
PIVOT INSULIN PUMP STARTER KIT KIT	Tier 4	PA; QL (1 EA per 365 days)
PRECISION XTRA MONITOR (blood-glucose meter)	PREV (Tier 1)	
SIMPLERA SENSOR DEVICE	Tier 4	PA
SIMPLERA SYNC SENSOR DEVICE	Tier 4	PA
T:SLIM X2 CONTROL-IQ	Tier 4	PA
TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK	Tier 4	
TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK	Tier 4	
TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK	Tier 4	
TANDEM MOBI AUTOSOFT30 14PK 23 COMBO PACK	Tier 4	
TANDEM MOBI AUTOSOFTXC 14PK 23 COMBO PACK	Tier 4	
TANDEM MOBI AUTOSOFTXC 14PK 5" COMBO PACK	Tier 4	
TANDEM MOBI SYSTEM	Tier 4	PA
TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK	Tier 4	
TANDEM T:SLIM ASFT 30 PK10 23" COMBO PACK	Tier 4	
TANDEM T:SLIM ASFT 30 PK14 23" COMBO PACK	Tier 4	
TANDEM T:SLIM ASFT XC PK10 23" COMBO PACK	Tier 4	
TANDEM T:SLIM ASFT XC PK14 23" COMBO PACK	Tier 4	
TANDEM T:SLIM TRUSTL PK10 23" COMBO PACK	Tier 4	
TANDEM T:SLIM X2 STARTER KIT	Tier 4	PA
TWIIST RFL(INFUS-CSST-NDL-SYR) KIT	Tier 3	
TWIIST STARTER KIT KIT	Tier 3	QL (1 EA per 365 days)
V-GO 20 DEVICE	Tier 3	
V-GO 30 DEVICE	Tier 3	
V-GO 40 DEVICE	Tier 3	
Disease Modifying Agents For Type 1 Diabetes		

Drug		Status	Notes
TZIELD INTRAVENOUS SOLUTION 1 MG/ML		Tier 5	PA
Hyperglycemics			
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION		Tier 3	QL (4 EA per 1 FILL)
diazoxide oral suspension 50 mg/ml	(Proglycem)	Tier 2	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	(glucagon hcl)	Tier 4	ST: TRIAL OF BAQSIMI OR GVOKE IN THE PAST 120 DAYS; QL (4 EA per 1 FILL)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG		Tier 2	ST: TRIAL OF BAQSIMI OR GVOKE IN THE PAST 120 DAYS; QL (4 EA per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML		Tier 3	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML		Tier 3	QL (0.8 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML		Tier 3	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML		Tier 3	QL (0.8 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML		Tier 3	QL (0.8 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML		Tier 3	QL (0.8 ML per 1 FILL)
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	
Insulins			
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	(insulin lispro)	Tier 4	ST: TRIAL OF FIASP, LYUMJEV, NOVOLOG, INSULIN LISPRO OR HUMALOG U-200 IN THE PAST 120 DAYS; QL (30 ML per 28 FILLs)
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin lispro)	Tier 4	ST: TRIAL OF FIASP, LYUMJEV, NOVOLOG, INSULIN LISPRO OR HUMALOG U-200 IN THE PAST 120 DAYS; QL (40 ML per 28 FILLs)

Drug		Status	Notes
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: TRIAL OF FIASP, LYUMJEV, NOVOLOG, INSULIN LISPRO OR HUMALOG U-200 IN THE PAST 120 DAYS; QL (30 ML per 28 FILLs)
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		Tier 4	ST: TRIAL OF FIASP, LYUMJEV, NOVOLOG, INSULIN LISPRO OR HUMALOG U-200 IN THE PAST 120 DAYS; QL (40 ML per 28 FILLs)
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine)	Tier 4	ST: TRIAL OF INSULIN GLARGINE-YFGN, TOUJEO OR TRESIBA IN THE PAST 120 DAYS; QL (30 ML per 28 FILLs)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 3	QL (30 ML per 28 FILLs)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)		Tier 3	QL (30 ML per 28 FILLs)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)		Tier 3	QL (40 ML per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		Tier 3	QL (40 ML per 28 FILLs)
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	(insulin lispro)	Tier 4	QL (30 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	(insulin lispro)	Tier 4	QL (30 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)		Tier 3	QL (12 ML per 28 FILLs)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)		Tier 3	QL (30 ML per 28 FILLs)
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	(insulin lispro protamin-lispro)	Tier 4	QL (30 ML per 28 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)		Tier 3	QL (40 ML per 28 FILLs)

Drug		Status	Notes
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML		Tier 4	ST: TRIAL OF 2 OF THE FOLLOWING: INSULIN LISPRO, NOVOLOG, FIASP, OR LYUMJEV (NON TEMPO VERSION) IN THE PAST 365 DAYS; QL (30 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML		Tier 3	QL (30 ML per 28 FILLs)
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin lispro)	Tier 4	QL (40 ML per 28 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		Tier 3	QL (40 ML per 28 FILLs)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		Tier 3	QL (30 ML per 28 FILLs)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 3	QL (30 ML per 28 FILLs)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		Tier 3	QL (40 ML per 28 FILLs)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML		Tier 3	QL (40 ML per 28 FILLs)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)		Tier 3	QL (24 ML per 28 FILLs)
insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)	(Semglee(insulin glarg-yfgn)Pen)	Tier 3	QL (30 ML per 28 days)
insulin glargine-yfgn subcutaneous solution 100 unit/ml	(Semglee(insulin glargine-yfgn))	Tier 3	QL (40 ML per 28 FILLs)
insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)	(Humalog Mix 75-25 KwikPen)	Tier 2	QL (30 ML per 28 FILLs)
insulin lispro subcutaneous insulin pen 100 unit/ml	(Admelog SoloStar U-100 Insulin)	Tier 2	QL (30 ML per 28 FILLs)
insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml	(Humalog Junior KwikPen U-100)	Tier 2	QL (30 ML per 28 FILLs)
insulin lispro subcutaneous solution 100 unit/ml	(Admelog U-100 Insulin lispro)	Tier 2	QL (40 ML per 28 FILLs)
KIRSTY PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 4	ST: TRIAL OF FIASP, LYUMJEV, NOVOLOG, INSULIN LISPRO OR HUMALOG U-200 IN THE PAST 120 DAYS; QL (30 ML per 28 days)

Drug	Status	Notes
KIRSTY SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4	ST: TRIAL OF FIASP, LYUMJEV, NOVOLOG, INSULIN LISPRO OR HUMALOG U-200 IN THE PAST 120 DAYS; QL (40 ML per 28 days)
LANGLARA U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 4	ST: TRIAL OF INSULIN GLARGINE-YFGN, TOUJEO OR TRESIBA IN THE PAST 120 DAYS; QL (30 ML per 28 days)
LANTUS SOLOSTAR U-100 INSULIN (insulin glargine) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 4	ST: TRIAL OF INSULIN GLARGINE-YFGN, TOUJEO OR TRESIBA IN THE PAST 120 DAYS; QL (30 ML per 28 days)
LANTUS U-100 INSULIN (insulin glargine) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4	ST: TRIAL OF INSULIN GLARGINE-YFGN, TOUJEO OR TRESIBA IN THE PAST 120 DAYS; QL (40 ML per 28 days)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 3	QL (30 ML per 28 FILLs)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 3	QL (12 ML per 28 FILLs)
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	Tier 4	ST: TRIAL OF 2 OF THE FOLLOWING: INSULIN LISPRO, NOVOLOG, FIASP, OR LYUMJEV (NON TEMPO VERSION) IN THE PAST 365 DAYS; QL (30 ML per 28 FILLs)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	QL (40 ML per 28 FILLs)
MERILOG SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 4	ST: TRIAL OF FIASP, LYUMJEV, NOVOLOG, INSULIN LISPRO OR HUMALOG U-200 IN THE PAST 120 DAYS
MERILOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4	ST: TRIAL OF FIASP, LYUMJEV, NOVOLOG, INSULIN LISPRO OR HUMALOG U-200 IN THE PAST 120 DAYS
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 3	QL (40 ML per 28 FILLs)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 3	QL (30 ML per 28 FILLs)

Drug		Status	Notes
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 3	QL (30 ML per 28 FILLs)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		Tier 3	QL (40 ML per 28 FILLs)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 3	QL (30 ML per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML		Tier 3	QL (40 ML per 28 FILLs)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin aspart u-100)	Tier 3	QL (30 ML per 28 FILLs)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	(insulin asp prt-insulin aspart)	Tier 3	QL (40 ML per 28 FILLs)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	(insulin asp prt-insulin aspart)	Tier 3	QL (30 ML per 28 FILLs)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	(insulin aspart u-100)	Tier 3	QL (30 ML per 28 FILLs)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin aspart u-100)	Tier 3	QL (40 ML per 28 FILLs)
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 4	ST: TRIAL OF INSULIN GLARGINE-YFGN, TOUJEO OR TRESIBA IN THE PAST 120 DAYS; QL (30 ML per 28 FILLs)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine-yfgn)	Tier 4	ST: TRIAL OF INSULIN GLARGINE-YFGN, TOUJEO OR TRESIBA IN THE PAST 120 DAYS; QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine-yfgn)	Tier 4	ST: TRIAL OF INSULIN GLARGINE-YFGN, TOUJEO OR TRESIBA IN THE PAST 120 DAYS; QL (30 ML per 28 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	(insulin glargine u-300 conc)	Tier 3	QL (18 ML per 28 FILLs)
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 FILLs)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin degludec)	Tier 3	QL (30 ML per 28 FILLs)

Drug		Status	Notes
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	(insulin degludec)	Tier 3	QL (18 ML per 28 FILLs)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin degludec)	Tier 3	QL (40 ML per 28 FILLs)
Ear - General Disorders			
Ear Preparations Anti-Inflammatory			
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	(fluocinolone acetonide oil)	Tier 4	
FLAC OTIC OIL OTIC (EAR) DROPS 0.01 %	(fluocinolone acetonide oil)	Tier 4	
fluocinolone acetonide oil otic (ear) drops 0.01 %	(DermOtic Oil)	Tier 2	
Ear Preparations, Misc. Anti-Infectives			
acetic acid otic (ear) solution 2 %		Tier 2	
CORTANE-B TOPICAL LOTION 1-1-0.1 %		Tier 4	
hydrocortisone-acetic acid otic (ear) drops 1-2 %		Tier 2	
Ear Preparations,Antibiotics			
CETRAXAL OTIC (EAR) DROPPERETTE 0.2 %	(ciprofloxacin hcl)	Tier 4	
ciprofloxacin hcl otic (ear) dropperette 0.2 %	(Cetraxal)	Tier 2	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML		Tier 4	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%		Tier 2	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%		Tier 2	
ofloxacin otic (ear) drops 0.3 %		Tier 2	
XTORO OTIC (EAR) DROPS,SUSPENSION 0.3 %		Tier 4	ST: TRIAL OF ONE OTIC FLUOROQUINOLONE AND ONE OTIC NEOMYCIN, POLYMYXIN B COMBINATION PRODUCT IN THE PAST 365 DAYS; QL (8 ML per 7 days)
Otic Preparations,Anti-Inflammatory-Antibiotics			
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	(ciprofloxacin-hydrocortisone)	Tier 4	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %		Tier 2	

Drug		Status	Notes
ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)	(Otovel)	Tier 2	
ciprofloxacin-hydrocortisone otic (ear) drops,suspension 0.2-1 %	(Cipro HC)	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)
tolvaptan oral tablet 15 mg	(Samsca)	Tier 4	QL (30 EA per 365 days)
tolvaptan oral tablet 30 mg	(Samsca)	Tier 4	QL (60 EA per 365 days)
Electrolyte Depleters			
AURYXIA ORAL TABLET 210 MG IRON	(ferric citrate)	Tier 4	ST: TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (12 EA per 1 day)
calcium acetate(phosphat bind) oral capsule 667 mg		Tier 2	
calcium acetate(phosphat bind) oral tablet 667 mg		Tier 2	
ferric citrate oral tablet 210 mg iron	(Auryxia)	Tier 2	ST: TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (12 EA per 1 day)
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG		Tier 4	ST: TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (3 EA per 1 day)

Drug		Status	Notes
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG	(lanthanum)	Tier 4	
KIONEX ORAL SUSPENSION 15 GRAM/60 ML	(sodium polystyrene sulfonate)	Tier 2	
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	(Fosrenol)	Tier 2	
LOKELMA ORAL POWDER IN PACKET 10 GRAM		Tier 3	QL (34 EA per 30 days)
LOKELMA ORAL POWDER IN PACKET 5 GRAM		Tier 3	QL (1 EA per 1 day)
RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	(sevelamer carbonate)	Tier 4	
RENVELA ORAL TABLET 800 MG	(sevelamer carbonate)	Tier 4	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	(Renvela)	Tier 2	
sevelamer carbonate oral tablet 800 mg	(Renvela)	Tier 2	
sevelamer hcl oral tablet 400 mg, 800 mg		Tier 2	
sodium polystyrene sulfonate oral powder 15 gram		Tier 2	
sodium polystyrene sulfonate oral suspension 15 gram/60 ml	(Kionex)	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: TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (2 EA per 1 day)
Potassium Replacement			
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ		Tier 4	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	(potassium bicarb-citric acid)	Tier 2	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	(potassium chloride)	Tier 4	

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	
potassium chloride oral capsule, extended release 10 meq, 8 meq		Tier 2	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml		Tier 2	
potassium chloride oral packet 20 meq	(Klor-Con)	Tier 2	
potassium chloride oral tablet extended release 10 meq	(Klor-Con 10)	Tier 2	
potassium chloride oral tablet extended release 15 meq, 20 meq		Tier 2	
potassium chloride oral tablet extended release 8 meq	(Klor-Con 8)	Tier 2	
potassium chloride oral tablet,er particles/crystals 10 meq	(Klor-Con M10)	Tier 2	
potassium chloride oral tablet,er particles/crystals 15 meq	(Klor-Con M15)	Tier 2	
potassium chloride oral tablet,er particles/crystals 20 meq	(Klor-Con M20)	Tier 2	
Sodium/Saline Preparations			
AQUASTAT 0.9% SODIUM CHLORIDE INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 4	
AQUASTAT SFR 0.9% SODIUM CHLOR INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 4	
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 2	
MONOJECT 0.9% SODIUM CHLORIDE INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 4	
MONOJECT PREFILL ADVANCED NS INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 4	
NORMAL SALINE FLUSH INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 2	
sodium chlor 0.9% bacteriostat injection solution 0.9 %		Tier 2	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %		Tier 2	
sodium chloride 0.9 % (flush) injection syringe	(BD PosiFlush Normal Saline 0.9)	Tier 2	
sodium chloride 0.9 % injection solution		Tier 2	
sodium chloride 0.9 % intravenous parenteral solution		Tier 2	

Drug		Status	Notes
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: TRIAL OF GENERIC VIAGRA IN 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; QL (1 EA per 1 day)
EDEX INTRACAVERNOSAL KIT 10 MCG, 40 MCG		Tier 4	QL (3 EA per 30 days)
EDEX INTRACAVERNOSAL KIT 20 MCG		Tier 4	QL (1 EA per 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: TRIAL OF GENERIC VIAGRA IN 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; QL (1 EA per 1 day)
tadalafil oral tablet 5 mg	(Cialis)	Tier 2	PA; QL (1 EA per 1 day)
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: TRIAL OF GENERIC VIAGRA IN THE PAST 120 DAYS; QL (1 EA per 5 days)
vardenafil oral tablet,disintegrating 10 mg		Tier 2	ST: TRIAL OF GENERIC VIAGRA IN 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)
Endocrine Disorder - Other			
Adrenal Steroid Inhibitors			

Drug		Status	Notes
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	
desmopressin injection solution 4 mcg/ml	(DDAVP)	Tier 2	
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)		Tier 2	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)		Tier 2	
desmopressin oral tablet 0.1 mg, 0.2 mg	(DDAVP)	Tier 2	
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG		Tier 4	QL (1 EA per 1 day)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG		Tier 4	QL (1 EA per 1 day)
Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.			
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
leuprolide subcutaneous kit 1 mg/0.2 ml		Tier 4	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG		Tier 5	PA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG		Tier 5	PA

Drug		Status	Notes
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 INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	(teriparatide)	Tier 5	PA
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	(teriparatide)	Tier 5	PA
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	(Bonsity)	Tier 4	PA
Bone Formation Stimulating Agts - Pth Rel Peptides			
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)		Tier 4	PA
Bone Resorption Inhibitor & Vitamin D Combinations			
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT		Tier 3	QL (1 EA per 7 days)
Bone Resorption Inhibitors			
ACTONEL ORAL TABLET 150 MG	(risedronate)	Tier 4	ST: ST EDIT: TRIAL OF GENERIC ALENDRONATE AND IBANDRONATE REQUIRED; QL (1 EA per 30 days)
ACTONEL ORAL TABLET 35 MG	(risedronate)	Tier 4	ST: ST EDIT: TRIAL OF GENERIC ALENDRONATE AND IBANDRONATE REQUIRED; QL (1 EA per 7 days)
alendronate oral solution 70 mg/75 ml		Tier 2	QL (75 ML per 7 days)
alendronate oral tablet 10 mg, 35 mg, 5 mg		Tier 2	

Drug		Status	Notes
alendronate oral tablet 70 mg	(Fosamax)	Tier 2	
ATELVIA ORAL TABLET,DELAYED RELEASE (DR/EC) 35 MG	(risedronate)	Tier 4	ST: ST EDIT: TRIAL OF GENERIC ALENDRONATE AND IBANDRONATE REQUIRED; QL (1 EA per 7 days)
calcitonin (salmon) injection solution 200 unit/ml	(Miacalcin)	Tier 2	
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation		Tier 2	
EVISTA ORAL TABLET 60 MG	(raloxifene)	Tier 4	QL (1 EA per 1 day)
FOSAMAX ORAL TABLET 70 MG	(alendronate)	Tier 4	
ibandronate oral tablet 150 mg		Tier 2	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	(calcitonin (salmon))	Tier 4	
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)		Tier 4	PA
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML		Tier 5	PA
raloxifene oral tablet 60 mg	(Evista)	PREV (Tier 1)	$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
risedronate oral tablet 150 mg	(Actonel)	Tier 2	ST: ST EDIT: TRIAL OF GENERIC ALENDRONATE AND IBANDRONATE REQUIRED; QL (1 EA per 30 days)
risedronate oral tablet 30 mg, 5 mg		Tier 2	ST: ST EDIT: TRIAL OF GENERIC ALENDRONATE AND IBANDRONATE REQUIRED; QL (1 EA per 1 day)
risedronate oral tablet 35 mg	(Actonel)	Tier 2	ST: ST EDIT: TRIAL OF GENERIC ALENDRONATE AND IBANDRONATE REQUIRED; QL (1 EA per 7 days)
risedronate oral tablet,delayed release (dr/ec) 35 mg	(Atelvia)	Tier 2	ST: ST EDIT: TRIAL OF GENERIC ALENDRONATE AND IBANDRONATE REQUIRED; QL (1 EA per 7 days)
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML		Tier 4	PA

Drug		Status	Notes
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)		Tier 5	PA
Calcimimetic,Parathyroid Calcium Enhancer			
cinacalcet oral tablet 30 mg, 60 mg	(Sensipar)	Tier 4	
cinacalcet oral tablet 90 mg	(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	
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	PA
Growth Hormone Releasing Hormone (Ghrh) & Analogs			
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG		Tier 5	PA
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG		Tier 5	PA
Growth Hormones			
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML		Tier 4	PA
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 FLEXPRO 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
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

Drug	Status	Notes
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	Tier 5	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	Tier 5	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 11 MG, 13.3 MG, 2.1 MG, 2.5 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		
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	Tier 2	
paricalcitol oral capsule 1 mcg, 2 mcg (Zemplar)	Tier 2	
paricalcitol oral capsule 4 mcg	Tier 2	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	Tier 3	QL (2 EA per 1 day)
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (paricalcitol)	Tier 4	
Insulin-Like Growth Factor-1 (Igf-1) Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 5	PA
Leptin Hormone Analogs		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Tier 5	PA
Lhrh (Gnrh) Antagonist,Estrogen And Progestin Comb		
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Tier 3	PA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Tier 3	PA
Lhrh(Gnrh) Agonist Analog Pituitary Suppressants		
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

Drug	Status	Notes
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: TRIAL OF ONE GENERIC ESTRADIOL CREAM AND ONE GENERIC ESTRADIOL VAGINAL TABLETS IN THE PAST 365 DAYS
Natriuretic Peptides		
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	Tier 5	PA
YUVIWEL SUBCUTANEOUS RECON SOLN 1.3 MG, 2.8 MG	Tier 5	PA; QL (1 EA per 28 days)
YUVIWEL SUBCUTANEOUS RECON SOLN 5.5 MG	Tier 5	PA; QL (2 EA per 28 days)
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		
cabergoline oral tablet 0.5 mg	Tier 2	
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG	Tier 5	PA
CRENESSITY ORAL SOLUTION 50 MG/ML	Tier 5	PA
danazol oral capsule 100 mg, 200 mg, 50 mg	Tier 2	

Drug		Status	Notes
Endocrine Disorder - Thyroid			
Antithyroid Preparations			
methimazole oral tablet 10 mg, 5 mg		Tier 2	
propylthiouracil oral tablet 50 mg		Tier 2	
Insulin-Like Growth Factor Receptor (Igf-R) Inhib			
TEPEZZA INTRAVENOUS RECON SOLN 500 MG		Tier 5	PA
Iodine Containing Agents			
potassium iodide oral solution 1 gram/ml	(SSKI)	Tier 2	
SSKI ORAL SOLUTION 1 GRAM/ML	(potassium iodide)	Tier 2	
STRONG IODINE ORAL SOLUTION 5 %		Tier 2	
Thyroid Hormones			
ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	(thyroid (pork))	Tier 4	ST: TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG		Tier 4	ST: TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS
AMERITHROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG	(thyroid (pork))	Tier 4	ST: TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS
AMERITHROID ORAL TABLET 180 MG, 240 MG, 300 MG		Tier 4	ST: TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	(thyroid (pork))	Tier 4	ST: TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG		Tier 4	ST: TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	(liothyronine)	Tier 4	ST: TRIAL OF GENERIC LIOTHYRONINE TABLETS IN THE PAST 120 DAYS
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	
EVEXITHROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	(thyroid (pork))	Tier 4	ST: TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS

Drug		Status	Notes
EVEXITHROID ORAL TABLET 180 MG, 45 MG, 75 MG		Tier 4	ST: TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS
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: TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS
levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	(Tirosint)	Tier 2	ST: TRIAL OF GENERI LEVOTHYROXINE TABLET IN THE PAST 120 DAYS; QL (2 EA per 1 day)
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	(Levo-T)	Tier 2	
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: TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS
LIOMNY ORAL TABLET 25 MCG, 5 MCG, 50 MCG	(liothyronine)	Tier 2	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	(Liomny)	Tier 2	
NIVA THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	(thyroid (pork))	Tier 4	ST: TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	(thyroid (pork))	Tier 2	ST: TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS
RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	(thyroid (pork))	Tier 4	ST: TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS
RENTHYROID ORAL TABLET 45 MG, 75 MG		Tier 4	ST: TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS
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: TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS
THYQUIDITY ORAL SOLUTION 20 MCG/ML		Tier 4	PA; QL (20 ML per 1 day)
thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	(NP Thyroid)	Tier 2	ST: TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS

Drug		Status	Notes
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	(levothyroxine)	Tier 4	ST: TRIAL OF GENERI LEVOTHYROXINE TABLET IN THE PAST 120 DAYS; QL (2 EA per 1 day)
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG		Tier 4	ST: TRIAL OF GENERI LEVOTHYROXINE TABLET IN THE PAST 120 DAYS; QL (2 EA per 1 day)
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML		Tier 4	PA
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	(levothyroxine)	Tier 4	ST: TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS
Eye - General Disorders			
Eye Antibiotic, Glucocorticoid And Nsaid Comb.			
prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %		Tier 2	
prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %		Tier 2	
prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %		Tier 2	
prednisolon-moxiflox-ketorolac ophthalmic (eye) drops 1-0.5-0.5 %		Tier 2	
Eye Antibiotic-Corticoid Combinations			
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %	(neomycin-polymyxin b-dexameth)	Tier 4	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%		Tier 2	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	(Maxitrol)	Tier 2	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %		Tier 2	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml		Tier 2	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %		Tier 4	

Drug		Status	Notes
prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %		Tier 2	
prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %		Tier 2	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %		Tier 3	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %		Tier 4	ST: TRIAL OF GENERIC OPHTHALMIC TOBRAMYCIN/DEXAMETHASONE DROPS IN THE PAST 120 DAYS
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %		Tier 2	
tobramycin-lotepred ophthalmic (eye) drops,suspension 0.3-0.5 %	(Zylet)	Tier 2	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	(tobramycin-lotepred)	Tier 4	
Eye Antihistamines			
azelastine ophthalmic (eye) drops 0.05 %		Tier 2	QL (12 ML per 30 days)
bepotastine besilate ophthalmic (eye) drops 1.5 %	(Bepreve)	Tier 2	ST: TRIAL OF GENERIC OPHTHALMIC ANTIHISTAMINE (EPINASTINE, AZELASTINE, OR OLAPATADINE) IN THE PAST 120 DAYS; QL (10 ML per 30 days)
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	(bepotastine besilate)	Tier 4	ST: TRIAL OF GENERIC OPHTHALMIC ANTIHISTAMINE (EPINASTINE, AZELASTINE, OR OLAPATADINE) IN THE PAST 120 DAYS; QL (10 ML per 30 days)
epinastine ophthalmic (eye) drops 0.05 %		Tier 2	QL (10 ML per 30 days)
olopatadine ophthalmic (eye) drops 0.1 %	(Eye Allergy Itch-Redness Rlf)	Tier 2	
olopatadine ophthalmic (eye) drops 0.2 %	(Advanced Eye Relief (olopatad))	Tier 2	QL (3 ML per 30 days)
Eye Antiinflammatory Agents			
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	(ketorolac)	Tier 4	
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	(ketorolac)	Tier 4	QL (20 ML per 30 days)

Drug		Status	Notes
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %		Tier 4	ST: TRIAL OF ILEVRO 0.3% AND ONE OF THE FOLLOWING: DICLOFENAC 0.1% OR KETOROLAC 0.5% IN THE PAST 365 DAYS; QL (60 EA per 15 days)
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	(loteprednol etabonate)	Tier 4	ST: TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS; QL (10 ML per 14 days)
bromfenac ophthalmic (eye) drops 0.07 %	(Prolensa)	Tier 2	ST: TRIAL OF GENERIC KETOROLAC OR DICLOFENAC OPHTHALMMIC DROPS IN THE PAST 120 DAYS; QL (3 ML per 16 days)
bromfenac ophthalmic (eye) drops 0.075 %	(BromSite)	Tier 2	ST: TRIAL OF GENERIC KETOROLAC OR DICLOFENAC OPHTHALMMIC DROPS IN THE PAST 120 DAYS; QL (5 ML per 16 days)
bromfenac ophthalmic (eye) drops 0.09 %		Tier 2	ST: TRIAL OF GENERIC KETOROLAC OR DICLOFENAC OPHTHALMMIC DROPS IN THE PAST 120 DAYS; QL (3.4 ML per 16 days)
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	(bromfenac)	Tier 4	ST: TRIAL OF GENERIC KETOROLAC OR DICLOFENAC OPHTHALMMIC DROPS IN THE PAST 120 DAYS; QL (5 ML per 16 days)
clobetasol ophthalmic (eye) drops,suspension 0.05 %	(Byqlovi)	Tier 2	ST: TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS; QL (3.5 ML per 14 days)
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %		Tier 2	QL (15 ML per 14 days)
DEXTENZA INTRACANALICULAR INSERT 0.4 MG		Tier 4	
diclofenac sodium ophthalmic (eye) drops 0.1 %		Tier 2	QL (10 ML per 14 days)

Drug		Status	Notes
difluprednate ophthalmic (eye) drops 0.05 %	(Durezol)	Tier 2	QL (10 ML per 14 days)
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	(difluprednate)	Tier 4	QL (10 ML per 14 days)
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		Tier 3	QL (8.3 ML per 14 days)
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %		Tier 4	ST: TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS; QL (15 ML per 14 days)
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	(FML Liquifilm)	Tier 2	QL (10 ML per 14 days)
flurbiprofen sodium ophthalmic (eye) drops 0.03 %		Tier 2	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		Tier 4	ST: TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN 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: TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS; QL (5.6 ML per 14 days)
ketorolac ophthalmic (eye) drops 0.4 %	(Acular LS)	Tier 2	
ketorolac ophthalmic (eye) drops 0.5 %	(Acular)	Tier 2	QL (20 ML per 30 days)
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	(loteprednol etabonate)	Tier 4	QL (10 GM per 14 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %		Tier 3	QL (7 GM per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %		Tier 3	QL (10 GM per 14 days)
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	(Lotemax)	Tier 2	QL (10 GM per 14 days)

Drug	Status	Notes
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 % (Alrex)	Tier 2	ST: TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS; QL (10 ML per 14 days)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	Tier 2	QL (20 ML per 14 days)
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 4	ST: TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS; QL (25 ML per 14 days)
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 4	ST: TRIAL OF ILEVRO 0.3% AND ONE OF THE FOLLOWING: DICLOFENAC 0.1% OR KETOROLAC 0.5% IN THE PAST 365 DAYS; QL (9 ML per 16 days)
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (prednisolone acetate)	Tier 4	QL (20 ML per 14 days)
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	Tier 4	ST: TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS; QL (20 ML per 14 days)
prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %	Tier 2	QL (20 ML per 14 days)
prednisolone acetate ophthalmic (eye) drops,suspension 1 % (Pred Forte)	Tier 2	QL (20 ML per 14 days)
prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %	Tier 2	
prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %	Tier 2	
prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %	Tier 2	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	Tier 2	QL (20 ML per 14 days)

Drug		Status	Notes
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	(bromfenac)	Tier 4	ST: TRIAL OF GENERIC KETOROLAC OR DICLOFENAC OPHTHALMMIC DROPS IN THE PAST 120 DAYS; QL (3 ML per 16 days)
Eye Antivirals			
trifluridine ophthalmic (eye) drops 1 %		Tier 2	ST: TRIAL OF ORAL ACYCLOVIR, VALACYCLOVIR OR FAMCICLOVIR IN THE PAST 120 DAYS
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %		Tier 4	ST: TRIAL OF ORAL ACYCLOVIR, VALACYCLOVIR OR FAMCICLOVIR IN THE PAST 120 DAYS
Eye Local Anesthetics			
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %		Tier 4	
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 %	(proparacaine)	Tier 2	
ALTACAINE OPHTHALMIC (EYE) DROPS 0.5 %	(tetracaine hcl)	Tier 2	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %	(fluorescein-benoxinate)	Tier 2	
fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %		Tier 2	
fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %		Tier 2	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL 3 %		Tier 4	
proparacaine ophthalmic (eye) drops 0.5 %	(Alcaine)	Tier 2	
tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %		Tier 2	
tetracaine hcl ophthalmic (eye) drops 0.5 %	(Altacaine)	Tier 2	
Eye Sulfonamides			
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %		Tier 3	
sulfacetamide sodium ophthalmic (eye) drops 10 %		Tier 2	
sulfacetamide-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	

Drug	Status	Notes
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		
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	Tier 4	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	Tier 2	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 % (besifloxacin)	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	Tier 2	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	Tier 2	
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 % (ofloxacin)	Tier 4	
ofloxacin ophthalmic (eye) drops 0.3 % (Ocuflox)	Tier 2	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	Tier 2	
tobramycin ophthalmic (eye) drops 0.3 %	Tier 2	
tobramycin-vancomycin ophthalmic (eye) drops 1-2.5 %, 1.5-5 %	Tier 2	

Drug	Status	Notes
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 3	
vancomycin in water ophthalmic (eye) drops 2.5 %	Tier 2	
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: TRIAL OF TWO OF THE FOLLOWING PREFERRED AGENTS: MIEBO, RESTASIS, XIIDRA, TYRVAYA, TRYPTYR IN THE PAST 365 DAYS; QL (60 EA per 30 days)
cyclosporine ophthalmic (eye) (Restasis) dropperette 0.05 %	Tier 2	QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Tier 3	ST: TRIAL OF TWO OF THE FOLLOWING: MIEBO, XIIDRA, TYRVAYA OR GENERIC RESTASIS IN THE PAST 365 DAYS; 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 4	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
Ophthalmic Mast Cell Stabilizers		
cromolyn ophthalmic (eye) drops 4 %	Tier 2	QL (50 ML per 30 days)
Eye - Glaucoma		
Carbonic Anhydrase Inhibitors		
acetazolamide oral capsule, extended release 500 mg	Tier 2	
acetazolamide oral tablet 125 mg, 250 mg	Tier 2	
methazolamide oral tablet 25 mg, 50 mg	Tier 2	

Drug		Status	Notes
Miotics/Other Intraoc. Pressure Reducers			
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %, 0.15 %	(brimonidine)	Tier 4	
apraclonidine ophthalmic (eye) drops 0.5 %		Tier 2	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	(brinzolamide)	Tier 4	
betaxolol ophthalmic (eye) drops 0.5 %		Tier 2	
BETIMOL OPHTHALMIC (EYE) DROPS 0.5 %	(timolol)	Tier 4	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		Tier 4	
bimatoprost (pf) ophthalmic (eye) drops 0.01 %		Tier 2	
bimatoprost ophthalmic (eye) drops 0.03 %		Tier 2	QL (2.5 ML per 25 days)
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %	(Alphagan P)	Tier 2	
brimonidine ophthalmic (eye) drops 0.2 %		Tier 2	
brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %		Tier 2	
brimonidine-dorzolamide ophthalmic (eye) drops 0.1-2 %		Tier 2	
brimonidine-dorzol-bimatoprost ophthalmic (eye) drops 0.1-2-0.01 %		Tier 2	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	(Combigan)	Tier 2	
brinzolamide ophthalmic (eye) drops,suspension 1 %	(Azopt)	Tier 2	
carteolol ophthalmic (eye) drops 1 %		Tier 2	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	(brimonidine-timolol)	Tier 4	
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	(dorzolamide-timolol (pf))	Tier 4	ST: TRIAL OF DORZOLAMIDE/TIMOLOL (NON-COSOPT PF FORMULATION) REQUIRED; QL (2 EA per 1 day)
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML	(dorzolamide-timolol)	Tier 4	
dorzolamide (pf) ophthalmic (eye) drops 2 %		Tier 2	
dorzolamide ophthalmic (eye) drops 2 %		Tier 2	

Drug	Status	Notes
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 % (Cosopt (PF))	Tier 2	ST: TRIAL OF DORZOLAMIDE/TIMOLOL (NON-COSOPT PF FORMULATION) REQUIRED; QL (2 EA per 1 day)
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml (Cosopt)	Tier 2	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	Tier 4	
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 % (timolol maleate)	Tier 4	
IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 %	Tier 4	QL (1 EA per 1 day)
latanoprost ophthalmic (eye) drops 0.005 % (Xalatan)	Tier 2	
levobunolol ophthalmic (eye) drops 0.5 %	Tier 2	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % (bimatoprost)	Tier 2	QL (2.5 ML per 25 days)
OMLONTI OPHTHALMIC (EYE) DROPS 0.002 %	Tier 4	ST: TRIAL OF ONE GENERIC PROSTAGLANDIN OR LUMIGAN AND ONE OF THE FOLLOWING: GENERIC BETA-BLOCKERS, ALPHA-ADRENERGIC RECEPTOR AGONISTS, CARBONIC ANHYDRASE INHIBITORS, OR SIMBRINZA IN THE PAST 365 DAYS; QL (2.5 ML per 25 days)
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	Tier 5	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	Tier 2	
pilocarpine hcl ophthalmic (eye) drops 1.25 % (Vuity)	Tier 2	QL (10 ML per 30 days)
QLOSI OPHTHALMIC (EYE) DROPPERETTE 0.4 %	Tier 4	ST: TRIAL OF ONE GENERIC PILOCARPINE OPHTHALMIC SOLUTION IN THE PAST 120 DAYS; QL (2 EA per 1 day)
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	Tier 4	QL (2.5 ML per 30 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	Tier 4	QL (2.5 ML per 25 days)

Drug		Status	Notes
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %		Tier 3	ST: TRIAL OF DORZOLAMIDE OR DORZOLAMIDE/TIMOLOL IN THE PAST 120 DAYS
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	(Zioptan (PF))	Tier 2	QL (1 EA per 1 day)
timol-brimon-dorzol-bimato(pf) ophthalmic (eye) drops 0.5 %-0.15 %- 2 %-0.01 %		Tier 2	
timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %	(Timoptic Ocudose (PF))	Tier 2	QL (2 EA per 1 day)
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %		Tier 2	
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	(Istalol)	Tier 2	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %		Tier 2	
timolol ophthalmic (eye) drops 0.5 %	(Betimol)	Tier 2	
timolol-bimatoprost ophthalmic (eye) drops 0.5-0.01 %		Tier 2	
timolol-brimon-dorzol-bimatop ophthalmic (eye) drops 0.5-0.1-2-0.01 %		Tier 2	
timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %		Tier 2	
timolol-brimonidine-dorzolamid ophthalmic (eye) drops 0.5-0.1-2 %		Tier 2	
timolol-dorzolam-bimatopro(pf) ophthalmic (eye) drops 0.5-2-0.01 %		Tier 2	
timolol-dorzolamide-bimatopros ophthalmic (eye) drops 0.5-2-0.01 %		Tier 2	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 %	(timolol maleate (pf))	Tier 4	QL (2 EA per 1 day)
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	(travoprost)	Tier 4	QL (2.5 ML per 25 days)
travoprost ophthalmic (eye) drops 0.004 %	(Travatan Z)	Tier 2	QL (2.5 ML per 25 days)
VIZZ OPHTHALMIC (EYE) DROPPERETTE 1.44 %		Tier 4	ST: TRIAL OF ONE GENERIC PILOCARPINE OPHTHALMIC SOLUTION IN THE PAST 120 DAYS; QL (1 EA per 1 day)
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	(pilocarpine hcl)	Tier 4	QL (10 ML per 30 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %		Tier 4	QL (2.5 ML per 30 days)
XALATAN OPHTHALMIC (EYE) DROPS 0.005 %	(latanoprost)	Tier 4	
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %		Tier 4	QL (2.5 ML per 25 days)

Drug		Status	Notes
YUVEZZI OPHTHALMIC (EYE) DROPPERETTE 2.75-0.1 %		Tier 4	ST: TRIAL OF ONE GENERIC PILOCARPINE OPHTHALMIC SOLUTION IN THE PAST 120 DAYS; QL (1 EA per 1 day)
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	(tafluprost (pf))	Tier 4	QL (1 EA per 1 day)
ZOLYMBUS OPHTHALMIC (EYE) DROPPERETTE,GEL 0.01 %		Tier 4	QL (1 EA per 1 day)
Mydriatics			
atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %, 1 %		Tier 2	
atropine sulfate (pf) ophthalmic (eye) dropperette 1 %		Tier 2	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 %	(cyclopentolate)	Tier 4	
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %		Tier 4	
cyclopentolate ophthalmic (eye) drops 1 %	(Cyclogyl)	Tier 2	
cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %		Tier 4	
cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %-0.5 %, 1 %-1 %-2.5 %- 0.5 %		Tier 2	
cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %-2.5 %-0.4 %		Tier 2	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 %	(homatropine hbr)	Tier 2	
MYDCOMBI OPHTHALMIC (EYE) CARTRIDGE 2.5-1 %		Tier 4	
MYDRIACYL OPHTHALMIC (EYE) DROPS 1 %	(tropicamide)	Tier 4	
phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %		Tier 2	
tropicamide ophthalmic (eye) drops 0.5 %		Tier 2	
tropicamide ophthalmic (eye) drops 1 %	(Mydriacyl)	Tier 2	
Ophthalmic Antifibrotic Agents			
mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml		Tier 4	
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG		Tier 4	
Eye - Miscellaneous			
Artificial Tears			
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 %		Tier 4	

Drug		Status	Notes
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %		Tier 3	
Eye Mydriatic And Nsaid Combinations			
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 %	(tropic-proparacai-pe-ketor-wat)	Tier 2	
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			
colchicine oral capsule 0.6 mg	(Mitigare)	Tier 2	QL (2 EA per 1 day)
colchicine oral tablet 0.6 mg	(Colcrys)	Tier 2	
COLCRYS ORAL TABLET 0.6 MG	(colchicine)	Tier 4	
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML		Tier 4	PA; QL (10 ML per 1 day)
MITIGARE ORAL CAPSULE 0.6 MG	(colchicine)	Tier 4	QL (2 EA per 1 day)
Hyperuricemia Tx - Purine Inhibitors			
allopurinol oral tablet 100 mg	(Zyloprim)	Tier 2	
allopurinol oral tablet 300 mg		Tier 2	
febuxostat oral tablet 40 mg, 80 mg	(Uloric)	Tier 2	
ULORIC ORAL TABLET 40 MG, 80 MG	(febuxostat)	Tier 4	
ZYLOPRIM ORAL TABLET 100 MG	(allopurinol)	Tier 4	
Hyperuricemia Tx - Urate-Oxidase Enzyme-Type			
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/50 ML, 8 MG/ML		Tier 5	PA
Uricosuric Agents			

Drug		Status	Notes
probenecid oral tablet 500 mg		Tier 2	
probenecid-colchicine oral tablet 500-0.5 mg		Tier 2	
Hematological Disorders			
Agents To Tx Thrombotic Thrombocytopenic Purpura			
ADZYNMA INTRAVENOUS KIT 1,500 (+/-) UNIT, 500 (+/-) UNIT		Tier 5	PA
CABLIVI INJECTION KIT 11 MG		Tier 5	PA
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	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg		Tier 2	
Antifibrinolytic Agents			
AMICAR ORAL SOLUTION 250 MG/ML (25 %)	(aminocaproic acid)	Tier 4	
AMICAR ORAL TABLET 1,000 MG, 500 MG	(aminocaproic acid)	Tier 4	
aminocaproic acid oral solution 250 mg/ml (25 %)	(Amicar)	Tier 2	
aminocaproic acid oral tablet 1,000 mg, 500 mg	(Amicar)	Tier 2	
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG- 1,300 MG), 2 GRAM (1,400 MG-2,600 MG)		Tier 5	
tranexamic acid oral tablet 650 mg		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	

Drug	Status	Notes
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	Tier 4	
ALTUVIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	Tier 4	
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	Tier 4	
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	Tier 4	
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	Tier 4	
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	Tier 4	
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	Tier 4	
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	Tier 4	
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 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	

Drug	Status	Notes
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	
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		
sodium citrate in 0.9 % nacl solution 0.5 %	Tier 2	
sodium citrate intra-catheter solution 4 %	Tier 2	
sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)	Tier 2	
sodium citrate solution 4 gram /100 ml (4 %)	Tier 2	
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)

Drug		Status	Notes
ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG, 1.5 MG (0.5 MG X 3), 2 MG (0.5 MG X 4)		Tier 3	QL (32 EA per 1 day)
ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG		Tier 3	QL (4 EA per 1 day)
rivaroxaban oral suspension for reconstitution 1 mg/ml	(Xarelto)	Tier 2	QL (20 ML per 1 day)
rivaroxaban oral tablet 2.5 mg	(Xarelto)	Tier 2	QL (2 EA per 1 day)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG		Tier 4	ST: TRIAL OF ELIQUIS AND XARELTO REQUIRED.; QL (30 EA per 30 days)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)		Tier 3	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	(rivaroxaban)	Tier 3	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG	(rivaroxaban)	Tier 3	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	(rivaroxaban)	Tier 3	QL (2 EA per 1 day)
Drugs To Treat Acute Hepatic Porphyria (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	

Drug	Status	Notes
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	
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	
TRETTEN 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

Drug		Status	Notes
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
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/0.5 ML		Tier 4	PA
QFITLIA PEN SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML		Tier 4	PA
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2 ML		Tier 4	PA
Hemorrheologic Agents			
pentoxifylline oral tablet extended release 400 mg		Tier 2	
Heparin And Related Preparations			
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML	(fondaparinux)	Tier 4	QL (24 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	(fondaparinux)	Tier 4	QL (15 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 5 MG/0.4 ML	(fondaparinux)	Tier 4	QL (12 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 7.5 MG/0.6 ML	(fondaparinux)	Tier 4	QL (18 ML per 30 days)
enoxaparin subcutaneous solution 300 mg/3 ml	(Lovenox)	Tier 2	QL (30 ML per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml	(Lovenox)	Tier 2	
fondaparinux subcutaneous syringe 10 mg/0.8 ml	(Arixtra)	Tier 2	QL (24 ML per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	(Arixtra)	Tier 2	QL (15 ML per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	(Arixtra)	Tier 2	QL (12 ML per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	(Arixtra)	Tier 2	QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML		Tier 4	QL (8 ML per 1 day)

Drug		Status	Notes
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML		Tier 4	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML		Tier 4	QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML		Tier 4	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML		Tier 4	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML		Tier 4	QL (43.2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML		Tier 4	QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML		Tier 4	QL (18 ML per 30 days)
heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)		Tier 2	
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)		Tier 2	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml		Tier 2	
heparin (porcine) injection syringe 5,000 unit/ml		Tier 2	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML	(heparin, porcine (pf))	Tier 2	
heparin, porcine (pf) injection solution 1,000 unit/ml		Tier 2	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml		Tier 2	
heparin, porcine (pf) intravenous syringe 1 unit/ml		Tier 2	
heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml	(Heparin LockFlush(Porcine)(PF))	Tier 2	
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML	(enoxaparin)	Tier 4	QL (30 ML per 30 days)
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML	(enoxaparin)	Tier 4	
Human Monoclonal Antibody Complement(C5) Inhibitor			
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML		Tier 5	PA

Drug	Status	Notes
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 (170 MG/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		
ARMLUPEG SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/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
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	Tier 5	PA
NEULASTA SUBCUTANEOUS SOLUTION 4 MG/0.4 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

Drug		Status	Notes
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 (Tier 1)	
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	(aspirin)	PREV (Tier 1)	
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG	(aspirin)	PREV (Tier 1)	
aspirin oral tablet,chewable 81 mg	(Aspirin Childrens)	PREV (Tier 1)	
aspirin oral tablet,delayed release (dr/ec) 81 mg	(Adult Aspirin Regimen)	PREV (Tier 1)	
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg		Tier 2	
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	(aspirin)	PREV (Tier 1)	
BRILINTA ORAL TABLET 60 MG	(ticagrelor)	Tier 4	QL (2 EA per 1 day)
BRILINTA ORAL TABLET 90 MG	(ticagrelor)	Tier 4	

Drug		Status	Notes
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG	(aspirin)	PREV (Tier 1)	
cilostazol oral tablet 100 mg, 50 mg		Tier 2	
clopidogrel oral tablet 300 mg		Tier 2	QL (4 EA per 30 days)
clopidogrel oral tablet 75 mg	(Plavix)	Tier 2	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg		Tier 2	
EFFIENT ORAL TABLET 10 MG, 5 MG	(prasugrel hcl)	Tier 4	
PLAVIX ORAL TABLET 75 MG	(clopidogrel)	Tier 4	
prasugrel hcl oral tablet 10 mg, 5 mg	(Effient)	Tier 2	
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG	(aspirin)	PREV (Tier 1)	
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	(aspirin)	PREV (Tier 1)	
ticagrelor oral tablet 60 mg	(Brilinta)	Tier 2	QL (2 EA per 1 day)
ticagrelor oral tablet 90 mg	(Brilinta)	Tier 2	
ZONTIVITY ORAL TABLET 2.08 MG		Tier 4	QL (1 EA per 1 day)
Platelet Reducing Agents			
AGRYLIN ORAL CAPSULE 0.5 MG	(anagrelide)	Tier 4	
anagrelide oral capsule 0.5 mg	(Agrylin)	Tier 2	
anagrelide oral capsule 1 mg		Tier 2	
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			
AQVESME ORAL TABLET 100 MG		Tier 5	PA; QL (2 EA per 1 day)
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 GRAM	(glutamine (sickle cell))	Tier 5	PA
glutamine (sickle cell) oral powder in packet 5 gram	(Endari)	Tier 4	PA

Drug		Status	Notes
SIKLOS ORAL TABLET 1,000 MG		Tier 4	ST: TRIAL OF GENERIC HYDROXYUREA AND DROXIA REQUIRED.
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			
RHAPSIDO ORAL TABLET 25 MG		Tier 5	PA
TAVALISSE ORAL TABLET 100 MG, 150 MG		Tier 4	PA
WAYRILZ ORAL TABLET 400 MG		Tier 5	PA
Thrombin Inhibitors,Selective,Direct, & Reversible			
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	(Pradaxa)	Tier 2	QL (2 EA per 1 day)
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	(dabigatran etexilate)	Tier 4	ST: TRIAL OF ELIQUIS AND XARELTO REQUIRED; 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 4	PA
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG		Tier 4	PA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG		Tier 4	PA
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG		Tier 4	PA
DOPTELET SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG		Tier 4	PA
eltrombopag olamine oral powder in packet 12.5 mg, 25 mg	(Promacta)	Tier 4	PA
eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg	(Promacta)	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 5	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	(eltrombopag olamine)	Tier 5	PA
Topical Hemostatics			
AVITENE FLOUR TOPICAL POWDER		Tier 4	
AVITENE TOPICAL POWDER IN PACKET		Tier 4	

Drug		Status	Notes
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	
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	
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 SOLUTION 20,000 UNIT/20 ML, 5,000 UNIT/5 ML		Tier 4	
THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT		Tier 2	
THROMBIN-JMI TOPICAL SPRAY,NON-AEROSOL 20,000 UNIT		Tier 2	
VISTASEAL-FIBRIN SEALANT TOPICAL SYRINGE 500 UNIT-80 MG /ML (10 ML), 500 UNIT-80 MG /ML (2 ML), 500 UNIT-80 MG /ML (4 ML)		Tier 4	
Vitamin K Preparations			
phytonadione (vitamin k1) injection solution 10 mg/ml	(Vitamin K1)	Tier 2	
phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml		Tier 2	
phytonadione (vitamin k1) oral tablet 5 mg		Tier 2	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML	(phytonadione (vitamin k1))	Tier 2	
VITAMIN K1 INJECTION SOLUTION 10 MG/ML	(phytonadione (vitamin k1))	Tier 2	
Hormonal Deficiency			
Androgen/Estrogen Preps For Female Sexual Dysfunc			

Drug		Status	Notes
INTRAROSA VAGINAL INSERT 6.5 MG		Tier 4	ST: TRIAL OF ONE GENERIC ESTRADIOL CREAM AND ONE GENERIC ESTRADIOL VAGINAL TABLETS IN 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; QL (5 GM per 1 day)
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML	(testosterone cypionate)	Tier 4	PA; QL (10 ML per 28 days)
JATENZO ORAL CAPSULE 158 MG, 198 MG		Tier 4	PA; QL (4 EA per 1 day)
JATENZO ORAL CAPSULE 237 MG		Tier 4	PA; QL (2 EA per 1 day)
KYZATREX ORAL CAPSULE 150 MG, 200 MG		Tier 4	PA; QL (4 EA per 1 day)
METHITEST ORAL TABLET 10 MG	(methyltestosterone)	Tier 4	PA
methyltestosterone oral capsule 10 mg		Tier 2	PA
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION		Tier 4	PA; QL (22 GM per 30 days)
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	(testosterone)	Tier 4	PA; QL (10 GM per 1 day)
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	(Depo-Testosterone)	Tier 2	PA; QL (10 ML per 28 days)
testosterone enanthate intramuscular oil 200 mg/ml		Tier 2	PA; QL (5 ML per 28 days)
testosterone transdermal gel 50 mg/5 gram (1 %)	(Testim)	Tier 2	PA; QL (10 GM per 1 day)
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation		Tier 2	PA; QL (4 GM per 1 day)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	(Vogelxo)	Tier 2	PA; QL (10 GM per 1 day)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	(AndroGel)	Tier 2	PA; QL (5 GM per 1 day)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1.62 % (40.5 mg/2.5 gram)		Tier 2	PA; QL (5 GM per 1 day)
testosterone transdermal gel in packet 1 % (50 mg/5 gram)	(Vogelxo)	Tier 2	PA; QL (10 GM per 1 day)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)		Tier 2	PA; QL (1.25 GM per 1 day)
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)		Tier 2	PA; QL (6 ML per 1 day)
TLANDO ORAL CAPSULE 112.5 MG		Tier 4	PA; QL (4 EA per 1 day)

Drug		Status	Notes
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	(testosterone)	Tier 4	PA; QL (10 GM per 1 day)
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	(testosterone)	Tier 4	PA; QL (10 GM per 1 day)
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	(testosterone)	Tier 4	PA; QL (10 GM per 1 day)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML		Tier 3	PA; QL (2 ML per 28 days)
Estrogen & Progestin With Antimineralocorticoid Cb			
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG		Tier 4	
Estrogen & Selective Estrogen Recept Mod(Serm)Comb			
DUAVEE ORAL TABLET 0.45-20 MG		Tier 3	
Estrogen And Progestin Combinations			
BIJUVA ORAL CAPSULE 0.5-100 MG		Tier 3	QL (1 EA per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG		Tier 3	QL (30 EA per 30 days)
Estrogen/Androgen Combinations			
COVARYX H.S. ORAL TABLET 0.625-1.25 MG	(estrogens-methyltestosterone)	Tier 2	
COVARYX ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone)	Tier 2	
EEMT HS ORAL TABLET 0.625-1.25 MG	(estrogens-methyltestosterone)	Tier 2	
EEMT ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone)	Tier 2	
estrogens-methyltestosterone oral tablet 0.625-1.25 mg	(Covaryx H.S.)	Tier 2	
estrogens-methyltestosterone oral tablet 1.25-2.5 mg	(Covaryx)	Tier 2	
Estrogenic Agents			
ABIGALE LO ORAL TABLET 0.5-0.1 MG	(estradiol-norethindrone acet)	Tier 2	
ABIGALE ORAL TABLET 1-0.5 MG	(estradiol-norethindrone acet)	Tier 2	
ACTIVELLA ORAL TABLET 1-0.5 MG	(estradiol-norethindrone acet)	Tier 4	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR		Tier 4	ST: TRIAL OF COMBIPATCH IN THE PAST 120 DAYS; QL (1 EA per 7 days)
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	(estradiol)	Tier 4	QL (1 EA per 7 days)

Drug		Status	Notes
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)
conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	(Premarin)	Tier 2	
DELESTROGEN INTRAMUSCULAR OIL 20 MG/ML	(estradiol valerate)	Tier 4	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	(estradiol cypionate)	Tier 4	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%)	(estradiol)	Tier 4	QL (30 EA per 30 days)
DIVIGEL TRANSDERMAL GEL IN PACKET 1 MG/GRAM (0.1 %)	(estradiol)	Tier 4	QL (30 GM per 30 days)
DIVIGEL TRANSDERMAL GEL IN PACKET 1.25 MG/1.25 GRAM (0.1 %)	(estradiol)	Tier 4	QL (37.5 GM per 30 days)
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	(estradiol)	Tier 2	QL (2 EA per 7 days)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION		Tier 4	ST: TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS; QL (52 GM per 30 days)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg		Tier 2	
estradiol transdermal gel in metered-dose pump 1.25 gram/actuation	(EstroGel)	Tier 2	ST: TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN 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	QL (30 EA per 30 days)
estradiol transdermal gel in packet 1 mg/gram (0.1 %)	(Divigel)	Tier 2	QL (30 GM per 30 days)
estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)	(Divigel)	Tier 2	QL (37.5 GM per 30 days)
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Dotti)	Tier 2	QL (2 EA per 7 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Climara)	Tier 2	QL (1 EA per 7 days)
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml	(Delestrogen)	Tier 2	
estradiol valerate intramuscular oil 40 mg/ml		Tier 2	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	(Abigale Lo)	Tier 2	

Drug		Status	Notes
estradiol-norethindrone acet oral tablet 1-0.5 mg	(Abigale)	Tier 2	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	(estradiol)	Tier 4	ST: TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS
EVAMIST TRANSDERMAL SPRAY,NON-AEROSOL 1.53 MG/SPRAY (1.7%)		Tier 4	ST: TRIAL OF ONE GENERIC TRANSDERMAL ESTROGENS AND ONE ESTRADIOL TRANSDERMAL PATCH IN THE PAST 365 DAYS; QL (16.2 ML per 30 days)
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	(norethindrone ac-eth estradiol)	Tier 2	
JINTELI ORAL TABLET 1-5 MG-MCG	(norethindrone ac-eth estradiol)	Tier 2	
LYLLANA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	(estradiol)	Tier 2	QL (2 EA per 7 days)
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR		Tier 4	QL (1 EA per 7 days)
MIMVEY ORAL TABLET 1-0.5 MG	(estradiol-norethindrone acet)	Tier 2	
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	(estradiol)	Tier 4	QL (2 EA per 7 days)
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	(Fyavolv)	Tier 2	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	(conjugated estrogens)	Tier 4	
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			
paroxetine mesylate(menop.sym) oral capsule 7.5 mg		Tier 2	ST: TRIAL OF PAROXETINE HCL OR VENLAFAXINE REQUIRED; QL (1 EA per 1 day)
Menopausal Symptoms Suppressant-Nk3 Receptor Antag			

Drug		Status	Notes
LYNKUET ORAL CAPSULE 60 MG		Tier 4	PA; QL (2 EA per 1 day)
VEOZAH ORAL TABLET 45 MG		Tier 4	
Progestational Agents			
CRINONE VAGINAL GEL 4 %		Tier 3	
GALLIFREY ORAL TABLET 5 MG	(norethindrone acetate)	Tier 2	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	Tier 2	
norethindrone acetate oral tablet 5 mg	(Gallifrey)	Tier 2	
progesterone intramuscular oil 50 mg/ml		Tier 2	
progesterone micronized oral capsule 100 mg, 200 mg	(Prometrium)	Tier 2	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	(progesterone micronized)	Tier 4	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	(medroxyprogesterone)	Tier 4	
Immunization			
Antisera			
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 ERC INJECTION SOLUTION 10 %		Tier 4	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

Drug	Status	Notes
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 4	PA
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
QIVIGY INTRAVENOUS SOLUTION 10 %	Tier 5	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	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 4	PA
YIMMUGO INTRAVENOUS SOLUTION 10 %	Tier 5	PA
Covid-19 Vaccines		
COMIRNATY 2026-2027(5-11Y)(PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
COMIRNATY 2026-27 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
MNEXSPIKE 2026-2027 (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.2 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
NUVAXOVID 2026-2027 (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2026-2027(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2026-27 (6M-11Y) (PF) INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Enteric Virus Vaccines		
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTATEQ VACCINE ORAL SOLUTION 2 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Gram (-) Bacilli (Non-Enteric) Vaccines		
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	Tier 4	
Gram Negative Cocci Vaccines		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Gram Positive Cocci Vaccines		
CAPVAXIVE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Influenza Virus Vaccines		
FLUAD 2026-2027 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUARIX 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUBLOK 2026-2027 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLULAVAL 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
FLUMIST 2026-2027 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST HOME 2026-2027 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE 2026-2027 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE HIGH-DOSE 2026-27 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Toxin-Producing Bacilli Vaccines/Toxoids		
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	Tier 4	
Vaccine/Toxoid Preparations,Combinations		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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

Drug	Status	Notes
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	PREV (Tier 1)	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Immunosuppression/Modulation		
Immunomodulators		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Tier 5	PA
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	Tier 4	
BESREMI PEN SUBCUTANEOUS PEN INJECTOR 500 MCG/0.5 ML	Tier 5	PA
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	Tier 5	PA
imiquimod topical cream in packet 5 %	Tier 2	
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	
Immunosupp - Monoclonal Ab Inhibiting T Lymph Fxn		
VOYXACT SUBCUTANEOUS SYRINGE 400 MG/2 ML (200 MG/ML)	Tier 5	PA; QL (2 ML per 28 days)
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
SAPHNELO PEN SUBCUTANEOUS AUTO-INJECTOR 120 MG/0.8 ML	Tier 4	PA; QL (3.2 ML per 28 days)

Drug		Status	Notes
SAPHNELO SUBCUTANEOUS SYRINGE 120 MG/0.8 ML		Tier 4	PA; QL (3.2 ML per 28 days)
Immunosuppressives			
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	(tacrolimus)	Tier 4	ST: TRIAL OF GENERIC TACROLIMUS IN THE PAST 120 DAYS
AZASAN ORAL TABLET 100 MG, 75 MG	(azathioprine)	Tier 4	
azathioprine oral tablet 100 mg, 75 mg	(Azasan)	Tier 2	
azathioprine oral tablet 50 mg	(Imuran)	Tier 2	
CELLCEPT ORAL CAPSULE 250 MG	(mycophenolate mofetil)	Tier 4	
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	(mycophenolate mofetil)	Tier 4	
CELLCEPT ORAL TABLET 500 MG	(mycophenolate mofetil)	Tier 4	
cyclosporine modified oral capsule 100 mg, 25 mg	(Gengraf)	Tier 2	
cyclosporine modified oral capsule 50 mg		Tier 2	
cyclosporine modified oral solution 100 mg/ml	(Neoral)	Tier 2	
cyclosporine oral capsule 100 mg, 25 mg	(Sandimmune)	Tier 2	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG		Tier 4	ST: TRIAL OF GENERIC TACROLIMUS IN THE PAST 120 DAYS
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	(Zortress)	Tier 2	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	(cyclosporine modified)	Tier 2	
IMURAN ORAL TABLET 50 MG	(azathioprine)	Tier 4	
LUPKYNIS ORAL CAPSULE 7.9 MG		Tier 5	PA
mycophenolate mofetil oral capsule 250 mg	(CellCept)	Tier 2	
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	(CellCept)	Tier 2	
mycophenolate mofetil oral tablet 500 mg	(CellCept)	Tier 2	
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	(Myfortic)	Tier 2	
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC) 180 MG, 360 MG	(mycophenolate sodium)	Tier 4	
MYHIBBIN ORAL SUSPENSION 200 MG/ML		Tier 4	PA
NEORAL ORAL CAPSULE 100 MG, 25 MG	(cyclosporine modified)	Tier 4	
NEORAL ORAL SOLUTION 100 MG/ML	(cyclosporine modified)	Tier 4	

Drug		Status	Notes
NULOJIX INTRAVENOUS RECON SOLN 250 MG		Tier 3	
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	
sirolimus oral solution 1 mg/ml		Tier 2	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg		Tier 2	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	(Prograf)	Tier 2	
tacrolimus oral capsule,extended release 24hr 0.5 mg, 1 mg, 5 mg	(Astagraf XL)	Tier 2	ST: TRIAL OF GENERIC TACROLIMUS IN THE PAST 120 DAYS
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	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	(Sulfatrim)	Tier 2	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	(Bactrim)	Tier 2	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	(Bactrim DS)	Tier 2	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML	(sulfamethoxazole-trimethoprim)	Tier 2	
Betalactams			
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML		Tier 4	PA
Carbapenems (Thienamycins)			
ORLYNVAH ORAL TABLET 500-500 MG		Tier 4	PA; QL (2 EA per 1 day)
Cephalosporins - 1St Generation			
cefadroxil oral capsule 500 mg		Tier 2	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml		Tier 2	
cefadroxil oral tablet 1 gram		Tier 2	
cephalexin oral capsule 250 mg, 500 mg, 750 mg		Tier 2	

Drug		Status	Notes
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		Tier 2	
cephalexin oral tablet 250 mg, 500 mg		Tier 2	
Cephalosporins - 2Nd Generation			
cefaclor oral capsule 250 mg, 500 mg		Tier 2	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml		Tier 2	
cefaclor oral tablet extended release 12 hr 500 mg		Tier 2	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		Tier 2	
cefprozil oral tablet 250 mg, 500 mg		Tier 2	
cefuroxime axetil oral tablet 250 mg, 500 mg		Tier 2	
Cephalosporins - 3Rd Generation			
cefdinir oral capsule 300 mg		Tier 2	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		Tier 2	
cefixime oral capsule 400 mg		Tier 2	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml		Tier 2	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml		Tier 2	
cefpodoxime oral tablet 100 mg, 200 mg		Tier 2	
SPECTRACEF ORAL TABLET 400 MG		Tier 4	
SUPRAX ORAL CAPSULE 400 MG	(cefixime)	Tier 4	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	(cefixime)	Tier 4	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML		Tier 3	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG		Tier 3	
Chemotherapeutics, Antibacterial, Misc.			
fosfomycin tromethamine oral packet 3 gram		Tier 2	
methenamine hippurate oral tablet 1 gram		Tier 2	
methenamine mandelate oral tablet 0.5 gram, 1 gram		Tier 2	
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg	(Urogesic-Blue)	Tier 2	
MONUROL ORAL PACKET 3 GRAM	(fosfomycin tromethamine)	Tier 4	
PRIMSOL ORAL SOLUTION 50 MG/5 ML		Tier 3	

Drug		Status	Notes
trimethoprim oral tablet 100 mg		Tier 2	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG		Tier 3	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG	(methen-sod phos-meth blue-hyos)	Tier 2	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG		Tier 2	
URO-SP ORAL CAPSULE 118-10-40.8-36 MG		Tier 4	
URYL ORAL TABLET 81.6-40.8-0.12 MG	(methen-sod phos-meth blue-hyos)	Tier 4	
Fecal Microbiota Transplantation (Fmt)			
REBYOTA RECTAL ENEMA 150 ML		Tier 5	PA
VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL		Tier 4	PA; QL (12 EA per 3 days)
Macrolides			
azithromycin oral packet 1 gram		Tier 2	
azithromycin oral suspension for reconstitution 100 mg/5 ml		Tier 2	
azithromycin oral suspension for reconstitution 200 mg/5 ml	(Zithromax)	Tier 2	
azithromycin oral tablet 250 mg, 500 mg	(Zithromax)	Tier 2	
azithromycin oral tablet 600 mg		Tier 2	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		Tier 2	
clarithromycin oral tablet 250 mg, 500 mg		Tier 2	
clarithromycin oral tablet extended release 24 hr 500 mg		Tier 2	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML		Tier 3	QL (10 ML per 1 day)
DIFICID ORAL TABLET 200 MG	(fidaxomicin)	Tier 2	QL (20 EA per 10 days)
E.E.S. 400 ORAL TABLET 400 MG	(erythromycin ethylsuccinate)	Tier 2	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	(erythromycin ethylsuccinate)	Tier 4	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 500 MG	(erythromycin)	Tier 2	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 333 MG	(erythromycin)	Tier 4	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	(erythromycin stearate)	Tier 2	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	(E.E.S. Granules)	Tier 2	

Drug		Status	Notes
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml	(EryPed 400)	Tier 2	
erythromycin ethylsuccinate oral tablet 400 mg	(E.E.S. 400)	Tier 2	
erythromycin oral capsule,delayed release(dr/ec) 250 mg		Tier 2	
erythromycin oral tablet 250 mg, 500 mg		Tier 2	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	(Ery-Tab)	Tier 2	
fidaxomicin oral tablet 200 mg	(Dificid)	Tier 2	QL (20 EA per 10 days)
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	(azithromycin)	Tier 4	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	(azithromycin)	Tier 4	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	(azithromycin)	Tier 4	
ZITHROMAX Z-PAK ORAL TABLET 250 MG	(azithromycin)	Tier 4	
Nitrofuran Derivatives			
FURADANTIN ORAL SUSPENSION 25 MG/5 ML	(nitrofurantoin)	Tier 4	PA
MACROBID ORAL CAPSULE 100 MG	(nitrofurantoin monohyd/m-cryst)	Tier 4	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg		Tier 2	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	(Macrobid)	Tier 2	
nitrofurantoin oral suspension 25 mg/5 ml	(Furadantin)	Tier 2	PA
Oxazolidinones			
linezolid oral suspension for reconstitution 100 mg/5 ml	(Zyvox)	Tier 2	
linezolid oral tablet 600 mg		Tier 2	
SIVEXTRO ORAL TABLET 200 MG		Tier 3	PA
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	(linezolid)	Tier 4	
Penicillins			
amoxicillin oral capsule 250 mg, 500 mg		Tier 2	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml		Tier 2	
amoxicillin oral tablet 500 mg, 875 mg		Tier 2	
amoxicillin oral tablet,chewable 125 mg, 250 mg		Tier 2	

Drug		Status	Notes
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml		Tier 2	
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml	(Augmentin)	Tier 2	
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml	(Augmentin ES-600)	Tier 2	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg		Tier 2	
amoxicillin-pot clavulanate oral tablet 500-125 mg	(Augmentin)	Tier 2	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg		Tier 2	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg		Tier 2	
ampicillin oral capsule 500 mg		Tier 2	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML	(amoxicillin-pot clavulanate)	Tier 4	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	(amoxicillin-pot clavulanate)	Tier 4	
AUGMENTIN ORAL TABLET 500-125 MG	(amoxicillin-pot clavulanate)	Tier 4	
dicloxacillin oral capsule 250 mg, 500 mg		Tier 2	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	(amoxicillin)	Tier 4	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml		Tier 2	
penicillin v potassium oral tablet 250 mg, 500 mg		Tier 2	
PIVYA ORAL TABLET 185 MG		Tier 4	PA
Pleuromutilin Derivatives			
XENLETA ORAL TABLET 600 MG		Tier 4	PA
Quinolones			
BAXDELA ORAL TABLET 450 MG		Tier 4	PA
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	(ciprofloxacin)	Tier 3	
CIPRO ORAL TABLET 250 MG, 500 MG	(ciprofloxacin hcl)	Tier 4	
ciprofloxacin hcl oral tablet 100 mg, 750 mg		Tier 2	
ciprofloxacin hcl oral tablet 250 mg, 500 mg	(Cipro)	Tier 2	

Drug		Status	Notes
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	(Cipro)	Tier 2	
levofloxacin oral solution 250 mg/10 ml		Tier 2	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg		Tier 2	
moxifloxacin oral tablet 400 mg		Tier 2	
ofloxacin oral tablet 400 mg		Tier 2	
Tetracyclines			
AVIDOXY ORAL TABLET 100 MG	(doxycycline monohydrate)	Tier 4	QL (2 EA per 1 day)
demeclocycline oral tablet 150 mg, 300 mg		Tier 2	
doxycycline hyclate oral capsule 100 mg		Tier 2	
doxycycline hyclate oral capsule 50 mg	(Morgidox)	Tier 2	
doxycycline hyclate oral tablet 100 mg		Tier 2	
doxycycline hyclate oral tablet 150 mg		Tier 2	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 150 MG TABLET REQUIRED
doxycycline hyclate oral tablet 50 mg	(Targadox)	Tier 2	ST: TRIAL OF DOXYCYCLINE HYCLATE 50MG CAPSULE OR DOXYCYCLINE MONOHYDRATE 50MG CAPSULES OR TABLETS REQUIRED
doxycycline hyclate oral tablet 75 mg		Tier 2	ST: REQUIRES TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 75MG TABLET REQUIRED
doxycycline monohydrate oral capsule 100 mg	(Mondoxyne NL)	Tier 2	
doxycycline monohydrate oral capsule 150 mg		Tier 2	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 50, 75 OR 100MG TABLET OR 50, 100 MG CAPSULE IN THE PAST 120 DAYS
doxycycline monohydrate oral capsule 50 mg		Tier 2	
doxycycline monohydrate oral capsule 75 mg	(Mondoxyne NL)	Tier 2	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 75MG TABLET REQUIRED
doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg	(Oracea)	Tier 2	PA
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml		Tier 2	

Drug		Status	Notes
doxycycline monohydrate oral tablet 100 mg	(Avidoxy)	Tier 2	QL (2 EA per 1 day)
doxycycline monohydrate oral tablet 150 mg		Tier 2	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 50, 75 OR 100MG TABLET OR 50, 100 MG CAPSULE IN THE PAST 120 DAYS
doxycycline monohydrate oral tablet 50 mg, 75 mg		Tier 2	
EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG		Tier 4	PA
minocycline oral capsule 100 mg, 50 mg, 75 mg		Tier 2	
minocycline oral tablet 100 mg, 50 mg, 75 mg		Tier 2	
minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg		Tier 2	ST: TRIAL OF GENERIC MINOCYCLINE IR REQUIRED; QL (1 EA per 1 day)
MONDOXYNE NL ORAL CAPSULE 100 MG	(doxycycline monohydrate)	Tier 2	
MONDOXYNE NL ORAL CAPSULE 75 MG	(doxycycline monohydrate)	Tier 2	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 75MG TABLET REQUIRED
MORGIDOX ORAL CAPSULE 50 MG	(doxycycline hyclate)	Tier 4	
NUZYRA ORAL TABLET 150 MG		Tier 4	PA
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	(doxycycline monohydrate)	Tier 4	PA
TARGADOX ORAL TABLET 50 MG	(doxycycline hyclate)	Tier 4	ST: TRIAL OF DOXYCYCLINE HYCLATE 50MG CAPSULE OR DOXYCYCLINE MONOHYDRATE 50MG CAPSULES OR TABLETS REQUIRED
tetracycline oral capsule 250 mg, 500 mg		Tier 2	
Infectious Disease - Fungal			
Antifungal Agents			
ANCOBON ORAL CAPSULE 250 MG, 500 MG	(flucytosine)	Tier 4	
clotrimazole mucous membrane troche 10 mg		Tier 2	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG		Tier 4	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	(fluconazole)	Tier 4	

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

Drug		Status	Notes
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
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	(Tobi)	Tier 4	PA
tobramycin inhalation solution for nebulization 300 mg/4 ml	(Bethkis)	Tier 4	PA
tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml	(Kitabis Pak)	Tier 4	PA
Antibacterial Agents,Miscellaneous			
glycine urologic solution irrigation solution 1.5 %		Tier 2	
Antileprotics			
dapsone oral tablet 100 mg, 25 mg		Tier 2	
THALOMID ORAL CAPSULE 100 MG, 50 MG		Tier 4	PA
Anti-Mycobacterium Agents			
ethambutol oral tablet 100 mg, 400 mg		Tier 2	
isoniazid oral solution 50 mg/5 ml		Tier 2	
isoniazid oral tablet 100 mg, 300 mg		Tier 2	
pyrazinamide oral tablet 500 mg		Tier 2	
rifabutin oral capsule 150 mg		Tier 2	
Antitubercular Antibiotics			
cycloserine oral capsule 250 mg		Tier 2	
pretomanid oral tablet 200 mg		Tier 4	QL (1 EA per 1 day)
PRIFTIN ORAL TABLET 150 MG	(rifapentine)	Tier 4	
rifampin oral capsule 150 mg, 300 mg		Tier 2	
rifapentine oral tablet 150 mg	(Priftin)	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	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin HCl)	Tier 2	
clindamycin palmitate hcl oral recon soln 75 mg/5 ml	(Clindamycin Pediatric)	Tier 2	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	(clindamycin palmitate hcl)	Tier 2	
Rifamycins And Related Derivative Antibiotics			

Drug		Status	Notes
XIFAXAN ORAL TABLET 200 MG		Tier 4	PA
XIFAXAN ORAL TABLET 550 MG		Tier 3	QL (3 EA per 1 day)
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 (77 EA per 28 days)
VANCOCIN ORAL CAPSULE 250 MG	(vancomycin)	Tier 4	QL (112 EA per 1 FILL)
vancomycin oral capsule 125 mg	(Vancocin)	Tier 2	QL (77 EA per 28 days)
vancomycin oral capsule 250 mg	(Vancocin)	Tier 2	QL (112 EA per 1 FILL)
vancomycin oral recon soln 25 mg/ml	(Firvanq)	Tier 2	QL (300 ML per 1 FILL)
vancomycin oral recon soln 50 mg/ml	(Firvanq)	Tier 2	QL (600 ML per 1 FILL)
Infectious Disease - Parasitic			
2Nd Gen. Anaerobic Antiprotozoal-Antibacterial			
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM		Tier 4	ST: TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE TABLETS, ORAL CLINDAMYCIN CAPSULES, INTRAVAGINAL METRONIDAZOLE GEL, INTRAVAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS; QL (1 EA per 30 days)
tinidazole oral tablet 250 mg, 500 mg		Tier 2	
Amebacides			
HUMATIN ORAL CAPSULE 250 MG	(paromomycin)	Tier 3	
Anaerobic Antiprotozoal-Antibacterial Agents			
LIKMEZ ORAL SUSPENSION 500 MG/5 ML		Tier 4	PA
metronidazole oral capsule 375 mg		Tier 2	
metronidazole oral tablet 250 mg, 500 mg		Tier 2	
Anthelmintics			
albendazole oral tablet 200 mg		Tier 2	
BILTRICIDE ORAL TABLET 600 MG	(praziquantel)	Tier 4	
EMVERM ORAL TABLET,CHEWABLE 100 MG	(mebendazole)	Tier 3	PA
ivermectin oral tablet 3 mg	(Stromectol)	Tier 2	
ivermectin oral tablet 6 mg		Tier 2	

Drug		Status	Notes
praziquantel oral tablet 600 mg		Tier 2	
STROMECTOL ORAL TABLET 3 MG	(ivermectin)	Tier 4	
Antimalarial Drugs			
ARAKODA ORAL TABLET 100 MG		Tier 4	
atovaquone-proguanil oral tablet 250-100 mg	(Malarone)	Tier 2	
atovaquone-proguanil oral tablet 62.5-25 mg	(Malarone Pediatric)	Tier 2	
chloroquine phosphate oral tablet 250 mg, 500 mg		Tier 2	
COARTEM ORAL TABLET 20-120 MG		Tier 4	
DARAPRIM ORAL TABLET 25 MG	(pyrimethamine)	Tier 5	PA
hydroxychloroquine oral tablet 100 mg		Tier 2	QL (180 EA per 30 days)
hydroxychloroquine oral tablet 200 mg	(Sovuna)	Tier 2	QL (100 EA per 30 days)
hydroxychloroquine oral tablet 300 mg	(Sovuna)	Tier 2	QL (60 EA per 30 days)
hydroxychloroquine oral tablet 400 mg		Tier 2	QL (60 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG		Tier 3	QL (2 EA per 1 FILL)
MALARONE ORAL TABLET 250-100 MG	(atovaquone-proguanil)	Tier 4	
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG	(atovaquone-proguanil)	Tier 4	
mefloquine oral tablet 250 mg		Tier 2	
PLAQUENIL ORAL TABLET 200 MG	(hydroxychloroquine)	Tier 4	QL (100 EA per 30 days)
primaquine oral tablet 26.3 mg (15 mg base)		Tier 3	
pyrimethamine oral tablet 25 mg	(Daraprim)	Tier 4	PA
QUALAQUIN ORAL CAPSULE 324 MG	(quinine sulfate)	Tier 4	
quinine sulfate oral capsule 324 mg	(Qualaquin)	Tier 2	
SOVUNA ORAL TABLET 200 MG	(hydroxychloroquine)	Tier 3	QL (100 EA per 30 days)
Antiparasitics			
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML		Tier 4	QL (50 ML per 1 day)
ALINIA ORAL TABLET 500 MG	(nitazoxanide)	Tier 4	QL (2 EA per 1 day)
nitazoxanide oral tablet 500 mg	(Alinia)	Tier 2	QL (2 EA per 1 day)
Antiprotozoal Drugs,Miscellaneous			
atovaquone oral suspension 750 mg/5 ml	(Mepron)	Tier 2	
benznidazole oral tablet 100 mg, 12.5 mg		Tier 2	
IMPAVIDO ORAL CAPSULE 50 MG		Tier 3	PA
LAMPIT ORAL TABLET 120 MG, 30 MG		Tier 4	
MEPRON ORAL SUSPENSION 750 MG/5 ML	(atovaquone)	Tier 4	

Drug		Status	Notes
NEBUPENT INHALATION RECON SOLN 300 MG	(pentamidine)	Tier 4	
pentamidine inhalation recon soln 300 mg	(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	
Antiretroviral - Capsid Inhibitors			
SUNLENCA ORAL TABLET 300 MG		Tier 3	
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML		Tier 3	
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)
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.			
SYMTUZA ORAL TABLET 800-150-200-10 MG		Tier 3	QL (1 EA per 1 day)
Antiviral - Main Protease (Mpro) Inhibitor			
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5)		Tier 3	QL (11 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 (Tier 1)	PA; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GOHIBIC (EUA) INTRAVENOUS SOLUTION 10 MG/ML		Tier 5	PA
PEMGARDA (EUA) INTRAVENOUS SOLUTION 125 MG/ML		Tier 5	PA
Antiviral Nucleotide Analogs			

Drug		Status	Notes
LAGEVRIO (EUA) ORAL CAPSULE 200 MG		Tier 2	QL (40 EA per 29 days); Age (Min 18 Years)
Antivirals, General			
acyclovir oral capsule 200 mg		Tier 2	
acyclovir oral suspension 200 mg/5 ml		Tier 2	
acyclovir oral tablet 400 mg, 800 mg		Tier 2	
famciclovir oral tablet 125 mg, 250 mg, 500 mg		Tier 2	
LIVTENCITY ORAL TABLET 200 MG		Tier 4	PA
oseltamivir oral capsule 30 mg, 45 mg		Tier 2	
oseltamivir oral capsule 75 mg	(Tamiflu)	Tier 2	
oseltamivir oral suspension for reconstitution 6 mg/ml	(Tamiflu)	Tier 2	
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG		Tier 4	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG		Tier 4	PA
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION		Tier 4	QL (40 EA per 180 FILLs)
ribavirin inhalation recon soln 6 gram		Tier 2	
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	(oseltamivir)	Tier 4	
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	(oseltamivir)	Tier 4	
TEMBEXA ORAL SUSPENSION 10 MG/ML		Tier 3	
TEMBEXA ORAL TABLET 100 MG		Tier 3	
valacyclovir oral tablet 1 gram, 500 mg	(Valtrex)	Tier 2	
VALCYTE ORAL RECON SOLN 50 MG/ML	(valganciclovir)	Tier 4	
valganciclovir oral recon soln 50 mg/ml	(Valcyte)	Tier 2	
valganciclovir oral tablet 450 mg		Tier 2	
VALTREX ORAL TABLET 1 GRAM, 500 MG	(valacyclovir)	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)
Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib			
APTIVUS ORAL CAPSULE 250 MG		Tier 3	QL (4 EA per 1 day)
darunavir oral tablet 600 mg	(Prezista)	Tier 2	QL (2 EA per 1 day)
darunavir oral tablet 800 mg	(Prezista)	Tier 2	QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG		Tier 4	QL (1 EA per 1 day)

Drug		Status	Notes
PREZISTA ORAL SUSPENSION 100 MG/ML		Tier 3	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG		Tier 3	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 600 MG	(darunavir)	Tier 4	QL (2 EA per 1 day)
PREZISTA ORAL TABLET 75 MG		Tier 3	QL (16 EA per 1 day)
PREZISTA ORAL TABLET 800 MG	(darunavir)	Tier 4	QL (1 EA per 1 day)
Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog			
CIMDUO ORAL TABLET 300-300 MG		Tier 3	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG		Tier 3	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG		PREV (Tier 1)	$0 COPAY IF USED FOR HIV PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	(Truvada)	Tier 2	QL (1 EA per 1 day)
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	(Truvada)	PREV (Tier 1)	$0 COPAY IF USED FOR HIV PREP TX. OTHER RESTRICTIONS MAY APPLY.; 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	RESUBMIT W/SCC: FOR HIV TREATMENT OR OTHER FDA APPROVED INDICATION USE SCC 07. FOR HIV PREP USE SCC 10. [IF SCC_WAIVEMBRCST=10 AND NO HISTORY OF Antiretroviral - Anti-cd4 Domain 2 Monoclonal Ab,Antiretroviral-integrase Inhibitor And Nnrti Comb.,Antiretr; QL (1 EA per 1 day)
Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb			
abacavir-lamivudine oral tablet 600-300 mg		Tier 2	QL (1 EA per 1 day)
lamivudine-zidovudine oral tablet 150-300 mg		Tier 2	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.			
maraviroc oral tablet 150 mg	(Selzentry)	Tier 2	QL (2 EA per 1 day)
maraviroc oral tablet 300 mg	(Selzentry)	Tier 2	QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML		Tier 3	QL (31 ML per 1 day)

Drug		Status	Notes
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	
Antivirals, Hiv-Specific, Non-Nucleoside, Rti			
EDURANT ORAL TABLET 25 MG	(rilpivirine hcl)	Tier 4	QL (1 EA per 1 day)
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG		Tier 3	QL (180 EA per 30 days)
efavirenz oral tablet 600 mg		Tier 2	
etravirine oral tablet 100 mg	(Intelence)	Tier 2	QL (4 EA per 1 day)
etravirine oral tablet 200 mg	(Intelence)	Tier 2	QL (2 EA per 1 day)
INTELENCE ORAL TABLET 100 MG	(etravirine)	Tier 4	QL (4 EA per 1 day)
INTELENCE ORAL TABLET 200 MG	(etravirine)	Tier 4	QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG		Tier 3	QL (4 EA per 1 day)
nevirapine oral suspension 50 mg/5 ml		Tier 2	QL (1200 ML per 30 days)
nevirapine oral tablet 200 mg		Tier 2	QL (2 EA per 1 day)
nevirapine oral tablet extended release 24 hr 400 mg		Tier 2	QL (1 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG		Tier 4	QL (2 EA per 1 day)
rilpivirine hcl oral tablet 25 mg	(Edurant)	Tier 2	QL (1 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 (Tier 1)	$0 COPAY IF USED FOR HIV PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
EMTRIVA ORAL CAPSULE 200 MG	(emtricitabine)	Tier 4	RESUBMIT W/SCC: FOR HIV TREATMENT OR OTHER FDA APPROVED INDICATION USE SCC 07. FOR HIV PREP USE SCC 10. [IF SCC_WAIVEMBRCST=10 AND NO HISTORY OF Antiretroviral - Anti-cd4 Domain 2 Monoclonal Ab,Antiretroviral-integrase Inhibitor And Nnrti Comb.,Antiretr; 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)

Drug		Status	Notes
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)
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 (Tier 1)	$0 COPAY IF USED FOR HIV PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)		Tier 3	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		Tier 3	QL (1 EA per 1 day)
VIREAD ORAL TABLET 300 MG	(tenofovir disoproxil fumarate)	Tier 4	RESUBMIT W/SCC: FOR HIV TREATMENT OR OTHER FDA APPROVED INDICATION USE SCC 07. FOR HIV PREP USE SCC 10. [IF SCC_WAIVEMBRCST=10 AND NO HISTORY OF Antiretroviral - Anti-cd4 Domain 2 Monoclonal Ab,Antiretroviral-integrase Inhibitor And Nnrti Comb.,Antiretr; QL (1 EA per 1 day)
Antivirals, Hiv-Specific, Protease Inhibitor Comb			
KALETRA ORAL SOLUTION 400-100 MG/5 ML	(lopinavir-ritonavir)	Tier 4	QL (480 ML per 30 days)
KALETRA ORAL TABLET 100-25 MG	(lopinavir-ritonavir)	Tier 4	QL (10 EA per 1 day)
KALETRA ORAL TABLET 200-50 MG	(lopinavir-ritonavir)	Tier 4	QL (4 EA per 1 day)
lopinavir-ritonavir oral tablet 100-25 mg	(Kaletra)	Tier 2	QL (10 EA per 1 day)
lopinavir-ritonavir oral tablet 200-50 mg	(Kaletra)	Tier 2	QL (4 EA per 1 day)
Antivirals, Hiv-Specific, Protease Inhibitors			
atazanavir oral capsule 150 mg		Tier 2	QL (2 EA per 1 day)

Drug		Status	Notes
atazanavir oral capsule 200 mg	(Reyataz)	Tier 2	QL (2 EA per 1 day)
atazanavir oral capsule 300 mg	(Reyataz)	Tier 2	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG		Tier 3	QL (1 EA per 1 day)
fosamprenavir oral tablet 700 mg		Tier 2	QL (4 EA per 1 day)
NORVIR ORAL 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)
ritonavir oral tablet 100 mg	(Norvir)	Tier 2	QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG		Tier 3	
Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr			
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	(cabotegravir)	PREV (Tier 1)	$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF HIV TREATMENT IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
ISENTRESS HD ORAL TABLET 600 MG		Tier 3	QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG		Tier 3	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG		Tier 3	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG		Tier 3	QL (6 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG		Tier 3	QL (24 EA per 1 day)
TIVICAY ORAL TABLET 50 MG		Tier 3	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG		Tier 3	QL (6 EA per 1 day)
Artv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti			
COMPLERA ORAL TABLET 200-25-300 MG	(emtricita-rilpivirine-tenofdf)	Tier 4	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG		Tier 4	QL (1 EA per 1 day)
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg		Tier 2	QL (1 EA per 1 day)
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg		Tier 2	QL (1 EA per 1 day)
efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg	(Symfi)	Tier 2	QL (1 EA per 1 day)

Drug		Status	Notes
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	(Complera)	Tier 2	QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG		Tier 3	QL (1 EA per 1 day)
SYMFI ORAL TABLET 600-300-300 MG	(efavirenz-lamivu-tenofov 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)
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
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			
adefovir oral tablet 10 mg		Tier 4	QL (1 EA per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML		Tier 4	QL (630 ML per 30 days)
BARACLUDE ORAL TABLET 0.5 MG, 1 MG	(entecavir)	Tier 5	QL (1 EA per 1 day)
entecavir oral tablet 0.5 mg, 1 mg	(Baraclude)	Tier 4	QL (1 EA per 1 day)
lamivudine oral tablet 100 mg		Tier 2	QL (1 EA per 1 day)

Drug		Status	Notes
VEMLIDY ORAL TABLET 25 MG		Tier 4	QL (1 EA per 1 day)
Hepatitis C Treatment Agents			
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		Tier 4	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML		Tier 4	PA
ribavirin oral capsule 200 mg		Tier 2	
ribavirin oral tablet 200 mg		Tier 2	
Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb			
MAVYRET ORAL PELLETS IN PACKET 50-20 MG		Tier 4	PA
MAVYRET ORAL TABLET 100-40 MG		Tier 4	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 250 MG	(penicillamine)	Tier 5	PA
penicillamine oral capsule 250 mg	(Cuprimine)	Tier 4	PA
penicillamine oral tablet 250 mg	(Depen Titratabs)	Tier 4	PA
Anti-Arthritic, Folate Antagonist Agents			
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML		Tier 3	QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML		Tier 3	QL (1 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML		Tier 3	QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML		Tier 3	QL (1.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML		Tier 3	QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML		Tier 3	QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML		Tier 3	QL (2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML		Tier 3	QL (2.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML		Tier 3	QL (0.6 ML per 28 days)
Anti-Flam. Interleukin-1 Receptor Antagonist			
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG		Tier 5	PA
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML		Tier 5	PA

Drug		Status	Notes
Anti-Inflammatory Tumor Necrosis Factor Inhibitor			
adalimumab-aaty subcutaneous auto-injector, kit 40 mg/0.4 ml	(Yuflyma(CF) Autoinjector)	Tier 4	PA
adalimumab-aaty subcutaneous auto-injector, kit 80 mg/0.8 ml	(adalimumab-aaty(CF) AI Crohns)	Tier 4	PA
adalimumab-aaty subcutaneous syringe kit 20 mg/0.2 ml, 40 mg/0.4 ml	(Yuflyma(CF))	Tier 4	PA
ADALIMUMAB-AATY(CF) AI CROHNS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	(adalimumab-aaty)	Tier 4	PA
adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml	(Hyrimoz(CF) Pen)	Tier 4	PA
adalimumab-adaz subcutaneous pen injector 80 mg/0.8 ml	(Hyrimoz Pen Crohn's-UC Starter)	Tier 4	PA
adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml, 20 mg/0.2 ml, 40 mg/0.4 ml	(Hyrimoz(CF))	Tier 4	PA
adalimumab-ryvk subcutaneous auto-injector, kit 40 mg/0.4 ml, 80 mg/0.8 ml	(Simlandi(CF) Autoinjector)	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 200 MG/ML, 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

Drug		Status	Notes
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
infliximab intravenous recon soln 100 mg	(Remicade)	Tier 4	PA
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, 80 MG/0.8 ML	(adalimumab-ryvk)	Tier 4	PA
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 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	
leflunomide oral tablet 10 mg, 20 mg	(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
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG		Tier 4	PA

Drug	Status	Notes
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	Tier 4	PA
Anti-Inflammatory/Antiarthritics Agents, Misc.		
DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML	Tier 4	PA; QL (6 ML per 180 days)
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION)	Tier 3	PA; QL (12 ML per 180 days)
GEL-ONE INTRA-ARTICULAR SYRINGE 30 MG/3 ML	Tier 4	PA; QL (6 ML per 180 days)
GELSYN-3 INTRA-ARTICULAR SYRINGE 16.8 MG/2 ML	Tier 4	PA; QL (12 ML per 180 days)
GENVISC 850 INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Tier 4	PA; QL (25 ML per 180 days)
HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML	Tier 4	PA; QL (20 ML per 180 days)
HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Tier 4	PA; QL (20 ML per 180 days)
HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML	Tier 4	PA; QL (12 ML per 180 days)
HYMOVIS ONE INTRA-ARTICULAR SYRINGE 32 MG/4 ML	Tier 4	PA; QL (8 ML per 180 days)
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML	Tier 4	PA; QL (8 ML per 180 days)
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML	Tier 4	PA; QL (16 ML per 180 days)
SUPARTZ FX INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Tier 4	PA; QL (25 ML per 180 days)
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML	Tier 3	PA; QL (12 ML per 180 days)
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML	Tier 3	PA; QL (12 ML per 180 days)
TRILURON INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Tier 4	PA; QL (12 ML per 180 days)
TRIVISC INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Tier 4	PA; QL (15 ML per 180 days)
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Tier 4	PA; QL (15 ML per 180 days)
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

Drug		Status	Notes
Bradykinin B2 Receptor Antagonists			
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	(icatibant)	Tier 5	PA
icatibant subcutaneous syringe 30 mg/3 ml	(Sajazir)	Tier 4	PA
SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML	(icatibant)	Tier 4	PA
C1 Esterase Inhibitors			
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)		Tier 5	PA
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)		Tier 4	PA
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT		Tier 4	PA
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT		Tier 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
BETALOAN SUIK KIT 6 MG/ML		Tier 4	
budesonide oral capsule,delayed,extend.release 3 mg		Tier 2	
budesonide oral tablet,delayed and ext.release 9 mg	(Uceris)	Tier 2	ST: ST EDIT: TRIAL OF BALSALAZIDE REQUIRED.
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	(hydrocortisone)	Tier 4	
cortisone oral tablet 25 mg		Tier 2	
deflazacort oral suspension 22.75 mg/ml	(Jaythari)	Tier 4	PA
deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg	(Jaythari)	Tier 4	PA
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML		Tier 4	
dexamethasone oral elixir 0.5 mg/5 ml		Tier 2	
dexamethasone oral solution 0.5 mg/5 ml		Tier 2	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg		Tier 2	
DEXONTO IONTOPHORETIC SOLUTION 0.4 %		Tier 4	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	(deflazacort)	Tier 5	PA
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

Drug		Status	Notes
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	(Cortef)	Tier 2	
hydrocortisone sod succinate injection recon soln 100 mg	(Solu-Cortef)	Tier 2	
JAYTHARI ORAL SUSPENSION 22.75 MG/ML	(deflazacort)	Tier 4	PA
JAYTHARI ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	(deflazacort)	Tier 4	PA
KENALOG INJECTION SUSPENSION 40 MG/ML	(triamcinolone acetonide)	Tier 4	
KENALOG-80 INJECTION SUSPENSION 80 MG/ML	(triamcinolone acetonide)	Tier 4	
KHINDIVI ORAL SOLUTION 1 MG/ML		Tier 5	
KYMBEE ORAL SUSPENSION 22.75 MG/ML	(deflazacort)	Tier 4	PA
KYMBEE ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	(deflazacort)	Tier 4	PA
MEDROL (PAK) ORAL TABLETS,DOSE PACK 4 MG	(methylprednisolone)	Tier 4	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	(methylprednisolone)	Tier 4	
MEDROL ORAL TABLET 2 MG		Tier 3	
MEDROLOAN II SUIK KIT 40 MG/ML		Tier 4	
MEDROLOAN SUIK KIT 40 MG/ML		Tier 4	
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg	(Medrol)	Tier 2	
methylprednisolone oral tablet 32 mg		Tier 2	
methylprednisolone oral tablets,dose pack 4 mg	(Medrol (Pak))	Tier 2	
ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG	(prednisolone sodium phosphate)	Tier 4	
prednisolone oral solution 15 mg/5 ml		Tier 2	
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)		Tier 2	
prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)	(Veripred 20)	Tier 2	
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	(Orapred ODT)	Tier 2	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML		Tier 3	
prednisone oral solution 5 mg/5 ml		Tier 2	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		Tier 2	

Drug		Status	Notes
prednisone oral tablets,dose pack 10 mg, 5 mg		Tier 2	
PYQUVI ORAL SUSPENSION 22.75 MG/ML	(deflazacort)	Tier 4	PA
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML		Tier 4	
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG		Tier 5	PA
triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml	(Kenalog)	Tier 2	
triamcinolone acetonide injection suspension 80 mg/ml	(Kenalog-80)	Tier 2	
TRILOAN II SUIK KIT 40 MG/ML		Tier 4	
TRILOAN SUIK KIT 40 MG/ML		Tier 4	
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG	(budesonide)	Tier 4	ST: ST EDIT: TRIAL OF BALSALAZIDE REQUIRED.
VERIPRED 20 ORAL SOLUTION 20 MG/5 ML (4 MG/ML)	(prednisolone sodium phosphate)	Tier 4	
Gold Salts			
auranofin oral capsule 3 mg	(Ridaura)	Tier 2	
RIDAURA ORAL CAPSULE 3 MG	(auranofin)	Tier 4	
Immunomodulator,B-Lymphocyte Stim(Blys)-Spec Inhib			
BENLYSTA 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
AVTOZMA AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML		Tier 4	PA
AVTOZMA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML		Tier 4	PA
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML		Tier 5	PA

Drug		Status	Notes
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML		Tier 5	PA
KEVZARA SUBCUTANEOUS SYRINGE 200 MG/1.14 ML		Tier 5	PA
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML		Tier 4	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 4	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
LITFULO ORAL CAPSULE 50 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
tofacitinib oral solution 1 mg/ml	(Xeljanz)	Tier 4	PA
tofacitinib oral tablet 10 mg, 5 mg	(Xeljanz)	Tier 4	PA
tofacitinib oral tablet extended release 24 hr 11 mg, 22 mg	(Xeljanz XR)	Tier 4	PA
XELJANZ ORAL SOLUTION 1 MG/ML	(tofacitinib)	Tier 5	PA
XELJANZ ORAL TABLET 10 MG, 5 MG	(tofacitinib)	Tier 5	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	(tofacitinib)	Tier 5	PA
Mineralocorticoids			
fludrocortisone oral tablet 0.1 mg		Tier 2	
Monoclonal Antibody-Human Interleukin 12/23 Inhib			
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML		Tier 4	PA
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	(ustekinumab)	Tier 5	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	(ustekinumab)	Tier 5	PA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	(ustekinumab)	Tier 5	PA
STEQEYMA INTRAVENOUS SOLUTION 130 MG/26 ML		Tier 4	PA

Drug		Status	Notes
STEQEYMA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML		Tier 4	PA
STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML		Tier 4	PA
ustekinumab-aekn subcutaneous syringe 45 mg/0.5 ml, 90 mg/ml	(Selarsdi)	Tier 4	PA
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	
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg	(Arthrotec 50)	Tier 2	
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg	(Arthrotec 75)	Tier 2	
Nsaids, Cyclooxygenase 2 Inhibitor - Type			
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	(celecoxib)	Tier 4	
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(Celebrex)	Tier 2	
VYSCOXA ORAL SUSPENSION 10 MG/ML		Tier 4	PA; QL (40 ML per 1 day)
Nsaids, Cyclooxygenase Inhibitor-Type			
ANAPROX DS ORAL TABLET 550 MG	(naproxen sodium)	Tier 4	
diclofenac potassium oral tablet 50 mg		Tier 2	
diclofenac sodium oral tablet extended release 24 hr 100 mg		Tier 2	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg		Tier 2	
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG	(naproxen)	Tier 4	
etodolac oral capsule 200 mg, 300 mg		Tier 2	
etodolac oral tablet 400 mg	(Lodine)	Tier 2	
etodolac oral tablet 500 mg		Tier 2	

Drug		Status	Notes
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg		Tier 2	
flurbiprofen oral tablet 100 mg	(Lurbiro)	Tier 2	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	(ibuprofen)	Tier 2	
ibuprofen oral suspension 100 mg/5 ml	(Children's Advil)	Tier 2	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	(IBU)	Tier 2	
indomethacin oral capsule 25 mg, 50 mg		Tier 2	
indomethacin oral capsule, extended release 75 mg		Tier 2	
indomethacin rectal suppository 100 mg		Tier 2	
ketoprofen oral capsule 25 mg, 50 mg		Tier 2	
ketoprofen oral capsule 75 mg	(Orudis)	Tier 2	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg		Tier 2	
ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)		Tier 2	
ketorolac injection syringe 15 mg/ml, 30 mg/ml		Tier 2	
ketorolac intramuscular solution 60 mg/2 ml		Tier 2	
ketorolac intramuscular syringe 60 mg/2 ml		Tier 2	
ketorolac oral tablet 10 mg		Tier 2	QL (20 EA per 5 days)
LODINE ORAL TABLET 400 MG	(etodolac)	Tier 4	
LURBIRO ORAL TABLET 100 MG	(flurbiprofen)	Tier 2	
meclofenamate oral capsule 100 mg, 50 mg		Tier 2	
mefenamic acid oral capsule 250 mg		Tier 2	
meloxicam oral suspension 7.5 mg/5 ml	(Zybic)	Tier 2	
meloxicam oral tablet 15 mg, 7.5 mg		Tier 2	
nabumetone oral tablet 500 mg, 750 mg		Tier 2	
NAPROSYN ORAL TABLET 500 MG	(naproxen)	Tier 4	
naproxen oral tablet 250 mg, 375 mg		Tier 2	
naproxen oral tablet 500 mg	(Naprosyn)	Tier 2	
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	(EC-Naprosyn)	Tier 2	
naproxen sodium oral tablet 275 mg		Tier 2	
naproxen sodium oral tablet 550 mg	(Anaprox DS)	Tier 2	
oxaprozin oral tablet 600 mg		Tier 2	
piroxicam oral capsule 10 mg, 20 mg		Tier 2	
sulindac oral tablet 150 mg, 200 mg		Tier 2	

Drug		Status	Notes
tolmetin oral capsule 400 mg	(Tolectin DS)	Tier 2	
tolmetin oral tablet 200 mg		Tier 2	
tolmetin oral tablet 600 mg	(Tolectin 600)	Tier 2	
TORONOVA II SUIK KIT 30 MG/ML		Tier 4	
TORONOVA SUIK KIT 30 MG/ML		Tier 4	
ZYBIC ORAL SUSPENSION 7.5 MG/5 ML	(meloxicam)	Tier 2	
Plasma Kallikrein Inhibitors			
DAWNZERA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML		Tier 4	PA; QL (0.8 ML per 28 days)
EKTERLY ORAL TABLET 300 MG		Tier 4	PA; QL (4 EA per 1 day)
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)		Tier 5	PA
ORLADEYO ORAL CAPSULE 110 MG, 150 MG		Tier 5	PA
ORLADEYO ORAL PELLETS IN PACKET 108 MG, 132 MG, 72 MG, 96 MG		Tier 5	PA
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)		Tier 4	PA
Local Anesthesia			
Local Anesthetics			
GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 %	(lidocaine hcl)	Tier 2	
lidocaine hcl mucous membrane jelly 2 %		Tier 2	
lidocaine hcl mucous membrane jelly in applicator 2 %	(Glydo)	Tier 2	
lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)		Tier 2	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML)		Tier 4	
MARVONA-25 SUIK (PF) KIT 0.25 % (2.5 MG/ML)		Tier 4	
Lower Gastrointestinal Disorders - Bowel Inflammat			
Bowel Antiinflamatory Agents			
sulfadiazine oral tablet 500 mg		Tier 2	
Chronic Inflam. Colon Dx, 5-A-Salicylat,Rectal Tx			
CANASA RECTAL SUPPOSITORY 1,000 MG	(mesalamine)	Tier 4	
mesalamine rectal enema 4 gram/60 ml	(Rowasa)	Tier 2	
mesalamine rectal suppository 1,000 mg	(Canasa)	Tier 2	

Drug		Status	Notes
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	(Rowasa)	Tier 2	
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML	(mesalamine with cleansing wipe)	Tier 4	
Drug Tx-Chronic Inflam. Colon Dx,5-Aminosalicylat			
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	
balsalazide oral capsule 750 mg	(Colazal)	Tier 2	
COLAZAL ORAL CAPSULE 750 MG	(balsalazide)	Tier 4	
DIPENTUM ORAL CAPSULE 250 MG		Tier 4	ST: TRIAL OF LIALDA IN THE PAST 120 DAYS
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC) 1.2 GRAM	(mesalamine)	Tier 4	
mesalamine oral capsule (with del rel tablets) 400 mg		Tier 2	
mesalamine oral capsule, extended release 250 mg, 500 mg	(Pentasa)	Tier 2	
mesalamine oral capsule,extended release 24hr 0.375 gram	(Apriso)	Tier 2	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	(Lialda)	Tier 2	
mesalamine oral tablet,delayed release (dr/ec) 800 mg		Tier 2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	(mesalamine)	Tier 4	
sulfasalazine oral tablet 500 mg	(Azulfidine)	Tier 2	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	(Azulfidine EN-tabs)	Tier 2	
Hemorrhoidal Prep, Anti-Infam Steroid/Local Anesth			
ANALPRAM-HC RECTAL CREAM 1-1 %, 2.5-1 %	(hydrocortisone-pramoxine)	Tier 4	
ANALPRAM-HC SINGLES RECTAL CREAM 2.5-1 % (4G)	(hydrocortisone-pramoxine)	Tier 2	
hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %	(Analpram-HC)	Tier 2	
hydrocortisone-pramoxine rectal cream 2.5-1 % (4g)	(Analpram-HC Singles)	Tier 2	
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %		Tier 2	
lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)		Tier 2	

Drug		Status	Notes
lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram), 3-2.5 % (7 gram)		Tier 2	
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %		Tier 2	
PROCORT RECTAL CREAM 1.85-1.15 %		Tier 4	
PROCTOFOAM HC RECTAL FOAM 1-1 %		Tier 3	
Ibs Agents,Mixed Opioid Recep Agonists/Antagonists			
VIBERZI ORAL TABLET 100 MG, 75 MG		Tier 3	QL (2 EA per 1 day)
Integrin Receptor Antagonist, Monoclonal Antibody			
ENTYVIO 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			
nitroglycerin rectal ointment 0.4 % (w/w)	(Rectiv)	Tier 2	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	(nitroglycerin)	Tier 4	
Rectal Preparations			
ANUCORT-HC RECTAL SUPPOSITORY 25 MG	(hydrocortisone acetate)	Tier 2	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG	(hydrocortisone acetate)	Tier 4	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG, 30 MG	(hydrocortisone acetate)	Tier 4	
hydrocortisone acetate rectal suppository 25 mg	(Anucort-HC)	Tier 2	
hydrocortisone acetate rectal suppository 30 mg	(Hemmorex-HC)	Tier 2	
PROCTOCORT RECTAL SUPPOSITORY 30 MG	(hydrocortisone acetate)	Tier 4	
Rectal/Lower Bowel Prep.,Glucocort. (Non-Hemorr)			
budesonide rectal foam 2 mg/actuation	(Uceris)	Tier 2	
CORTENEMA RECTAL ENEMA 100 MG/60 ML	(hydrocortisone)	Tier 4	
CORTIFOAM RECTAL FOAM 10 % (80 MG)		Tier 3	

Drug		Status	Notes
hydrocortisone rectal enema 100 mg/60 ml	(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
carglumic acid oral tablet, dispersible 200 mg	(Carbaglu)	Tier 4	PA
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	(lactulose)	Tier 2	
GENERLAC ORAL SOLUTION 10 GRAM/15 ML	(lactulose)	Tier 2	
glycerol phenylbutyrate oral liquid 1.1 gram/ml	(Ravicti)	Tier 4	PA
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	(glycerol phenylbutyrate)	Tier 5	PA
sodium phenylbutyrate oral powder 0.94 gram/gram	(Buphenyl)	Tier 4	PA
sodium phenylbutyrate oral tablet 500 mg	(Buphenyl)	Tier 4	PA
Antidiarrheal - G.I. Chloride Channel Inhibitors			
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG		Tier 3	ST: ST EDIT: TRIAL OF ANTI-RETROVIRAL THERAPY REQUIRED.; QL (2 EA per 1 day)
Antidiarrheal - Tryptophan Hydroxylase Inhibitor			
XERMELO ORAL TABLET 250 MG		Tier 4	PA
Antidiarrheals			
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml		Tier 2	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	(Lomotil)	Tier 2	
LOMOTIL ORAL TABLET 2.5-0.025 MG	(diphenoxylate-atropine)	Tier 4	
loperamide oral capsule 2 mg	(Anti-Diarrheal (loperamide))	Tier 2	

Drug		Status	Notes
opium tincture oral tincture 10 mg/ml (morphine)		Tier 2	
Bile Salts			
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	
ursodiol oral capsule 300 mg		Tier 2	
ursodiol oral tablet 250 mg		Tier 2	
ursodiol oral tablet 500 mg	(URSO Forte)	Tier 2	
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 PELLET 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
Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type			
alosetron oral tablet 0.5 mg, 1 mg	(Lotronex)	Tier 2	
LOTRONEX ORAL TABLET 0.5 MG, 1 MG	(alosetron)	Tier 4	
Laxatives And Cathartics			
AMITIZA ORAL CAPSULE 8 MCG	(lubiprostone)	Tier 4	QL (4 EA per 1 day)
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML		PREV (Tier 1)	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; 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 (Tier 1)	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)

Drug		Status	Notes
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	(peg 3350-electrolytes)	PREV (Tier 1)	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-N ORAL RECON SOLN 420 GRAM	(peg-electrolyte soln)	PREV (Tier 1)	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	(peg 3350-electrolytes)	Tier 4	QL (4000 ML per 1 FILL)
lactulose oral solution 10 gram/15 ml	(Constulose)	Tier 2	
lubiprostone oral capsule 24 mcg		Tier 2	QL (2 EA per 1 day)
lubiprostone oral capsule 8 mcg	(Amitiza)	Tier 2	QL (4 EA per 1 day)
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	(peg3350-sod sul-nacl-kcl-asb-c)	Tier 4	QL (1 EA per 1 FILL)
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	(GaviLyte-G)	PREV (Tier 1)	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	(MoviPrep)	PREV (Tier 1)	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (1 EA per 1 FILL)
peg-electrolyte soln oral recon soln 420 gram	(GaviLyte-N)	PREV (Tier 1)	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)

Drug		Status	Notes
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM		PREV (Tier 1)	ST: TRIAL OF SUTAB, CLENPIQ OR GENERIC BOWEL PREP IN THE LAST 120 DAYS; $0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, 45-75 YEARS OF AGE, AND TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP; QL (3 EA per 1 FILL)
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	(Suprep Bowel Prep Kit)	PREV (Tier 1)	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (354 ML per 1 FILL)
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM		PREV (Tier 1)	ST: TRIAL OF SUTAB, CLENPIQ OR GENERIC BOWEL PREP IN THE LAST 120 DAYS; $0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, 45-75 YEARS OF AGE, AND TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP; 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 (Tier 1)	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (24 EA per 1 FILL)
Narcotic Antagonists, Peripherally-Acting			
alvimopan oral capsule 12 mg		Tier 2	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		Tier 3	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG		Tier 4	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML		Tier 4	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML		Tier 4	PA

Drug	Status	Notes
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 DUAL LANCET 18 GAUGE	Tier 3	
Durable Medical Equipment,Misc(Group 1)		
ACCU-CHEK FASTCLIX LANCET DRUM (lancets)	Tier 3	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE	Tier 3	
ACCU-CHEK SOFTCLIX LANCETS (lancets)	Tier 3	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE	Tier 3	
ACTI-LANCE LANCETS 28 GAUGE (lancets)	Tier 3	
ADVANCED TRAVEL LANCETS 28 GAUGE (lancets)	Tier 3	
ADVANTAGE SAFETY LANCET 28 GAUGE (lancets)	Tier 3	
ADVOCATE LANCET 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
ADVOCATE LANCET 23 GAUGE	Tier 3	
AGAMATRIX ULTRA-THIN LANCET 33 GAUGE (lancets)	Tier 3	
ALTERNATE SITE LANCET 26 GAUGE (lancets)	Tier 3	
ASSURE LANCE 25 GAUGE	Tier 3	
ASSURE LANCE 28 GAUGE (lancets)	Tier 3	
ASSURE LANCE PLUS 21 GAUGE, 30 GAUGE (lancets)	Tier 3	
ASSURE LANCE PLUS 25 GAUGE	Tier 3	
BD MICROTAINER LANCET 1.5 X 2 MM	Tier 3	

Drug		Status	Notes
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE	(lancets)	Tier 3	
BLULINK BG SYSTEM REFILL KIT 32 GAUGE		Tier 4	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
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	
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	
DROPSAFE ACTI-LANCE 23 GAUGE		Tier 3	
DROPSAFE MEDLANCE PLUS 30 GAUGE	(lancets)	Tier 3	
EASY COMFORT LANCETS 30 GAUGE	(lancets)	Tier 3	
EASY COMFORT SAFETY LANCET 30 GAUGE	(lancets)	Tier 3	
EASY TOUCH SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE	(lancets)	Tier 3	

Drug		Status	Notes
EASY TOUCH SAFETY LANCETS 23 GAUGE, 32 GAUGE		Tier 3	
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 3	
EASY TOUCH TWIST LANCETS 32 GAUGE		Tier 3	
EASY TWIST AND CAP LANCETS 28 GAUGE	(lancets)	Tier 3	
EMBRACE LANCETS 30 GAUGE	(lancets)	Tier 3	
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE	(lancets)	Tier 3	
EZ SMART LANCETS 28 GAUGE	(lancets)	Tier 3	
FINGERSTIX LANCETS	(lancets)	Tier 3	
FONDCIRCLE LANCET 30 GAUGE	(lancets)	Tier 3	
FORACARE LANCETS 30 GAUGE	(lancets)	Tier 3	
FREESTYLE LANCETS 28 GAUGE	(lancets)	PREV (Tier 1)	
FREESTYLE UNISTIK 2	(lancets)	PREV (Tier 1)	
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	
lancets	(Accu-Chek Fastclix Lancet Drum)	Tier 3	
lancets 26 gauge, 30 gauge	(Advocate Lancet)	Tier 3	
lancets 28 gauge	(FreeStyle Lancets)	Tier 3	
lancets 33 gauge	(AgaMatrix Ultra-Thin Lancet)	Tier 3	
LANCETS,THIN 28 GAUGE	(lancets)	Tier 3	
MEDLANCE PLUS LANCETS 21 GAUGE, 30 GAUGE	(lancets)	Tier 3	
MEDLANCE PLUS LANCETS 25 GAUGE		Tier 3	
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM		Tier 3	
MICRO THIN LANCETS 33 GAUGE	(lancets)	Tier 3	
MICROLET LANCET	(lancets)	Tier 3	
MICROLET NEXT LANCET 28 GAUGE	(lancets)	Tier 3	

Drug		Status	Notes
MOBI BLOOD GLUCOSE TWIST LANCT 30 GAUGE	(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	
RIGHTEST 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	
SENSILANCE 21 GAUGE, 26 GAUGE, 28 GAUGE	(lancets)	Tier 3	
SINGLE-LET	(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	
THIN LANCETS 26 GAUGE	(lancets)	Tier 3	
TRUE COMFORT LANCET 30 GAUGE	(lancets)	Tier 3	
TRUE-COMFORT SAFETY 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 TLC LANCETS	(lancets)	Tier 3	
ULTRA-CARE LANCETS 30 GAUGE	(lancets)	Tier 3	

Drug		Status	Notes
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 2 EXTRA LANCET 21 GAUGE	(lancets)	Tier 3	
UNISTIK 2 NORMAL LANCET 21 GAUGE	(lancets)	Tier 3	
UNISTIK 3 COMFORT LANCET 28 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 26 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	

Drug		Status	Notes
Syringes And Accessories			
insulin u-500 syringe-needle syringe 1/2 ml 31 gauge x 15/64"		Tier 3	
ULTRA-FINE INS SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16"		Tier 3	
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	Tier 3	
Tissue Bulking Implants			
BARRIGEL IMPLANT GEL FOR IMPLANT IN SYRINGE 60 MG/3 ML		Tier 4	PA
Miscellaneous Agents			
Amyloidosis Agents-Transthyretin (Ttr) Suppression			
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			
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML		Tier 3	QL (2 EA per 365 FILLs)
AUVI-Q INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	(epinephrine)	Tier 3	QL (2 EA per 365 FILLs)
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml	(Auvi-Q)	Tier 2	QL (4 EA per 1 FILL)
epinephrine injection auto-injector 0.15 mg/0.3 ml	(EpiPen Jr)	Tier 2	QL (4 EA per 1 FILL)
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	(epinephrine)	Tier 4	QL (4 EA per 1 FILL)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	(epinephrine)	Tier 4	QL (4 EA per 1 FILL)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	(epinephrine)	Tier 4	QL (4 EA per 1 FILL)
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	(epinephrine)	Tier 4	QL (4 EA per 1 FILL)
NEFFY NASAL SPRAY,NON-AEROSOL 1 MG/SPRAY (0.1 ML), 2 MG/SPRAY (0.1 ML)		Tier 3	QL (4 EA per 1 FILL)
Cxcr4 Chemokine Receptor Antagonist			
APHEXDA SUBCUTANEOUS RECON SOLN 62 MG		Tier 5	PA

Drug	Status	Notes
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML) (plerixafor)	Tier 5	PA
plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml) (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
SPINRAZA (PF) INTRATHECAL SOLUTION 28 MG/5 ML, 50 MG/5 ML	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
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
Metabolic Disease Enzyme Replacement,Pompe Disease		
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	Tier 5	PA
NEXVIAZYME INTRAVENOUS RECON SOLN 100 MG	Tier 5	PA

Drug		Status	Notes
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			
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg		Tier 2	
cevimeline oral capsule 30 mg	(Evoxac)	Tier 2	
EVOXAC ORAL CAPSULE 30 MG	(cevimeline)	Tier 4	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen (pilocarpine))	Tier 2	
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG	(pilocarpine hcl)	Tier 4	
Pharmacological Chaperone-Alpha-Galactosid.A Stabz			
GALAFOLD ORAL CAPSULE 123 MG		Tier 5	PA
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	
sapropterin oral powder in packet 100 mg, 500 mg	(Javygtor)	Tier 4	
sapropterin oral tablet,soluble 100 mg	(Javygtor)	Tier 4	
SEPHIENCE ORAL POWDER IN PACKET 1,000 MG, 250 MG		Tier 5	PA
ZELVYSIA ORAL POWDER IN PACKET 100 MG, 500 MG	(sapropterin)	Tier 4	
Systemic Enzyme Inhibitors			
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG		Tier 5	PA
GLASSIA INTRAVENOUS SOLUTION 20 MG/ML (2 %)		Tier 5	PA
JOENJA ORAL TABLET 70 MG		Tier 5	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML		Tier 5	PA

Drug		Status	Notes
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	PA
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 5	
bendamustine intravenous recon soln 100 mg, 25 mg	(Treanda)	Tier 4	
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	(bendamustine)	Tier 5	
BICNU INTRAVENOUS RECON SOLN 100 MG	(carmustine)	Tier 5	
busulfan intravenous solution 60 mg/10 ml	(Busulfex)	Tier 4	
BUSULFEX INTRAVENOUS SOLUTION 60 MG/10 ML	(busulfan)	Tier 5	
carboplatin intravenous recon soln 150 mg		Tier 4	
carboplatin intravenous solution 10 mg/ml	(Kyxata)	Tier 4	
carmustine intravenous recon soln 100 mg	(BiCNU)	Tier 4	
cisplatin intravenous recon soln 50 mg		Tier 4	
cisplatin intravenous solution 1 mg/ml	(Kemoplat)	Tier 4	
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg		Tier 4	

Drug		Status	Notes
cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml		Tier 4	
cyclophosphamide intravenous solution 500 mg/ml	(Frindovyx)	Tier 4	
cyclophosphamide oral capsule 25 mg, 50 mg		Tier 4	
cyclophosphamide oral tablet 50 mg		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	
hydroxyurea oral capsule 500 mg	(Hydrea)	Tier 2	
IFEX INTRAVENOUS RECON SOLN 1 GRAM, 3 GRAM	(ifosfamide)	Tier 5	
ifosfamide intravenous recon soln 1 gram, 3 gram	(Ifex)	Tier 4	
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml		Tier 4	
KEMOPLAT INTRAVENOUS SOLUTION 1 MG/ML	(cisplatin)	Tier 4	
LEUKERAN ORAL TABLET 2 MG		Tier 4	
lomustine oral capsule 10 mg, 100 mg, 40 mg	(Gleostine)	Tier 4	PA
melphalan hcl intravenous recon soln 50 mg	(Alkeran (as HCl))	Tier 4	
MYLERAN ORAL TABLET 2 MG		Tier 4	
oxaliplatin intravenous recon soln 100 mg, 50 mg		Tier 4	
oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)		Tier 4	
TEMODAR INTRAVENOUS RECON SOLN 100 MG		Tier 5	PA
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg		Tier 4	PA
TEPADINA INJECTION RECON SOLN 100 MG, 15 MG	(thiotepa)	Tier 5	
TEPADINA INJECTION SOLUTION 200 MG, 400 MG		Tier 5	

Drug		Status	Notes
TEPYLUTE INTRAVENOUS SOLUTION 10 MG/ML		Tier 5	
thiotepa injection recon soln 100 mg, 15 mg	(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			
abiraterone oral tablet 250 mg	(Abirtega)	Tier 4	PA
abiraterone oral tablet 500 mg	(Zytiga)	Tier 4	PA
ABIRTEGA ORAL TABLET 250 MG	(abiraterone)	Tier 4	PA
bicalutamide oral tablet 50 mg	(Casodex)	Tier 2	
CASODEX ORAL TABLET 50 MG	(bicalutamide)	Tier 4	
ERLEADA ORAL TABLET 240 MG, 60 MG		Tier 4	PA
nilutamide oral tablet 150 mg		Tier 4	
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	(abiraterone, submicronized)	Tier 5	PA
ZYTIGA ORAL TABLET 250 MG, 500 MG	(abiraterone)	Tier 5	PA
Antibiotic Antineoplastics			
bleomycin injection recon soln 15 unit, 30 unit		Tier 4	
dactinomycin intravenous recon soln 0.5 mg		Tier 4	
daunorubicin intravenous solution 5 mg/ml		Tier 4	
DOXIL INTRAVENOUS SUSPENSION 2 MG/ML	(doxorubicin, peg-liposomal)	Tier 5	
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	(Doxil)	Tier 4	
ELLENCE INTRAVENOUS SOLUTION 200 MG/100 ML, 50 MG/25 ML	(epirubicin)	Tier 5	
epirubicin intravenous recon soln 50 mg		Tier 4	
epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml	(Ellence)	Tier 4	
IDAMYCIN PFS INTRAVENOUS SOLUTION 1 MG/ML	(idarubicin)	Tier 5	

Drug		Status	Notes
idarubicin intravenous solution 1 mg/ml	(Idamycin PFS)	Tier 4	
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2		Tier 5	PA
mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg	(Mutamycin)	Tier 4	
MUTAMYCIN INTRAVENOUS RECON SOLN 20 MG, 40 MG, 5 MG	(mitomycin)	Tier 4	
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 5 MG/ML	(nelarabine)	Tier 5	
AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG		Tier 5	PA
azacitidine injection recon soln 100 mg	(Vidaza)	Tier 4	
capecitabine oral tablet 150 mg, 500 mg		Tier 4	PA
cladribine intravenous solution 10 mg/10 ml		Tier 4	
clofarabine intravenous solution 1 mg/ml		Tier 4	
cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml		Tier 4	
cytarabine injection solution 20 mg/ml		Tier 4	
decitabine intravenous recon soln 50 mg		Tier 4	
floxuridine injection recon soln 0.5 gram		Tier 4	
fludarabine intravenous recon soln 50 mg		Tier 4	
fludarabine intravenous solution 50 mg/2 ml		Tier 4	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	(pralatrexate)	Tier 5	PA

Drug		Status	Notes
gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg		Tier 4	
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml)	(Avgemsi)	Tier 4	
gemcitabine intravenous solution 100 mg/ml, 200 mg/5.26 ml (38 mg/ml)		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
mercaptopurine oral suspension 20 mg/ml	(Purixan)	Tier 4	ST: TRIAL OF MERCAPTOPURINE TABLET REQUIRED.
mercaptopurine oral tablet 50 mg		Tier 2	
methotrexate sodium (pf) injection recon soln 1 gram		Tier 2	
methotrexate sodium (pf) injection solution 25 mg/ml		Tier 2	
methotrexate sodium injection solution 25 mg/ml		Tier 2	
methotrexate sodium oral tablet 2.5 mg		Tier 2	
nelarabine intravenous solution 5 mg/ml	(Arranon)	Tier 4	
NIPENT INTRAVENOUS RECON SOLN 10 MG	(pentostatin)	Tier 5	
ONUREG ORAL TABLET 200 MG, 300 MG		Tier 4	PA
pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg, 750 mg		Tier 4	PA
pemetrexed disodium intravenous solution 25 mg/ml		Tier 4	PA
pemetrexed intravenous solution 25 mg/ml	(Pemfexy)	Tier 4	PA
PEMFEXY INTRAVENOUS SOLUTION 25 MG/ML	(pemetrexed)	Tier 5	PA
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML		Tier 5	PA
pralatrexate intravenous solution 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml)	(Folotyn)	Tier 4	PA

Drug		Status	Notes
PURIXAN ORAL SUSPENSION 20 MG/ML	(mercaptopurine)	Tier 5	ST: TRIAL OF MERCAPTOPURINE TABLET REQUIRED.
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	PA; QL (120 ML per 60 days)
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
JOBEVNE INTRAVENOUS SOLUTION 25 MG/ML		Tier 5	PA

Drug		Status	Notes
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
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			
anastrozole oral tablet 1 mg	(Arimidex)	PREV (Tier 1)	$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
ARIMIDEX ORAL TABLET 1 MG	(anastrozole)	Tier 4	
AROMASIN ORAL TABLET 25 MG	(exemestane)	Tier 4	
exemestane oral tablet 25 mg	(Aromasin)	PREV (Tier 1)	$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
FEMARA ORAL TABLET 2.5 MG	(letrozole)	Tier 4	
letrozole oral tablet 2.5 mg	(Femara)	Tier 2	
Antineoplastic - Braf Kinase Inhibitors			
BRAFTOVI ORAL CAPSULE 75 MG		Tier 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

Drug	Status	Notes
Antineoplastic - Cd19 (B Lymphocyte) Mc Antibody		
MONJUVI INTRAVENOUS RECON SOLN 200 MG	Tier 5	PA
Antineoplastic - Egfr And Met Receptor Inhib, Mab		
RYBREVANT FASPRO SUBCUTANEOUS SOLUTION 1,600 MG-20,000 UNIT/10 ML, 2,240 MG-28,000 UNIT/14 ML, 2,400 MG-30,000 UNIT/15 ML, 3,520 MG-44,000 UNIT/22 ML	Tier 5	PA
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	Tier 5	PA
Antineoplastic - Epothilones And Analogs		
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	Tier 5	PA
Antineoplastic - Halichondrin B Analogs		
eribulin intravenous solution 1 mg/2 ml (0.5 mg/ml) (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; QL (2 EA per 1 day)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	Tier 4	PA; QL (1 EA per 1 day)
Antineoplastic - Kras Protein Inhibitor		
KRAZATI ORAL TABLET 200 MG	Tier 4	PA
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG	Tier 4	PA
RASONQUE ORAL TABLET 100 MG, 150 MG	Tier 5	PA
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors		

Drug		Status	Notes
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
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG, 7.5 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
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	(Torpenz)	Tier 4	PA
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	(Afinitor Disperz)	Tier 4	PA
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG		Tier 5	PA
temsirolimus intravenous recon soln 25 mg/ml (dilute10mg/ml)	(Torisel)	Tier 4	PA
TORISEL INTRAVENOUS RECON SOLN 25 MG/ML (DILUTE10MG/ML)	(temsirolimus)	Tier 5	PA
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	(everolimus (antineoplastic))	Tier 4	PA
YULITHIRA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	(everolimus (antineoplastic))	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	
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG		Tier 4	
irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml	(Camptosar)	Tier 4	
irinotecan intravenous solution 500 mg/25 ml		Tier 4	
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML		Tier 5	PA
topotecan intravenous recon soln 4 mg		Tier 4	

Drug	Status	Notes
topotecan intravenous solution 4 mg/4 ml (1 mg/ml)	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		
BESPONSA 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
Antineoplastic Immunomodulator Agents		
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg (Revlimid)	Tier 4	PA
pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg (Pomalyst)	Tier 4	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (pomalidomide)	Tier 5	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (lenalidomide)	Tier 5	PA
Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	Tier 4	QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	Tier 4	QL (1 EA per 30 days)
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 4	PA
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	Tier 4	PA
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	Tier 4	PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Tier 4	PA

Drug		Status	Notes
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG		Tier 4	PA
bortezomib injection recon soln 1 mg, 2.5 mg		Tier 4	PA
bortezomib injection recon soln 3.5 mg	(Velcade)	Tier 4	PA
bortezomib intravenous solution 2.5 mg/ml		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	(bosutinib)	Tier 5	PA
bosutinib oral tablet 100 mg, 400 mg, 500 mg	(Bosulif)	Tier 4	PA
BRUKINSA ORAL TABLET 160 MG		Tier 4	PA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG		Tier 4	PA
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG		Tier 4	PA
CAPRELSA ORAL TABLET 100 MG, 300 MG	(vandetanib)	Tier 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
COPIKTRA ORAL CAPSULE 15 MG, 25 MG		Tier 5	PA
DANZITEN ORAL TABLET 71 MG, 95 MG		Tier 4	PA
dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg	(Sprycel)	Tier 4	PA
ENSACOVE ORAL CAPSULE 100 MG, 25 MG		Tier 4	PA
erlotinib oral tablet 100 mg, 150 mg, 25 mg		Tier 4	PA
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG		Tier 4	PA
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG		Tier 4	PA
GAVRETO ORAL CAPSULE 100 MG		Tier 4	PA
gefitinib oral tablet 250 mg	(Iressa)	Tier 4	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	(afatinib)	Tier 4	PA
GLEEVEC ORAL TABLET 100 MG, 400 MG	(imatinib)	Tier 5	PA
HERNEXEOS ORAL TABLET 60 MG		Tier 5	PA; QL (3 EA per 1 day)
HYRNUO ORAL TABLET 10 MG		Tier 5	PA; QL (4 EA per 1 day)

Drug	Status	Notes
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 4	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Tier 4	PA
imatinib oral tablet 100 mg, 400 mg (Gleevec)	Tier 4	PA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 4	PA
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 4	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Tier 4	PA
IMKELDI ORAL SOLUTION 80 MG/ML	Tier 5	PA
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 4	PA
INREBIC ORAL CAPSULE 100 MG	Tier 5	PA; QL (4 EA per 1 day)
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 5	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
KOMZIFTI ORAL CAPSULE 200 MG	Tier 5	PA; QL (3 EA per 1 day)
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	Tier 5	PA
lapatinib oral tablet 250 mg (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 X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	Tier 4	PA
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 4	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 4	PA
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	Tier 4	PA
NERLYNX ORAL TABLET 40 MG	Tier 4	PA
NEXAVAR ORAL TABLET 200 MG (sorafenib)	Tier 5	PA

Drug		Status	Notes
nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg	(Tasigna)	Tier 4	PA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG		Tier 4	PA
OGSIVEO ORAL TABLET 100 MG, 150 MG		Tier 5	PA
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG		Tier 4	PA
pazopanib oral tablet 200 mg	(Votrient)	Tier 4	PA
pazopanib oral tablet 400 mg		Tier 4	PA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG		Tier 4	PA
PHYRAGO ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG		Tier 5	PA
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)		Tier 4	PA
QINLOCK ORAL TABLET 50 MG		Tier 4	PA
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
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
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG		Tier 4	PA
sorafenib oral tablet 200 mg	(Nexavar)	Tier 4	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	(dasatinib)	Tier 5	PA
STIVARGA ORAL TABLET 40 MG		Tier 4	PA
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	(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

Drug		Status	Notes
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG		Tier 4	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	(nilotinib hcl)	Tier 5	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
VELCADE INJECTION RECON SOLN 3.5 MG	(bortezomib)	Tier 5	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 5	PA; QL (4 EA per 1 day)
VOTRIENT ORAL TABLET 200 MG	(pazopanib)	Tier 5	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG		Tier 4	PA
XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG		Tier 4	PA
XOSPATA ORAL TABLET 40 MG		Tier 4	PA
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG		Tier 4	PA
ZYDELIG ORAL TABLET 100 MG, 150 MG		Tier 4	PA
ZYKADIA ORAL TABLET 150 MG		Tier 4	PA
Antineoplastic,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
KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 395 MG-4,800 UNIT/2.4 ML, 790 MG-9,600 UNIT/4.8 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

Drug		Status	Notes
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 300 MG-5,000 UNIT/2.5 ML, 600 MG-10,000 UNIT/5 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
romidepsin intravenous recon soln 10 mg/2 ml	(Istodax)	Tier 4	PA
romidepsin intravenous solution 5 mg/ml		Tier 4	PA
ZOLINZA ORAL CAPSULE 100 MG		Tier 4	PA; QL (4 EA per 1 day)
Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors			
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG		Tier 4	PA
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG		Tier 4	PA
Antineoplastic-Enzyme Inhib, Antiandrogen Comb.			
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG		Tier 4	PA
Antineoplastic-Hypoxia Inducible Factor (Hif) Inh			
WELIREG ORAL TABLET 40 MG		Tier 4	PA
Antineoplastic-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

Drug	Status	Notes
Antineoplastics Antibody/Antibody-Drug Complexes		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	Tier 5	PA
BLENREP INTRAVENOUS RECON SOLN 70 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
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
LYNOZYFIC INTRAVENOUS SOLUTION 2 MG/ML	Tier 5	PA; QL (15 ML per 8 days)
LYNOZYFIC INTRAVENOUS SOLUTION 20 MG/ML	Tier 5	PA; QL (40 ML per 28 days)
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

Drug	Status	Notes
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		
arsenic trioxide intravenous solution 1 mg/ml	Tier 4	
arsenic trioxide intravenous solution 2 mg/ml (Trisenox)	Tier 4	
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML	Tier 5	PA
BEIZRAY INTRAVENOUS SOLUTION 20 MG/ML (1 ML) (docetaxel)	Tier 4	
BEIZRAY-ALBUMIN INTRAVENOUS SOLUTION 20 MG/ML	Tier 5	
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml) (Docivyx)	Tier 4	
docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 80 mg/4 ml (20 mg/ml)	Tier 4	
docetaxel intravenous solution 20 mg/ml (1 ml) (Beizray)	Tier 4	
etoposide oral capsule 50 mg	Tier 2	
JEVTANA INTRAVENOUS SOLUTION 60 MG/1.5 ML (DILUTE10MG/ML)	Tier 5	
LYMPHIR INTRAVENOUS RECON SOLN 300 MCG	Tier 5	PA
LYSODREN ORAL TABLET 500 MG	Tier 4	
MATULANE ORAL CAPSULE 50 MG	Tier 4	
mitoxantrone intravenous concentrate 2 mg/ml	Tier 4	PA
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	Tier 5	PA
paclitaxel intravenous concentrate 6 mg/ml	Tier 4	
paclitaxel protein-bound intravenous suspension for reconstitution 100 mg (Abraxane)	Tier 4	PA
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	Tier 5	PA
tretinoin (antineoplastic) oral capsule 10 mg	Tier 4	

Drug		Status	Notes
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	(arsenic trioxide)	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), 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), 80 MG/WEEK (80 MG X 1), 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
UNLOXCYT INTRAVENOUS SOLUTION 300 MG/5 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	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg		Tier 2	
levoleucovorin calcium intravenous solution 10 mg/ml		Tier 4	
mesna oral tablet 400 mg	(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

Drug		Status	Notes
Intrapleural Sclerosing Agents, Antineoplast. Adj.			
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM		Tier 4	
sterile talc intrapleural suspension for reconstitution 5 gram		Tier 2	
STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM		Tier 4	
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM		Tier 4	
Photoactivated, 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	
Selective Estrogen Receptor Modulators (Serm)			
CLIGAVYX INTRAMUSCULAR SYRINGE 250 MG/5 ML	(fulvestrant)	Tier 5	PA
FARESTON ORAL TABLET 60 MG	(toremifene)	Tier 5	PA
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML	(fulvestrant)	Tier 5	PA
fulvestrant intramuscular syringe 250 mg/5 ml	(Cligavyx)	Tier 4	PA
INLURIYO ORAL TABLET 200 MG		Tier 5	PA; QL (2 EA per 1 day)
ORSERDU ORAL TABLET 345 MG, 86 MG		Tier 5	PA
SOLTAMOX ORAL SOLUTION 20 MG/10 ML		Tier 3	
tamoxifen oral tablet 10 mg, 20 mg		PREV (Tier 1)	$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
toremifene oral tablet 60 mg	(Fareston)	Tier 4	PA
VEPPANU ORAL TABLET 100 MG, 200 MG		Tier 5	PA; QL (1 EA per 1 day)
Selective Retinoid X Receptor Agonists (Rxr)			

Drug		Status	Notes
bexarotene oral capsule 75 mg	(Targretin)	Tier 4	PA
TARGRETIN ORAL CAPSULE 75 MG	(bexarotene)	Tier 5	PA
Steroid Antineoplastics			
megestrol oral tablet 20 mg, 40 mg		Tier 2	
Vinca Alkaloids			
vinblastine intravenous solution 1 mg/ml		Tier 4	
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml		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
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg	(Tecfidera)	Tier 4	PA
fingolimod oral capsule 0.5 mg	(Gilenya)	Tier 4	PA
GILENYA ORAL CAPSULE 0.25 MG		Tier 5	PA
GILENYA ORAL CAPSULE 0.5 MG	(fingolimod)	Tier 5	PA
glatiramer subcutaneous syringe 20 mg/ml	(Glatopa)	Tier 4	PA
glatiramer subcutaneous syringe 40 mg/ml	(Copaxone)	Tier 4	PA
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	(glatiramer)	Tier 4	PA
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML		Tier 4	PA
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML		Tier 5	PA

Drug		Status	Notes
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	(cladribine(multiple sclerosis))	Tier 4	PA
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	(cladribine(multiple sclerosis))	Tier 4	PA
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	(cladribine(multiple sclerosis))	Tier 4	PA
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	(cladribine(multiple sclerosis))	Tier 4	PA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	(cladribine(multiple sclerosis))	Tier 4	PA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	(cladribine(multiple sclerosis))	Tier 4	PA
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	(cladribine(multiple sclerosis))	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
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

Drug		Status	Notes
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG		Tier 5	PA
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	(dimethyl fumarate)	Tier 5	PA
teriflunomide oral tablet 14 mg, 7 mg	(Aubagio)	Tier 4	PA
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG		Tier 4	PA
Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr			
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	(dalfampridine)	Tier 5	PA
dalfampridine oral tablet extended release 12 hr 10 mg	(Ampyra)	Tier 4	PA
FIRDAPSE ORAL TABLET 10 MG		Tier 5	PA
Amyotrophic Lateral Sclerosis Agents			
edaravone intravenous solution 30 mg/100 ml	(Radicava)	Tier 4	PA
edaravone intravenous solution 60 mg/100 ml		Tier 4	PA
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML	(edaravone)	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
riluzole oral tablet 50 mg		Tier 2	
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			
milnacipran oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	(Savella)	Tier 2	ST: TRIAL OF TWO: AMITRIPTYLINE TABS, CYCLOBENZAPRINE IR TABS, DULOXETINE (20, 30, 60MG) CAPS, GENERIC GABAPENTIN IR TABS/CAPS OR PREGABALIN IR CAPS IN THE PAST 365 DAYS; QL (2 EA per 1 day)

Drug	Status	Notes
milnacipran oral tablets,dose pack 12.5 mg (5)-25 mg(8)-50 mg(42) (Savella)	Tier 2	ST: TRIAL OF TWO: AMITRIPTYLINE TABS, CYCLOBENZAPRINE IR TABS, DULOXETINE (20, 30, 60MG) CAPS, GENERIC GABAPENTIN IR TABS/CAPS OR PREGABALIN IR CAPS IN THE PAST 365 DAYS; QL (2 EA per 1 day)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (milnacipran)	Tier 4	ST: TRIAL OF TWO: AMITRIPTYLINE TABS, CYCLOBENZAPRINE IR TABS, DULOXETINE (20, 30, 60MG) CAPS, GENERIC GABAPENTIN IR TABS/CAPS OR PREGABALIN IR CAPS IN 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) (milnacipran)	Tier 4	ST: TRIAL OF TWO: AMITRIPTYLINE TABS, CYCLOBENZAPRINE IR TABS, DULOXETINE (20, 30, 60MG) CAPS, GENERIC GABAPENTIN IR TABS/CAPS OR PREGABALIN IR CAPS IN THE PAST 365 DAYS; QL (2 EA per 1 day)
Glypromate (Gpe) Analogs		
DAYBUE ORAL SOLUTION 200 MG/ML	Tier 5	PA
DAYBUE STIX ORAL POWDER IN PACKET 5,000 MG, 6,000 MG, 8,000 MG	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		
TYRUKO INTRAVENOUS SOLUTION 300 MG/15 ML	Tier 5	PA
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
Metabolic Disease Enzyme Replacement, Mocd		

Drug	Status	Notes
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	Tier 5	PA
Movement Disorders(Drug Therapy)		
AUSTEDO ORAL TABLET 12 MG, 9 MG	Tier 4	PA; QL (4 EA per 1 day)
AUSTEDO ORAL TABLET 6 MG	Tier 4	PA; QL (2 EA per 1 day)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	Tier 4	PA; QL (1 EA per 1 day)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	Tier 4	PA
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	Tier 4	PA; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Tier 4	PA; QL (1 EA per 1 day)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	Tier 4	PA; QL (1 EA per 1 day)
tetrabenazine oral tablet 12.5 mg, 25 mg (Xenazine)	Tier 4	PA
XENAZINE ORAL TABLET 12.5 MG, 25 MG (tetrabenazine)	Tier 5	PA
Neuropathic Agents		
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG (pregabalin)	Tier 4	ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: GABAPENTIN, A TRICYCLIC ANTIDEPRESSANT, DULOXETINE, VENLAFAXINE, VALPROIC ACID, PREGABALIN IR, OR DIVALPROEX.; QL (3 EA per 1 day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG (pregabalin)	Tier 4	ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: GABAPENTIN, A TRICYCLIC ANTIDEPRESSANT, DULOXETINE, VENLAFAXINE, VALPROIC ACID, PREGABALIN IR, OR DIVALPROEX.; QL (2 EA per 1 day)

Drug		Status	Notes
pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg	(Lyrica CR)	Tier 2	ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: GABAPENTIN, A TRICYCLIC ANTIDEPRESSANT, DULOXETINE, VENLAFAXINE, VALPROIC ACID, PREGABALIN IR, OR DIVALPROEX.; QL (3 EA per 1 day)
pregabalin oral tablet extended release 24 hr 330 mg	(Lyrica CR)	Tier 2	ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: GABAPENTIN, A TRICYCLIC ANTIDEPRESSANT, DULOXETINE, VENLAFAXINE, VALPROIC ACID, PREGABALIN IR, OR DIVALPROEX.; 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			
dextromethorphan-quinidine oral capsule 20-10 mg	(Nuedexta)	Tier 2	PA
NUEDEXTA ORAL CAPSULE 20-10 MG	(dextromethorphan-quinidine)	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			
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Periogard)	Tier 2	
ORALONE DENTAL PASTE 0.1 %	(triamcinolone acetonide)	Tier 2	
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 %	(chlorhexidine gluconate)	Tier 4	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	(chlorhexidine gluconate)	Tier 2	

Drug		Status	Notes
triamcinolone acetonide dental paste 0.1 %	(Oralone)	Tier 2	
Keratinocyte Growth Factor (Kgf)			
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG		Tier 5	
Nose Preparations, Miscellaneous (Rx)			
cocaine nasal solution 4 %	(Numbrino)	Tier 2	
GOPRELTO NASAL SOLUTION 4 %	(cocaine)	Tier 4	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)		Tier 2	
NUMBRINO NASAL SOLUTION 4 %	(cocaine)	Tier 2	
Periodontal Collagenase Inhibitors			
doxycycline hyclate oral tablet 20 mg		Tier 2	
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	
mifepristone oral tablet 200 mg	(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	
Aldosterone Synthase Inhibitor (Asi)			
BAXFENDY ORAL TABLET 1 MG, 2 MG		Tier 4	PA; QL (1 EA per 1 day)
Antineoplastic - Glucocorticoid Receptor Antag.			
LIFYORLI ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 150 MG/DAY(100 MG X1-25MG X2)		Tier 5	PA
Antineoplastic - Systemic Enzyme Inhibitors Combs			
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG		Tier 5	PA
Antineoplastic Systemic Enzyme Activators			
MODEYSO ORAL CAPSULE 125 MG		Tier 5	PA; QL (20 EA per 28 days)
Antipsychotics, Muscarinic Agonist/Antagonist Comb			

Drug	Status	Notes
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	Tier 4	ST: TRIAL OF A GENERIC ATYPICAL ANTIPSYCHOTIC, CAPLYTA, REXULTI OR VRAYLAR IN 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: TRIAL OF A GENERIC ATYPICAL ANTIPSYCHOTIC, CAPLYTA, REXULTI OR VRAYLAR IN THE PAST 120 DAYS
Antiretroviral - Capsid Inhibitors (Prep)		
YEZTUGO ORAL TABLET 300 MG	Tier 3	
YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML	Tier 3	
Antivenins		
ANASCORP INTRAVENOUS RECON SOLN 35 MG	Tier 4	
Appetite Stim. For Anorexia,Cachexia,Wasting Synd.		
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)	Tier 2	
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	Tier 2	ST: TRIAL OF MEGESTROL ACETATE 40MG/ML SUSPENSION REQUIRED
Artv Cmb - Nucleoside Analogs & Non-Nucleoside Rti		
IDVYNSO ORAL TABLET 100-0.25 MG	Tier 3	QL (1 EA per 1 day)
Azapirones		
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	Tier 4	PA; QL (1 EA per 1 day)
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK 18.2 MG (32 TABS)	Tier 4	PA; QL (1 EA per 1 day)
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	
Cardiolipin Binding Agents		
FORZINITY SUBCUTANEOUS SOLUTION 80 MG/ML	Tier 5	PA; QL (3.5 ML per 7 days)
Cardioplegic Solutions		

Drug	Status	Notes
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA DEL NIDO-ISOLYT S PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Tier 4	
CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM), 36 MEQ/L (POTASSIUM)	Tier 2	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA WARM INDUCT 4:1 PERFUSION SOLUTION 40 MEQ/500 ML (POTASSIUM)	Tier 4	
cardioplegic no.17(induct 4:1) perfusion solution 50 meq/500 ml (potassium)	Tier 2	
cardioplegic no.19 (maint 4:1) perfusion solution 40 meq/l (potassium)	Tier 2	
cardioplegic soln perfusion solution 16 meq/l (= k+) (Plegisol)	Tier 2	
cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)	Tier 2	
DEL NIDO CARDIOPLEGIA PERFUSION SOLUTION 31 MEQ/1,052.8 ML (POTASSIUM)	Tier 4	
microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)	Tier 2	
PLEGISOL PERFUSION SOLUTION 16 MEQ/L (= K+) (cardioplegic soln)	Tier 4	
Cholinesterase Reactivat.&Muscarinic Antg.Antidote		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML	Tier 4	
Cholinesterase Reactivating,Organophos. Antidotes		
pralidoxime intramuscular pen injector 600 mg/2 ml	Tier 4	

Drug	Status	Notes
Condoms		
AIMSCO LATEX CONDOM DEVICE	PREV (Tier 1)	IF QL=60 THEN $0 COPAY
DUREX AVANTI BARE REAL FEEL	PREV (Tier 1)	IF QL=60 THEN $0 COPAY
DUREX EXTRA SENSITIVE CONDOM DEVICE	PREV (Tier 1)	IF QL=60 THEN $0 COPAY
DUREX TROPICAL CONDOM DEVICE	PREV (Tier 1)	IF QL=60 THEN $0 COPAY
FANTASY CONDOM DEVICE	PREV (Tier 1)	IF QL=60 THEN $0 COPAY
FC2 FEMALE CONDOM	PREV (Tier 1)	IF QL=60 THEN $0 COPAY
KIMONO LUBRICATED CONDOMS DEVICE	PREV (Tier 1)	IF QL=60 THEN $0 COPAY
KIMONO MICROTHIN AQUA LUBE CON DEVICE	PREV (Tier 1)	IF QL=60 THEN $0 COPAY
KIMONO MICROTHIN CONDOMS DEVICE	PREV (Tier 1)	IF QL=60 THEN $0 COPAY
KIMONO MICROTHIN LARGE CONDOMS DEVICE	PREV (Tier 1)	IF QL=60 THEN $0 COPAY
KIMONO TEXTURED CONDOMS DEVICE	PREV (Tier 1)	IF QL=60 THEN $0 COPAY
KIMONO THIN LUBRICATED CONDOMS DEVICE	PREV (Tier 1)	IF QL=60 THEN $0 COPAY
TROJAN BARESKIN DEVICE	PREV (Tier 1)	IF QL=60 THEN $0 COPAY
TROJAN ULTRA RIBBED CONDOM DEVICE	PREV (Tier 1)	IF QL=60 THEN $0 COPAY
TRUE COVER CONDOM DEVICE	PREV (Tier 1)	IF QL=60 THEN $0 COPAY
TRUSTEX LATEX CONDOM DEVICE	PREV (Tier 1)	IF QL=60 THEN $0 COPAY
TRUSTEX LUBRICATED CONDOMS DEVICE	PREV (Tier 1)	IF QL=60 THEN $0 COPAY
TRUSTEX NON-LUB CONDOMS DEVICE	PREV (Tier 1)	IF QL=60 THEN $0 COPAY
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	PREV (Tier 1)	IF QL=60 THEN $0 COPAY
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE	PREV (Tier 1)	IF QL=60 THEN $0 COPAY
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	PREV (Tier 1)	IF QL=60 THEN $0 COPAY
Cystic Fibrosis - Inhaled Osmotic Agents		

Drug		Status	Notes
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG		Tier 5	ST: TRIAL OF INHALED 7% SODIUM CHLORIDE SOLUTION IN THE PAST 120 DAYS.; QL (20 EA per 1 day)
Dialysis Solutions			
PHOXILLUM BK HEMODIALYSIS SOLUTION K (4)-CA (2.5 MEQ/L)-PO4 (1)		Tier 4	
Digital Therapeutics, Software			
NATURAL CYCLES DIGITAL APP		PREV (Tier 1)	
Diluent Solutions			
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION		Tier 4	
Dipeptidyl Peptidase 1 (Dpp1) Inhibitor			
BRINSUPRI ORAL TABLET 10 MG, 25 MG		Tier 4	PA; QL (1 EA per 1 day)
Drugs To Treat Hereditary Tyrosinemia			
HARLIKU ORAL TABLET 2 MG		Tier 5	PA
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	(Orfadin)	Tier 4	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG		Tier 4	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	(nitisinone)	Tier 4	PA
ORFADIN ORAL SUSPENSION 4 MG/ML		Tier 4	PA
Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing			
CERDELGA ORAL CAPSULE 84 MG		Tier 4	
miglustat oral capsule 100 mg	(Yargesa)	Tier 4	PA
OPFOLDA ORAL CAPSULE 65 MG		Tier 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			
moxifloxacin-bromfenac ophthalmic (eye) drops 0.5-0.075 %		Tier 2	
Factor Xii Inhibitors			
ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML		Tier 4	PA
General Anesthetics - Benzodiazepine, Injectable			

Drug		Status	Notes
midazolam (pf) injection solution 5 mg/ml		Tier 2	
midazolam injection solution 5 mg/ml		Tier 2	
General Anesthetics,Inhalant			
desflurane inhalation liquid 100 %	(Suprane)	Tier 2	
FORANE INHALATION LIQUID 99.9 %	(isoflurane)	Tier 4	
isoflurane inhalation liquid 99.9 %	(Terrell)	Tier 2	
sevoflurane inhalation liquid 99.97 %	(Ultane)	Tier 2	
TERRELL INHALATION LIQUID 99.9 %	(isoflurane)	Tier 2	
ULTANE INHALATION LIQUID 99.97 %	(sevoflurane)	Tier 4	
General Inhalation Agents			
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %		Tier 4	
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 7 %	(sodium chloride)	Tier 4	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	(sodium chloride)	Tier 2	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %		Tier 4	
PULMOSAL INHALATION SOLUTION FOR NEBULIZATION 7 %	(sodium chloride)	Tier 4	
sodium chloride inhalation solution for nebulization 0.9 %, 10 %		Tier 2	
sodium chloride inhalation solution for nebulization 3 %	(NebuSal)	Tier 2	
sodium chloride inhalation solution for nebulization 7 %	(Hyper-Sal)	Tier 2	
Genetic Disorder Therapy - Hdac Inhibitor			
DUVYZAT ORAL SUSPENSION 8.86 MG/ML		Tier 5	PA
Genetic Disorder Therapy - Pyrimidine Analogs			
KYGEVVI ORAL POWDER IN PACKET 4 GRAM		Tier 5	PA
Hepatitis D Treatment Agents			
HEPCLUDEX SUBCUTANEOUS RECON SOLN 8.5 MG		Tier 5	PA; QL (1 EA per 1 day)
Metabolic Deficiency Agents			
AQNEURSA ORAL GRANULES IN PACKET 1 GRAM		Tier 4	PA
betaine oral powder 1 gram/scoop	(Cystadane)	Tier 4	PA
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	(levocarnitine)	Tier 4	
CARNITOR ORAL SOLUTION 100 MG/ML	(levocarnitine (with sugar))	Tier 4	
CARNITOR ORAL TABLET 330 MG	(levocarnitine)	Tier 4	

Drug		Status	Notes
CYSTADANE ORAL POWDER 1 GRAM/SCOOP	(betaine)	Tier 5	PA
levocarnitine (with sugar) oral solution 100 mg/ml	(Carnitor)	Tier 2	
levocarnitine oral solution 100 mg/ml	(Carnitor (sugar-free))	Tier 2	
levocarnitine oral tablet 330 mg	(Carnitor)	Tier 2	
Metabolic Disease Enzyme Replace, Hypophosphatasia			
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML		Tier 4	PA
Metabolic Disease Enzyme Replacement, Gaucher's Dx			
VPRIV INTRAVENOUS RECON SOLN 400 UNIT		Tier 5	PA
Metabolic Disease Enzyme Replacement,Arginase Def.			
LOARGYS INJECTION SOLUTION 5 MG/ML		Tier 5	PA
Metabolic Dx Enzyme Replace, Mucopolysaccharidosis			
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML		Tier 5	
AVLAYAH INTRAVENOUS RECON SOLN 150 MG		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
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	(Jadenu Sprinkle)	Tier 4	PA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	(Jadenu)	Tier 4	PA
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	(Exjade)	Tier 4	PA
deferiprone oral tablet 1,000 mg	(Ferriprox)	Tier 4	PA
deferiprone oral tablet 500 mg		Tier 4	PA

Drug		Status	Notes
deferoxamine injection recon soln 2 gram		Tier 2	PA
deferoxamine injection recon soln 500 mg	(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	(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
trientine oral capsule 250 mg	(Syprine)	Tier 4	PA
trientine oral capsule 500 mg		Tier 4	PA
Muscarinic Receptor Antagonists			
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML		Tier 4	
Needles/Needleless Devices			
AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"		Tier 3	
NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	Tier 3	
NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	Tier 3	
ULTRA-FINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4"	(pen needle, diabetic)	Tier 3	
UNIFINE PENTIPS NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	Tier 3	
Neuromuscular Blocking Agents			
BOTOX INJECTION RECON SOLN 100 UNIT		Tier 5	PA; QL (4 EA per 90 days)
BOTOX INJECTION RECON SOLN 200 UNIT		Tier 5	PA; QL (1 EA per 90 days)
DAXXIFY INTRAMUSCULAR RECON SOLN 100 UNIT		Tier 5	PA

Drug	Status	Notes
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
Novel Bacterial Topoisomerase Inhibitors (Nbti)		
BLUJEPA ORAL TABLET 750 MG	Tier 4	PA; QL (4 EA per 1 day)
NUZOLVENCE ORAL GRANULES IN PACKET 3 GRAM	Tier 4	PA; QL (1 EA per 1 FILL)
Ophthalmic Trpm8 Agonists		
TRYPTYR OPHTHALMIC (EYE) DROPPERETTE 0.003 %	Tier 3	QL (2 EA per 1 day)
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	
Saliva Stimulant Agents		
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM	Tier 4	
Saliva Substitute Agents		
NUMOISYN MUCOUS MEMBRANE LIQUID	Tier 4	
Skin Tissue Replacement		
APLIGRAF TOPICAL DISK	Tier 4	
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 7 X 7 CM	Tier 4	
GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	Tier 4	
GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	Tier 4	
GRAFIX XC TOPICAL SHEET 7.5 X 15 CM	Tier 4	
KERAMATRIX TOPICAL SHEET 2 X 2 ", 4 X 4 "	Tier 4	
MIRO3D FIBERS TOPICAL POWDER 100 MG, 500 MG, 700 MG	Tier 4	

Drug		Status	Notes
MIRO3D TOPICAL SHEET 10 X 2 X 2 CM, 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 2 X 2 CM, 5 X 5 X 2 CM, 6 X 5 X 2 CM, 7 X 5 X 2 CM, 8 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 2 CM, 10 X 5 CM, 2 X 2 CM, 3 X 3 CM, 4 X 4 CM, 5 X 2 CM, 5 X 5 CM, 5 X 7 CM, 6 X 5 CM, 8 X 5 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			
BYNFEZIA SUBCUTANEOUS PEN INJECTOR 7,000 MCG/2.8ML (2,500 MCG/ML)		Tier 5	PA
lanreotide subcutaneous syringe 120 mg/0.5 ml	(Somatuline Depot)	Tier 4	PA
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG		Tier 5	PA
octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml		Tier 4	
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	(Sandostatin)	Tier 4	
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)		Tier 4	
octreotide,microspheres intramuscular suspension,extended rel recon 10 mg, 20 mg, 30 mg	(Sandostatin LAR Depot)	Tier 4	PA
PALSONIFY ORAL TABLET 20 MG, 30 MG		Tier 5	PA
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	(octreotide acetate)	Tier 5	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG	(octreotide,microspheres)	Tier 5	PA

Drug		Status	Notes
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 SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	(lanreotide)	Tier 5	PA
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML	(lanreotide)	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			
FILSUVEZ TOPICAL GEL 10 %		Tier 5	PA
Other Respiratory Disorders			
Antifibrotic Therapy - Pyridone Analogs			
ESBRIET ORAL TABLET 267 MG, 801 MG	(pirfenidone)	Tier 5	PA
pirfenidone oral capsule 267 mg		Tier 4	PA
pirfenidone oral tablet 267 mg, 801 mg	(Esbriet)	Tier 4	PA
pirfenidone oral tablet 534 mg		Tier 4	PA
Cystic Fib.Transmemb Conduct.Reg.(Cftr)Potentiator			
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG		Tier 4	PA
KALYDECO ORAL TABLET 150 MG		Tier 4	PA
Cystic Fibrosis-Cftr Potentiator & Corrector Comb.			
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG		Tier 4	PA

Drug		Status	Notes
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			
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)		Tier 2	
PULMOZYME INHALATION SOLUTION 1 MG/ML		Tier 4	PA
Pulmonary Fibrosis - Systemic Enzyme Inhibitors			
nintedanib oral capsule 100 mg, 150 mg	(Ofev)	Tier 4	PA
OFEV ORAL CAPSULE 100 MG, 150 MG	(nintedanib)	Tier 5	PA
Pain Management - Analgesics			
Analgesic, Non-Salicylate & Barbiturate Comb.			
butalbital-acetaminophen oral tablet 50-300 mg		Tier 2	ST: TRIAL OF GENERIC BUTALBITAL/ACETAMINOPHEN 50MG-325MG COMBINATION PRODUCT REQUIRED WITHIN 120 DAYS; QL (6 EA per 1 day)
butalbital-acetaminophen oral tablet 50-325 mg	(Tencon)	Tier 2	
TENCON ORAL TABLET 50-325 MG	(butalbital-acetaminophen)	Tier 2	
Analgesic, Salicylate, Barbiturate,& Xanthine Cmb			
butalbital-aspirin-caffeine oral capsule 50-325-40 mg		Tier 2	

Drug		Status	Notes
butalbital-aspirin-caffeine oral tablet 50-325-40 mg		Tier 2	
Analgesic,Non-Salicylate,Barbiturate,&Xanthine Cmb			
butalbital-acetaminophen-caff oral capsule 50-300-40 mg	(Fioricet)	Tier 2	
butalbital-acetaminophen-caff oral capsule 50-325-40 mg		Tier 2	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg		Tier 2	
FIORICET ORAL CAPSULE 50-300-40 MG	(butalbital-acetaminophen-caff)	Tier 2	
Analgesic/Antipyretics, Salicylates			
diflunisal oral tablet 500 mg		Tier 2	
salsalate oral tablet 500 mg, 750 mg		Tier 2	
Analgesics Narcotic, Anesthetic Adjunct Agents			
sufentanil-ketamine nasal spray with pump 3 mcg-3 mg/ spray (0.05 ml), 9 mcg-9 mg/ spray (0.1 ml)		Tier 2	
Analgesics, Narcotic Agonist And Nsaid Combination			
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg		Tier 2	
Analgesics, Non-Narcotics			
JOURNAVX ORAL TABLET 50 MG		Tier 4	PA
Analgesics,Narcotics			
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	(buprenorphine hcl)	Tier 3	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg		Tier 2	
buprenorphine hcl injection solution 0.3 mg/ml		Tier 2	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS
buprenorphine hcl injection syringe 0.3 mg/ml		Tier 2	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS

Drug		Status	Notes
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	(Butrans)	Tier 2	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (4 EA per 28 days)
butorphanol injection solution 1 mg/ml, 2 mg/ml		Tier 2	
butorphanol nasal spray,non-aerosol 10 mg/ml		Tier 2	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR	(buprenorphine)	Tier 4	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (4 EA per 28 days)
codeine sulfate oral tablet 15 mg, 30 mg		Tier 2	QL (12 EA per 1 day); Age (Min 12 Years)
codeine sulfate oral tablet 60 mg		Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)
DEMEROL (PF) INJECTION SYRINGE 25 MG/ML, 50 MG/ML		Tier 4	
DEMEROL INJECTION SOLUTION 50 MG/ML	(meperidine)	Tier 4	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML	(hydromorphone (pf))	Tier 4	
DILAUDID ORAL LIQUID 1 MG/ML	(hydromorphone)	Tier 4	
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG	(hydromorphone)	Tier 4	
DISKETS ORAL TABLET,SOLUBLE 40 MG	(methadone)	Tier 4	QL (1 EA per 1 day)
fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)		Tier 2	
fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,000 mcg/50 ml (20 mcg/ml), 500 mcg/50 ml (10 mcg/ml)		Tier 2	
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg		Tier 2	PA
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour		Tier 2	PA; ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS

Drug		Status	Notes
hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg		Tier 2	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	(Hysingla ER)	Tier 2	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day)
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 120 mg		Tier 2	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day)
hydromorphone (pf) injection syringe 0.5 mg/0.5 ml, 1 mg/ml	(Dilaudid (PF))	Tier 2	
hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)		Tier 2	
hydromorphone oral liquid 1 mg/ml	(Dilaudid)	Tier 2	
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	(Dilaudid)	Tier 2	
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg		Tier 2	PA; ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS
hydromorphone rectal suppository 3 mg		Tier 2	
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	(hydrocodone bitartrate)	Tier 4	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day)
levorphanol tartrate oral tablet 2 mg	(Xyvona)	Tier 2	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS
meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml		Tier 2	
meperidine oral solution 50 mg/5 ml		Tier 2	QL (30 ML per 1 day)
meperidine oral tablet 50 mg		Tier 2	QL (6 EA per 1 day)
methadone injection solution 10 mg/ml		Tier 2	QL (4 ML per 1 day)

Drug		Status	Notes
METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML	(methadone)	Tier 2	QL (4 ML per 1 day)
methadone oral concentrate 10 mg/ml	(Methadone Intensol)	Tier 2	QL (4 ML per 1 day)
methadone oral solution 10 mg/5 ml		Tier 2	QL (20 ML per 1 day)
methadone oral solution 5 mg/5 ml		Tier 2	QL (40 ML per 1 day)
methadone oral tablet 10 mg		Tier 2	QL (4 EA per 1 day)
methadone oral tablet 5 mg		Tier 2	QL (8 EA per 1 day)
methadone oral tablet,soluble 40 mg	(Methadose)	Tier 2	QL (1 EA per 1 day)
METHADOSE ORAL CONCENTRATE 10 MG/ML	(methadone)	Tier 4	QL (4 ML per 1 day)
METHADOSE ORAL TABLET,SOLUBLE 40 MG	(methadone)	Tier 2	QL (1 EA per 1 day)
morphine (pf) intravenous syringe 1 mg/2 ml		Tier 2	
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)		Tier 2	PA
morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml, 5 mg/ml		Tier 2	
morphine intramuscular pen injector 10 mg/0.7 ml		Tier 2	
morphine oral capsule, er multiphase 24 hr 120 mg		Tier 2	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg		Tier 2	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day)
morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg		Tier 2	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
morphine oral solution 10 mg/5 ml (2 mg/ml), 20 mg/5 ml (4 mg/ml)		Tier 2	
morphine oral tablet 15 mg		Tier 4	
morphine oral tablet 30 mg		Tier 3	
morphine oral tablet extended release 100 mg, 200 mg		Tier 2	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (3 EA per 1 day)

Drug		Status	Notes
morphine oral tablet extended release 15 mg, 30 mg, 60 mg	(MS Contin)	Tier 2	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (3 EA per 1 day)
morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg		Tier 2	
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG	(morphine)	Tier 4	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (3 EA per 1 day)
nalbuphine injection solution 10 mg/ml, 20 mg/ml		Tier 2	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	(tapentadol)	Tier 3	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	(tapentadol)	Tier 4	QL (6 EA per 1 day)
oxycodone oral capsule 5 mg		Tier 2	
oxycodone oral concentrate 20 mg/ml		Tier 2	PA
oxycodone oral solution 5 mg/5 ml		Tier 2	
oxycodone oral tablet 10 mg, 20 mg, 5 mg		Tier 2	
oxycodone oral tablet 15 mg, 30 mg	(Roxicodone)	Tier 2	
oxycodone oral tablet, oral only 10 mg, 15 mg, 30 mg, 5 mg	(RoxyBond)	Tier 2	
oxycodone oral tablet,oral only,ext.rel.12 hr 20 mg, 40 mg	(OxyContin)	Tier 2	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg	(OxyContin)	Tier 2	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (4 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	(oxycodone)	Tier 4	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)

Drug		Status	Notes
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	(oxycodone)	Tier 4	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (4 EA per 1 day)
oxymorphone oral tablet 10 mg, 5 mg		Tier 2	
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg		Tier 2	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg		Tier 2	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (4 EA per 1 day)
pentazocine-naloxone oral tablet 50-0.5 mg		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	
tapentadol oral tablet 100 mg, 50 mg, 75 mg	(Nucynta)	Tier 2	QL (6 EA per 1 day)
tramadol oral solution 5 mg/ml	(Qdolo)	Tier 2	PA
tramadol oral tablet 50 mg		Tier 2	QL (8 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet extended release 24 hr 100 mg		Tier 2	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (3 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet extended release 24 hr 200 mg, 300 mg		Tier 2	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet, er multiphase 24 hr 100 mg		Tier 2	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (3 EA per 1 day); Age (Min 12 Years)

Drug	Status	Notes
tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg	Tier 2	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day); Age (Min 12 Years)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	Tier 3	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG	Tier 3	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (4 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	Tier 3	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (8 EA per 1 day)
XYVONA ORAL TABLET 2 MG (levorphanol tartrate)	Tier 2	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS
Antimigraine Preparations		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 3	PA; QL (1 ML per 28 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	Tier 3	PA; QL (1.5 ML per 28 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	Tier 3	PA; QL (1.5 ML per 28 days)
almotriptan malate oral tablet 12.5 mg, 6.25 mg	Tier 2	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 FILLs)
CAFERGOT ORAL TABLET 1-100 MG (ergotamine-caffeine)	Tier 4	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (10 EA per 7 days)

Drug		Status	Notes
dihydroergotamine injection solution 1 mg/ml		Tier 2	ST: TRIAL OF ONE OF THE FOLLOWING: SUMATRIPTAN INJECTION [CARTRIDGE, PEN, SYRINGE], SUMATRIPTAN INTRANASAL OR ZOLMITRIPTAN INTRANASAL IN THE PAST 120 DAYS; QL (15 ML per 14 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	(Migranal)	Tier 2	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (8 ML per 28 days)
eletriptan oral tablet 20 mg, 40 mg	(Relpax)	Tier 2	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 days)
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)		Tier 4	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML		Tier 3	PA; QL (1 ML per 28 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML		Tier 3	PA; QL (1 ML per 28 days)
ERGOMAR SUBLINGUAL TABLET 2 MG		Tier 4	PA; QL (10 EA per 7 days)
ergotamine-caffeine oral tablet 1-100 mg	(Cafergot)	Tier 2	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (10 EA per 7 days)
frovatriptan oral tablet 2.5 mg		Tier 2	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 FILLs)
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG	(sumatriptan succinate)	Tier 4	QL (18 EA per 30 days)
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML	(sumatriptan succinate)	Tier 4	QL (18 ML per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML	(sumatriptan succinate)	Tier 4	QL (18 ML per 30 days)
MAXALT ORAL TABLET 10 MG	(rizatriptan)	Tier 4	QL (27 EA per 30 days)
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	(rizatriptan)	Tier 4	QL (27 EA per 30 days)

Drug		Status	Notes
MIGRANAL NASAL SPRAY,NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML)	(dihydroergotamine)	Tier 4	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (8 ML per 28 days)
naratriptan oral tablet 1 mg, 2.5 mg		Tier 2	QL (18 EA per 30 FILLs)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG		Tier 3	PA; QL (18 EA per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG		Tier 3	PA; QL (1 EA per 1 day)
RELPAX ORAL TABLET 20 MG, 40 MG	(eletriptan)	Tier 4	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 days)
REYVOW ORAL TABLET 100 MG, 50 MG		Tier 3	PA; QL (8 EA per 30 days)
rizatriptan oral tablet 10 mg	(Maxalt)	Tier 2	QL (27 EA per 30 days)
rizatriptan oral tablet 5 mg		Tier 2	QL (27 EA per 30 days)
rizatriptan oral tablet,disintegrating 10 mg	(Maxalt-MLT)	Tier 2	QL (27 EA per 30 days)
rizatriptan oral tablet,disintegrating 5 mg		Tier 2	QL (27 EA per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation		Tier 2	QL (18 EA per 30 FILLs)
sumatriptan nasal spray,non-aerosol 5 mg/actuation		Tier 2	QL (36 EA per 30 FILLs)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	(Imitrex)	Tier 2	QL (18 EA per 30 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	(Imitrex STATdose Pen)	Tier 2	QL (18 ML per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml		Tier 2	QL (18 ML per 30 FILLs)
TRUDHESA NASAL SPRAY,NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)		Tier 4	PA; QL (12 ML per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG		Tier 3	PA; QL (16 EA per 30 days)
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML		Tier 5	PA; QL (3 ML per 90 days)
ZAVZPRET NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION		Tier 4	PA; QL (8 EA per 30 days)
zolmitriptan nasal spray,non-aerosol 2.5 mg, 5 mg	(Zomig)	Tier 2	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 days)

Drug		Status	Notes
zolmitriptan oral tablet 2.5 mg, 5 mg	(Zomig)	Tier 2	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 FILLs)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg		Tier 2	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG, 5 MG	(zolmitriptan)	Tier 4	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG	(zolmitriptan)	Tier 2	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 FILLs)
Calcitonin Gene-Related Peptide (Cgrp) Inhibitors			
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)		Tier 3	PA; QL (3 ML per 28 days)
Narc.& Non-Sal.Analgesic,Barbiturate &Xanthine Cmb			
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg		Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic & Salicylate Analgesics, Barb.& Xanthine			
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	(codeine-butalbital-asa-caff)	Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	(Ascomp with Codeine)	Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic Analgesic & Non-Salicylate Analgesic Comb			
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml		Tier 2	QL (150 ML per 1 day); Age (Min 12 Years)
acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml		Tier 2	Age (Min 12 Years)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg		Tier 2	QL (12 EA per 1 day); Age (Min 12 Years)
acetaminophen-codeine oral tablet 300-60 mg		Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	(oxycodone-acetaminophen)	Tier 2	QL (12 EA per 1 day)
hydrocodone-acetaminophen oral solution 10-300 mg/15 ml		Tier 2	QL (200 ML per 1 day)

Drug		Status	Notes
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml		Tier 2	QL (184 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg		Tier 2	QL (13 EA per 1 day)
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg		Tier 2	QL (12 EA per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	(Endocet)	Tier 2	QL (12 EA per 1 day)
PERCOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	(oxycodone-acetaminophen)	Tier 2	QL (12 EA per 1 day)
tramadol-acetaminophen oral tablet 37.5-325 mg		Tier 2	QL (10 EA per 1 day); Age (Min 12 Years)
Narcotic Withdrawal Therapy Agents			
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	
buprenorphine hcl sublingual tablet 2 mg, 8 mg		Tier 2	
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	(Suboxone)	Tier 2	
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg		Tier 2	
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			
lofexidine oral tablet 0.18 mg	(Lucemyra)	Tier 2	
LUCEMYRA ORAL TABLET 0.18 MG	(lofexidine)	Tier 4	
Parkinsons Disease			
Antiparkinsonism Drugs,Anticholinergic			
benztropine oral tablet 0.5 mg, 1 mg, 2 mg		Tier 2	
trihexyphenidyl oral elixir 0.4 mg/ml		Tier 2	
trihexyphenidyl oral tablet 2 mg, 5 mg		Tier 2	

Drug		Status	Notes
Antiparkinsonism Drugs,Other			
amantadine hcl oral capsule 100 mg		Tier 2	
amantadine hcl oral solution 50 mg/5 ml		Tier 2	
amantadine hcl oral tablet 100 mg		Tier 2	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	(apomorphine)	Tier 5	PA
apomorphine subcutaneous cartridge 10 mg/ml	(APOKYN)	Tier 4	PA
AZILECT ORAL TABLET 0.5 MG	(rasagiline)	Tier 4	QL (1 EA per 1 day)
AZILECT ORAL TABLET 1 MG	(rasagiline)	Tier 4	
bromocriptine oral capsule 5 mg		Tier 2	
bromocriptine oral tablet 2.5 mg		Tier 2	
carbidopa-levodopa oral capsule, extended release 23.75-95 mg, 36.25-145 mg, 48.75-195 mg, 61.25-245 mg	(Rytary)	Tier 2	ST: TRIAL OF GENERIC CARBIDOPA/LEVODOPA ER (25MG-100 MG, 50MG-200 MG) IN THE PAST 120 DAYS; QL (10 EA per 1 day)
carbidopa-levodopa oral tablet 10-100 mg	(Sinemet)	Tier 2	
carbidopa-levodopa oral tablet 25-100 mg	(Dhivy)	Tier 2	
carbidopa-levodopa oral tablet 25-250 mg		Tier 2	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg		Tier 2	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg		Tier 2	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg		Tier 2	
CREXONT ORAL CAPSULE,IR - EXTEND REL,BIPHASE 35-140 MG		Tier 4	ST: TRIAL OF GENERIC CARBIDOPA/LEVODOPA ER (25MG-100 MG, 50MG-200 MG) IN THE PAST 120 DAYS; QL (4 EA per 1 day)
CREXONT ORAL CAPSULE,IR - EXTEND REL,BIPHASE 52.5-210 MG		Tier 4	ST: TRIAL OF GENERIC CARBIDOPA/LEVODOPA ER (25MG-100 MG, 50MG-200 MG) IN THE PAST 120 DAYS; QL (10 EA per 1 day)
CREXONT ORAL CAPSULE,IR - EXTEND REL,BIPHASE 70-280 MG		Tier 4	ST: TRIAL OF GENERIC CARBIDOPA/LEVODOPA ER (25MG-100 MG, 50MG-200 MG) IN THE PAST 120 DAYS; QL (7 EA per 1 day)

Drug		Status	Notes
CREXONT ORAL CAPSULE,IR - EXTEND REL,BIPHASE 87.5-350 MG		Tier 4	ST: TRIAL OF GENERIC CARBIDOPA/LEVODOPA ER (25MG-100 MG, 50MG-200 MG) IN 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
entacapone oral tablet 200 mg		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
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 1.5 MG, 2.25 MG, 3 MG, 3.75 MG	(pramipexole)	Tier 4	ST: ST EDIT: TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR REQUIRED.; QL (1 EA per 1 day)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR		Tier 3	ST: ST EDIT: TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR REQUIRED.; 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
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg		Tier 2	
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 4.5 mg		Tier 2	ST: ST EDIT: TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR REQUIRED.; QL (1 EA per 1 day)
pramipexole oral tablet extended release 24 hr 1.5 mg, 2.25 mg, 3 mg, 3.75 mg	(Mirapex ER)	Tier 2	ST: ST EDIT: TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR REQUIRED.; QL (1 EA per 1 day)
rasagiline oral tablet 0.5 mg	(Azilect)	Tier 2	QL (1 EA per 1 day)
rasagiline oral tablet 1 mg	(Azilect)	Tier 2	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg		Tier 2	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg		Tier 2	ST: ST EDIT: TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR REQUIRED.; QL (1 EA per 1 day)

Drug		Status	Notes
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	(carbidopa-levodopa)	Tier 4	ST: TRIAL OF GENERIC CARBIDOPA/LEVODOPA ER (25MG-100 MG, 50MG-200 MG) IN THE PAST 120 DAYS; QL (10 EA per 1 day)
selegiline hcl oral capsule 5 mg		Tier 2	
selegiline hcl oral tablet 5 mg		Tier 2	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	(carbidopa-levodopa)	Tier 4	
TASMAR ORAL TABLET 100 MG	(tolcapone)	Tier 4	ST: ST EDIT: TRIAL OF COMTAN (ENTACAPONE) REQUIRED.; QL (3 EA per 1 day)
tolcapone oral tablet 100 mg	(Tasmar)	Tier 2	ST: ST EDIT: TRIAL OF COMTAN (ENTACAPONE) REQUIRED.; 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: TRIAL OF LEVODOPA/CARBIDOPA (SINEMET IR, SINEMET CR, DUOPA, PARCOPA, OR RYTARY) REQUIRED; QL (1 EA per 1 day)
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG		Tier 4	ST: TRIAL OF GENERIC SELEGILINE CAPSULES OR TABLETS IN THE PREVIOUS 120 DAYS; QL (2 EA per 1 day)
Decarboxylase Inhibitors			
carbidopa oral tablet 25 mg	(Lodosyn)	Tier 2	
LODOSYN ORAL TABLET 25 MG	(carbidopa)	Tier 4	
Seizure Disorder			
Anticonvulsant - Benzodiazepine Type			
clobazam oral suspension 2.5 mg/ml	(Onfi)	Tier 2	QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	(Onfi)	Tier 2	QL (2 EA per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	(Klonopin)	Tier 2	
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg		Tier 2	
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg		Tier 2	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	(clonazepam)	Tier 4	
midazolam intramuscular auto-injector 10 mg/0.7 ml		Tier 4	QL (7 ML per 30 days)

Drug		Status	Notes
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)		Tier 3	PA; QL (10 EA per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML	(clobazam)	Tier 4	QL (480 ML per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	(clobazam)	Tier 4	QL (2 EA per 1 day)
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)		Tier 3	PA; QL (10 EA per 30 days)
Anticonvulsant - Cannabinoid Type			
EPIDIOLEX ORAL SOLUTION 100 MG/ML		Tier 4	ST: TRIAL OF ONE OF THE FOLLOWING GENERIC ANTICONVULSANTS: CLOBAZAM, VALPROIC ACID DERIVATIVES, LAMOTRIGINE, LEVETIRACETAM, TOPIRAMATE, VIGABATRIN, CARBAMAZEPINE, AND OXCARBAZEPINE IN THE LAST 365 DAYS
Anticonvulsants			
APTIOM ORAL TABLET 200 MG, 400 MG	(eslicarbazepine)	Tier 4	QL (1 EA per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG	(eslicarbazepine)	Tier 4	QL (2 EA per 1 day)
BANZEL ORAL SUSPENSION 40 MG/ML	(rufinamide)	Tier 4	ST: TRIAL OF VALPROIC ACID OR DIVALPROEX OR CLOBAZAM IN THE PAST 120 DAYS; QL (80 ML per 1 day)
BANZEL ORAL TABLET 200 MG	(rufinamide)	Tier 4	ST: TRIAL OF VALPROIC ACID OR DIVALPROEX OR CLOBAZAM IN THE PAST 120 DAYS; QL (16 EA per 1 day)
BANZEL ORAL TABLET 400 MG	(rufinamide)	Tier 4	ST: TRIAL OF VALPROIC ACID OR DIVALPROEX OR CLOBAZAM IN THE PAST 120 DAYS; QL (8 EA per 1 day)
brivaracetam oral solution 10 mg/ml	(Briviact)	Tier 2	QL (600 ML per 30 days)
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	(Briviact)	Tier 2	QL (2 EA per 1 day)
BRIVIACT ORAL SOLUTION 10 MG/ML	(brivaracetam)	Tier 4	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	(brivaracetam)	Tier 4	QL (2 EA per 1 day)

Drug		Status	Notes
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	(Carbatrol)	Tier 2	
carbamazepine oral suspension 100 mg/5 ml	(Tegretol)	Tier 2	
carbamazepine oral tablet 200 mg	(Tegretol)	Tier 2	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	(Tegretol XR)	Tier 2	
carbamazepine oral tablet,chewable 100 mg, 200 mg		Tier 2	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	(carbamazepine)	Tier 4	
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	
divalproex oral capsule, delayed rel sprinkle 125 mg	(Depakote Sprinkles)	Tier 2	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	(Depakote ER)	Tier 2	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	(Depakote)	Tier 2	
EPRONTIA ORAL SOLUTION 25 MG/ML	(topiramate)	Tier 4	PA
eslicarbazepine oral tablet 200 mg, 400 mg	(Aptiom)	Tier 2	QL (1 EA per 1 day)
eslicarbazepine oral tablet 600 mg, 800 mg	(Aptiom)	Tier 2	QL (2 EA per 1 day)
ethosuximide oral capsule 250 mg	(Zarontin)	Tier 2	
ethosuximide oral solution 250 mg/5 ml	(Zarontin)	Tier 2	

Drug		Status	Notes
felbamate oral suspension 600 mg/5 ml		Tier 2	
felbamate oral tablet 400 mg, 600 mg	(Felbatol)	Tier 2	
FELBATOL ORAL TABLET 400 MG, 600 MG	(felbamate)	Tier 4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML		Tier 5	PA
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	(perampanel)	Tier 4	QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	(perampanel)	Tier 4	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	(perampanel)	Tier 4	QL (120 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	(perampanel)	Tier 4	QL (60 EA per 30 days)
gabapentin oral capsule 100 mg	(Neurontin)	Tier 2	
gabapentin oral capsule 300 mg, 400 mg	(Relgaabi)	Tier 2	
gabapentin oral solution 250 mg/5 ml	(Neurontin)	Tier 2	PA; QL (72 ML per 1 day)
gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)		Tier 2	PA; QL (72 ML per 1 day)
gabapentin oral tablet 600 mg, 800 mg	(Neurontin)	Tier 2	
KEPPRA ORAL SOLUTION 100 MG/ML	(levetiracetam)	Tier 4	
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	(levetiracetam)	Tier 4	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	(levetiracetam)	Tier 4	
lacosamide oral solution 10 mg/ml	(Vimpat)	Tier 2	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Vimpat)	Tier 2	
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG	(lamotrigine)	Tier 4	
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)	(lamotrigine)	Tier 4	
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)	(lamotrigine)	Tier 4	
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	(lamotrigine)	Tier 4	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	(lamotrigine)	Tier 4	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	(lamotrigine)	Tier 4	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	(lamotrigine)	Tier 4	

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

Drug		Status	Notes
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	PA; QL (30 ML per 1 day)
methsuximide oral capsule 300 mg	(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	PA; QL (72 ML per 1 day)
NEURONTIN ORAL TABLET 600 MG, 800 MG	(gabapentin)	Tier 4	
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	(Trileptal)	Tier 2	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	Tier 2	
oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg	(Oxtellar XR)	Tier 2	ST: ST EDIT: TRIAL OF 2 AGENTS (CARBAMAZEPINE, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM IR OR ER, OXCARBAZEPINE, TOPIRAMATE, ZONISAMIDE, VALPROIC ACID OR DIVALPROEX) REQUIRED.; QL (3 EA per 1 day)
oxcarbazepine oral tablet extended release 24 hr 600 mg	(Oxtellar XR)	Tier 2	ST: ST EDIT: TRIAL OF 2 AGENTS (CARBAMAZEPINE, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM IR OR ER, OXCARBAZEPINE, TOPIRAMATE, ZONISAMIDE, VALPROIC ACID OR DIVALPROEX) REQUIRED.; 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: ST EDIT: TRIAL OF 2 AGENTS (CARBAMAZEPINE, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM IR OR ER, OXCARBAZEPINE, TOPIRAMATE, ZONISAMIDE, VALPROIC ACID OR DIVALPROEX) REQUIRED.; QL (3 EA per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	(oxcarbazepine)	Tier 4	ST: ST EDIT: TRIAL OF 2 AGENTS (CARBAMAZEPINE, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM IR OR ER, OXCARBAZEPINE, TOPIRAMATE, ZONISAMIDE, VALPROIC ACID OR DIVALPROEX) REQUIRED.; QL (4 EA per 1 day)
perampanel oral suspension 0.5 mg/ml	(Fycompa)	Tier 2	QL (680 ML per 28 days)
perampanel oral tablet 10 mg, 12 mg, 8 mg	(Fycompa)	Tier 2	QL (30 EA per 30 days)
perampanel oral tablet 2 mg	(Fycompa)	Tier 2	QL (120 EA per 30 days)
perampanel oral tablet 4 mg, 6 mg	(Fycompa)	Tier 2	QL (60 EA per 30 days)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	(phenytoin sodium extended)	Tier 2	
phenytoin oral suspension 125 mg/5 ml	(Dilantin-125)	Tier 2	
phenytoin oral tablet,chewable 50 mg	(Dilantin Infatabs)	Tier 2	
phenytoin sodium extended oral capsule 100 mg	(Dilantin Extended)	Tier 2	
phenytoin sodium extended oral capsule 200 mg, 300 mg	(Phenytek)	Tier 2	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	(Lyrica)	Tier 2	
pregabalin oral solution 20 mg/ml	(Lyrica)	Tier 2	PA; QL (30 ML per 1 day)
primidone oral tablet 125 mg		Tier 2	
primidone oral tablet 250 mg, 50 mg	(Mysoline)	Tier 2	
RELGAABI ORAL CAPSULE 300 MG, 400 MG	(gabapentin)	Tier 2	
ROWEEPRA ORAL TABLET 500 MG	(levetiracetam)	Tier 4	

Drug		Status	Notes
rufinamide oral suspension 40 mg/ml	(Banzel)	Tier 2	ST: TRIAL OF VALPROIC ACID OR DIVALPROEX OR CLOBAZAM IN THE PAST 120 DAYS; QL (80 ML per 1 day)
rufinamide oral tablet 200 mg	(Banzel)	Tier 2	ST: TRIAL OF VALPROIC ACID OR DIVALPROEX OR CLOBAZAM IN THE PAST 120 DAYS; QL (16 EA per 1 day)
rufinamide oral tablet 400 mg	(Banzel)	Tier 2	ST: TRIAL OF VALPROIC ACID OR DIVALPROEX OR CLOBAZAM IN THE PAST 120 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 SUSPENSION 10 MG/ML		Tier 4	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	
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	
tiagabine oral tablet 12 mg, 2 mg, 4 mg		Tier 2	ST: ST EDIT: TRIAL OF 2 AGENTS (CARBAMAZEPINE, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, ZONISAMIDE, VALPROIC ACID OR DIVALPROEX REQUIRED; QL (4 EA per 1 day)

Drug		Status	Notes
tiagabine oral tablet 16 mg		Tier 2	ST: ST EDIT: TRIAL OF 2 AGENTS (CARBAMAZEPINE, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, ZONISAMIDE, VALPROIC ACID OR DIVALPROEX REQUIRED; QL (3 EA per 1 day)
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG	(topiramate)	Tier 4	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	(topiramate)	Tier 4	
topiramate oral capsule, sprinkle 15 mg, 25 mg	(Topamax)	Tier 2	
topiramate oral capsule, sprinkle 50 mg		Tier 2	
topiramate oral capsule,extended release 24hr 100 mg	(Trokendi XR)	Tier 2	QL (3 EA per 1 day)
topiramate oral capsule,extended release 24hr 200 mg	(Trokendi XR)	Tier 2	QL (2 EA per 1 day)
topiramate oral capsule,extended release 24hr 25 mg	(Trokendi XR)	Tier 2	QL (8 EA per 1 day)
topiramate oral capsule,extended release 24hr 50 mg	(Trokendi XR)	Tier 2	QL (7 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 100 mg		Tier 2	ST: REQUIRES TRIAL OF TOPIRAMATE IMMEDIATE RELEASE TABLETS/SPRINKLE CAPSULES.; QL (3 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg		Tier 2	ST: REQUIRES TRIAL OF TOPIRAMATE IMMEDIATE RELEASE TABLETS/SPRINKLE CAPSULES.; QL (2 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 25 mg		Tier 2	ST: REQUIRES TRIAL OF TOPIRAMATE IMMEDIATE RELEASE TABLETS/SPRINKLE CAPSULES.; QL (1 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 50 mg		Tier 2	ST: REQUIRES TRIAL OF TOPIRAMATE IMMEDIATE RELEASE TABLETS/SPRINKLE CAPSULES.; QL (7 EA per 1 day)
topiramate oral solution 25 mg/ml	(Eprontia)	Tier 2	PA

Drug		Status	Notes
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	Tier 2	
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)	(oxcarbazepine)	Tier 4	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	(oxcarbazepine)	Tier 4	
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	(topiramate)	Tier 4	QL (3 EA per 1 day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	(topiramate)	Tier 4	QL (2 EA per 1 day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 25 MG	(topiramate)	Tier 4	QL (8 EA per 1 day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 50 MG	(topiramate)	Tier 4	QL (7 EA per 1 day)
valproic acid (as sodium salt) oral solution 250 mg/5 ml		Tier 2	
valproic acid oral capsule 250 mg		Tier 2	
vigabatrin oral powder in packet 500 mg	(Vigadrone)	Tier 4	PA
vigabatrin oral tablet 500 mg	(Vigadrone)	Tier 4	PA
VIGADRONE ORAL POWDER IN PACKET 500 MG	(vigabatrin)	Tier 4	PA
VIGADRONE ORAL TABLET 500 MG	(vigabatrin)	Tier 4	PA
VIGAFYDE ORAL SOLUTION 100 MG/ML		Tier 5	PA
VIMPAT ORAL SOLUTION 10 MG/ML	(lacosamide)	Tier 4	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	(lacosamide)	Tier 4	
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

Drug		Status	Notes
zonisamide oral capsule 100 mg, 25 mg	(Zonegran)	Tier 2	
zonisamide oral capsule 50 mg		Tier 2	
Neuroactive Steroid Gaba-A Receptor Modulator			
ZTALMY ORAL SUSPENSION 50 MG/ML		Tier 5	PA
Skeletal Muscle Disorder			
Agents To Tx Periodic Paralysis - Carbon Anhyd Inh			
dichlorphenamide oral tablet 50 mg	(Keveyis)	Tier 4	PA
KEVEYIS ORAL TABLET 50 MG	(dichlorphenamide)	Tier 4	PA
ORMALVI ORAL TABLET 50 MG	(dichlorphenamide)	Tier 4	PA
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
Skeletal Muscle Relaxants			
ATMEKSI ORAL SUSPENSION 750 MG/5 ML		Tier 4	PA; QL (54 ML per 1 day)
baclofen oral solution 10 mg/5 ml (2 mg/ml)	(Ozobax DS)	Tier 2	PA
baclofen oral solution 5 mg/5 ml	(Ozobax)	Tier 2	PA
baclofen oral suspension 25 mg/5 ml (5 mg/ml)	(Fleqsuvy)	Tier 2	PA
baclofen oral tablet 10 mg, 20 mg, 5 mg		Tier 2	
carisoprodol oral tablet 250 mg, 350 mg	(Soma)	Tier 2	
carisoprodol-aspirin oral tablet 200-325 mg		Tier 2	
chlorzoxazone oral tablet 500 mg		Tier 2	
cyclobenzaprine oral tablet 10 mg, 5 mg		Tier 2	
cyclobenzaprine oral tablet 7.5 mg	(Fexmid)	Tier 2	
DANTRIUM ORAL CAPSULE 25 MG	(dantrolene)	Tier 4	
dantrolene oral capsule 100 mg, 50 mg		Tier 2	
dantrolene oral capsule 25 mg	(Dantrium)	Tier 2	
FEXMID ORAL TABLET 7.5 MG	(cyclobenzaprine)	Tier 4	
FLEQSUVY ORAL SUSPENSION 25 MG/5 ML (5 MG/ML)	(baclofen)	Tier 4	PA
metaxalone oral tablet 400 mg, 800 mg		Tier 2	
methocarbamol oral tablet 500 mg, 750 mg		Tier 2	
orphenadrine citrate oral tablet extended release 100 mg		Tier 2	

Drug		Status	Notes
OZOBAX ORAL SOLUTION 5 MG/5 ML	(baclofen)	Tier 4	PA
SOMA ORAL TABLET 250 MG, 350 MG	(carisoprodol)	Tier 4	
tizanidine oral capsule 2 mg, 4 mg, 6 mg	(Zanaflex)	Tier 2	
tizanidine oral tablet 2 mg		Tier 2	
tizanidine oral tablet 4 mg	(Zanaflex)	Tier 2	
VANADOM ORAL TABLET 350 MG	(carisoprodol)	Tier 4	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	(tizanidine)	Tier 4	
ZANAFLEX ORAL TABLET 4 MG	(tizanidine)	Tier 4	
Smoking Cessation			
Smoking Deterrent Agents (Ganglionic Stim,Others)			
nicotine (polacrilex) buccal gum 2 mg	(Quit 2)	PREV (Tier 1)	$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal gum 4 mg	(Quit 4)	PREV (Tier 1)	$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal lozenge 2 mg	(Quit 2)	PREV (Tier 1)	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal lozenge 4 mg	(Quit 4)	PREV (Tier 1)	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	(Nicorette)	PREV (Tier 1)	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	(Nicoderm CQ)	PREV (Tier 1)	$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr		PREV (Tier 1)	$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER

Drug		Status	Notes
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML		PREV (Tier 1)	$0 COPAY IF QUANTITY 10 IN 2 DAYS, LIMITED TO 180 DAYS SUPPLY IN 365, 18 YEARS OF AGE OR OLDER, AND TRIAL OF NICOTINE TRANSDERMAL PATCH|
QUIT 2 BUCCAL GUM 2 MG	(nicotine (polacrilex))	PREV (Tier 1)	$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 2 BUCCAL LOZENGE 2 MG	(nicotine (polacrilex))	PREV (Tier 1)	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL GUM 4 MG	(nicotine (polacrilex))	PREV (Tier 1)	$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL LOZENGE 4 MG	(nicotine (polacrilex))	PREV (Tier 1)	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG	(nicotine (polacrilex))	PREV (Tier 1)	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
Smoking Deterrent-Nicotinic Recept.Partial Agonist			
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	(varenicline tartrate)	Tier 4	
varenicline tartrate oral tablet 0.5 mg, 1 mg	(Chantix)	PREV (Tier 1)	$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	(Chantix Starting Month Box)	PREV (Tier 1)	$0 COPAY IF QUANTITY 53 IN 28 DAYS, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
Smoking Deterrents, Other			
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg		PREV (Tier 1)	$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER

Drug		Status	Notes
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	
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	ST: TRIAL OF ZENPEP AND CREON IN THE PAST 365 DAYS
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500-60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT		Tier 4	ST: TRIAL OF ZENPEP AND CREON IN THE PAST 365 DAYS
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300-78,300 UNIT		Tier 4	ST: TRIAL OF ZENPEP AND CREON IN THE PAST 365 DAYS
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT		Tier 3	
Upper Gastrointestinal Disorders - Spastic Disease			
Anticholinergics/Antispasmodics			
dicyclomine oral capsule 10 mg		Tier 2	
dicyclomine oral solution 10 mg/5 ml		Tier 2	
dicyclomine oral tablet 20 mg		Tier 2	
Belladonna Alkaloids			
DIGENYX ORAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 4	
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG	(hyoscyamine sulfate)	Tier 2	
hyoscyamine sulfate oral drops 0.125 mg/ml	(Hyosyne)	Tier 2	

Drug		Status	Notes
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	(Hyosyne)	Tier 2	
hyoscyamine sulfate oral tablet 0.125 mg	(Oscimin)	Tier 2	
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	(Levbid)	Tier 2	
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	(Ed-Spaz)	Tier 2	
hyoscyamine sulfate sublingual tablet 0.125 mg	(Oscimin SL)	Tier 2	
HYOSYNE ORAL DROPS 0.125 MG/ML	(hyoscyamine sulfate)	Tier 2	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML	(hyoscyamine sulfate)	Tier 2	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	(hyoscyamine sulfate)	Tier 4	
LEVSIN ORAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 4	
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 4	
methscopolamine oral tablet 2.5 mg, 5 mg		Tier 2	
NULEV ORAL TABLET,DISINTEGRATING 0.125 MG	(hyoscyamine sulfate)	Tier 4	
OSCIMIN ORAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 2	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 2	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	(hyoscyamine sulfate)	Tier 4	
SYMAX FASTABS ORAL TABLET,DISINTEGRATING 0.125 MG	(hyoscyamine sulfate)	Tier 4	
SYMAX-SL SUBLINGUAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 4	
SYMAX-SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	(hyoscyamine sulfate)	Tier 4	
Upper Gastrointestinal Disorders - Ulcer Disease			
Anticholinergics,Quaternary Ammonium			
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	(Librax (with clidinium))	Tier 2	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	(glycopyrrolate)	Tier 4	
DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG		Tier 4	ST: TRIAL OF GLYCOPYRROLATE 2 MG IN THE PAST 120 DAYS.; QL (4 EA per 1 day); Age (Min 18 Years)
glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)		Tier 2	

Drug		Status	Notes
glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)	(Cuvposa)	Tier 2	
glycopyrrolate oral tablet 1 mg	(Robinul)	Tier 2	
glycopyrrolate oral tablet 2 mg	(Robinul Forte)	Tier 2	
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG	(chlordiazepoxide-clidinium)	Tier 4	
ROBINUL FORTE ORAL TABLET 2 MG	(glycopyrrolate)	Tier 4	
ROBINUL ORAL TABLET 1 MG	(glycopyrrolate)	Tier 4	
Anti-Ulcer Preparations			
CARAFATE ORAL TABLET 1 GRAM	(sucralfate)	Tier 4	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	(misoprostol)	Tier 4	
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	Tier 2	
sucralfate oral suspension 100 mg/ml		Tier 2	
sucralfate oral tablet 1 gram	(Carafate)	Tier 2	
Anti-Ulcer-H.Pylori Agents			
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg		Tier 2	QL (112 EA per 10 FILLs)
bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg	(Pylera)	Tier 2	
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)		Tier 4	
PYLERA ORAL CAPSULE 140-125-125 MG	(bismuth subcit k-metronidz-tcn)	Tier 4	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG		Tier 4	QL (168 EA per 14 days); Age (Min 18 Years)
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)		Tier 4	PA; QL (112 EA per 14 days)
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG		Tier 4	PA; QL (112 EA per 14 days)
Histamine H2-Receptor Inhibitors			
cimetidine hcl oral solution 300 mg/5 ml		Tier 2	
cimetidine oral tablet 200 mg	(Acid Reducer (cimetidine))	Tier 2	
cimetidine oral tablet 300 mg, 400 mg, 800 mg		Tier 2	
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)		Tier 2	
famotidine oral tablet 20 mg, 40 mg	(Pepcid)	Tier 2	
nizatidine oral capsule 150 mg, 300 mg		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

Drug		Status	Notes
metoclopramide hcl oral solution 5 mg/5 ml		Tier 2	
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	Tier 2	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	(prucalopride)	Tier 4	QL (1 EA per 1 day)
prucalopride oral tablet 1 mg, 2 mg	(Motegrity)	Tier 2	QL (1 EA per 1 day)
REGLAN ORAL TABLET 10 MG, 5 MG	(metoclopramide hcl)	Tier 4	
Potassium-Competitive Acid Blockers (Pcabs)			
VOQUEZNA ORAL TABLET 10 MG, 20 MG		Tier 4	PA; QL (1 EA per 1 day)
Proton-Pump Inhibitors			
ACIPHEX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	(rabeprazole)	Tier 4	
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG	(rabeprazole)	Tier 4	ST: TRIAL OF OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS; QL (1 EA per 1 day)
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 5 MG		Tier 4	ST: TRIAL OF OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS; QL (1 EA per 1 day)
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG	(dexlansoprazole)	Tier 4	ST: TRIAL OF OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS; QL (1 EA per 1 day)
dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg	(Dexilant)	Tier 2	ST: TRIAL OF OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS; QL (1 EA per 1 day)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg	(Nexium)	Tier 2	
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg	(Nexium Packet)	Tier 2	QL (1 EA per 1 day)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	(Nexium Packet)	Tier 2	QL (2 EA per 1 day)
KONVOMEP ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML		Tier 4	PA
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	(Acid Reducer (lansoprazole))	Tier 2	

Drug		Status	Notes
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	(Prevacid)	Tier 2	
lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg	(Prevacid SoluTab)	Tier 2	
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 40 MG	(esomeprazole magnesium)	Tier 4	
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	(esomeprazole magnesium)	Tier 4	QL (1 EA per 1 day)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	(esomeprazole magnesium)	Tier 4	QL (2 EA per 1 day)
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg		Tier 2	
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram	(Zegerid OTC)	Tier 2	
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram		Tier 2	
omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg		Tier 2	PA
pantoprazole oral granules dr for susp in packet 40 mg	(Protonix)	Tier 2	ST: TRIAL OF OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	(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	
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG, 2.5 MG		Tier 4	ST: REQUIRE TRIAL OF OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	(pantoprazole)	Tier 4	ST: TRIAL OF OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG, 40 MG	(pantoprazole)	Tier 4	
rabeprazole oral capsule, delayed rel sprinkle 10 mg	(AcipHex Sprinkle)	Tier 2	ST: TRIAL OF OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS; QL (1 EA per 1 day)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	(AcipHex)	Tier 2	

Drug		Status	Notes
Urinary Tract - Functional Disorders			
Benign Prostatic Hypertrophy/Micturition Agents			
alfuzosin oral tablet extended release 24 hr 10 mg	(Uroxatral)	Tier 2	
AVODART ORAL CAPSULE 0.5 MG	(dutasteride)	Tier 4	
dutasteride oral capsule 0.5 mg	(Avodart)	Tier 2	
finasteride oral tablet 5 mg	(Proscar)	Tier 2	
PROSCAR ORAL TABLET 5 MG	(finasteride)	Tier 4	
silodosin oral capsule 4 mg, 8 mg		Tier 2	
tamsulosin oral capsule 0.4 mg		Tier 2	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG	(alfuzosin)	Tier 4	
Bph Agents,5-Alpha-Red Inh & Alpha-1-Adr Antg Cmb			
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	(Jalyn)	Tier 2	ST: ST EDIT: TRIAL OF FINASTERIDE 5MG, ALFUZOSIN, DOXAZOSIN, PRAZOSIN, SILODOSIN, TAMSULOSIN OR TERAZOSIN REQUIRED.
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG	(dutasteride-tamsulosin)	Tier 4	ST: ST EDIT: TRIAL OF FINASTERIDE 5MG, ALFUZOSIN, DOXAZOSIN, PRAZOSIN, SILODOSIN, TAMSULOSIN OR TERAZOSIN REQUIRED.
Cystine-Depleting Agents, Nephropathic Cystinosis			
CYSTAGON ORAL CAPSULE 150 MG, 50 MG		Tier 5	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG		Tier 4	PA
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG		Tier 4	PA
Endothelin-Angiotensin Receptor Antagonist			
FILSPARI ORAL TABLET 200 MG, 400 MG		Tier 4	PA
Kidney Stone Agents			
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG	(tiopronin)	Tier 4	
THIOLA ORAL TABLET 100 MG	(tiopronin)	Tier 5	
tiopronin oral tablet 100 mg	(Thiola)	Tier 4	

Drug		Status	Notes
tiopronin oral tablet,delayed release (dr/ec) 100 mg, 300 mg	(Thiola EC)	Tier 4	
VENXXIVA ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG	(tiopronin)	Tier 4	
Overactive Bladder Agents, Beta-3 Adrenergic Recep			
GEMTESA ORAL TABLET 75 MG		Tier 4	ST: TRIAL OF OXYBUTYNIN IR/XR AND MYRBETRIQ IN THE PAST 365 DAYS; QL (1 EA per 1 day)
mirabegron oral suspension,extended rel recon 8 mg/ml	(Myrbetriq)	Tier 2	
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	(mirabegron)	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
tolvaptan (polycys kidney dis) oral tablet 15 mg	(Jynarque)	Tier 4	QL (30 EA per 365 days)
tolvaptan (polycys kidney dis) oral tablet 30 mg	(Jynarque)	Tier 4	QL (60 EA per 365 days)
tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)	(Jynarque)	Tier 4	PA
Tissue Bulking Implants - Ureteral			
DEFLUX IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (1)		Tier 5	
Urinary Ph Modifiers			

Drug		Status	Notes
K-PHOS NO 2 ORAL TABLET 305-700 MG		Tier 4	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG		Tier 4	
ORACIT ORAL SOLUTION 490-640 MG/5 ML	(sodium citrate-citric acid)	Tier 4	
potassium citrate oral tablet extended release 10 meq (1,080 mg)	(Urocit-K 10)	Tier 2	
potassium citrate oral tablet extended release 15 meq	(Urocit-K 15)	Tier 2	
potassium citrate oral tablet extended release 5 meq (540 mg)		Tier 2	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML		Tier 4	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG)	(potassium citrate)	Tier 4	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ	(potassium citrate)	Tier 4	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG		Tier 4	
Urinary Tract Analgesic Agents			
ELMIRON ORAL CAPSULE 100 MG		Tier 3	PA
Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)			
phenazopyridine oral tablet 100 mg, 200 mg	(Pyridium)	Tier 2	
PYRIDIUM ORAL TABLET 100 MG, 200 MG	(phenazopyridine)	Tier 4	
Urinary Tract Antispasmodic, M(3) Selective Antag.			
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg		Tier 2	
solifenacin oral tablet 10 mg, 5 mg	(Vesicare)	Tier 2	
VESICARE ORAL TABLET 10 MG, 5 MG	(solifenacin)	Tier 4	
Urinary Tract Antispasmodic/Antiincontinence Agent			
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	(Toviaz)	Tier 2	QL (1 EA per 1 day)
flavoxate oral tablet 100 mg		Tier 2	
oxybutynin chloride oral syrup 5 mg/5 ml		Tier 2	
oxybutynin chloride oral tablet 2.5 mg, 5 mg		Tier 2	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg		Tier 2	

Drug		Status	Notes
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR		Tier 4	ST: TRIAL OF OXYBUTYNIN IR/XR AND MYRBETRIQ IN THE PAST 365 DAYS
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg		Tier 2	
tolterodine oral tablet 1 mg, 2 mg		Tier 2	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	(fesoterodine)	Tier 4	QL (1 EA per 1 day)
trospium oral capsule,extended release 24hr 60 mg		Tier 2	
trospium oral tablet 20 mg		Tier 2	
Vaginal Disorders			
Vaginal Antibiotics			
CLEOCIN VAGINAL CREAM 2 %	(clindamycin phosphate)	Tier 4	
CLEOCIN VAGINAL SUPPOSITORY 100 MG		Tier 4	ST: TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE TABLETS, ORAL CLINDAMYCIN CAPSULES, INTRAVAGINAL METRONIDAZOLE GEL, INTRAVAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS; QL (3 EA per 30 days)
clindamycin phosphate vaginal cream 2 %	(Cleocin)	Tier 2	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %		Tier 4	ST: TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE TABLETS, ORAL CLINDAMYCIN CAPSULES, INTRAVAGINAL METRONIDAZOLE GEL, INTRAVAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	(Vandazole)	Tier 2	

Drug	Status	Notes
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM) (metronidazole)	Tier 4	ST: TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE TABLETS, ORAL CLINDAMYCIN CAPSULES, INTRAVAGINAL METRONIDAZOLE GEL, INTRAVAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS
VANDAZOLE VAGINAL GEL 0.75 % (37.5MG/5 GRAM) (metronidazole)	Tier 4	
XACIATO VAGINAL GEL 2 %	Tier 4	ST: TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE TABLETS, ORAL CLINDAMYCIN CAPSULES, INTRAVAGINAL METRONIDAZOLE GEL, INTRAVAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS
Vaginal Antifungals		
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 3	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	Tier 2	
terconazole vaginal cream 0.4 %, 0.8 %	Tier 2	
terconazole vaginal suppository 80 mg	Tier 2	
Vaginal Antiseptics		
FEM PH VAGINAL GEL 0.9-0.025 %	Tier 4	
RELAGARD VAGINAL GEL 0.9-0.025 %	Tier 4	
Vaginal Estrogen For Sexual Dysfunction		
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	Tier 4	ST: TRIAL OF ONE GENERIC ESTRADIOL CREAM AND ONE GENERIC ESTRADIOL VAGINAL TABLETS IN THE PAST 365 DAYS; QL (18 EA per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	Tier 4	ST: TRIAL OF ONE GENERIC ESTRADIOL CREAM AND ONE GENERIC ESTRADIOL VAGINAL TABLETS IN THE PAST 365 DAYS; QL (18 EA per 28 days)

Drug		Status	Notes
Vaginal Estrogen Preparations			
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	(estradiol)	Tier 4	
estradiol vaginal cream 0.01 % (0.1 mg/gram)	(Estrace)	Tier 2	
estradiol vaginal tablet 10 mcg	(Yuvafem)	Tier 2	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)		Tier 4	ST: TRIAL OF ONE GENERIC ESTRADIOL CREAM AND ONE GENERIC ESTRADIOL VAGINAL TABLETS IN THE PAST 365 DAYS
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR		Tier 4	ST: TRIAL OF ONE GENERIC TRANSDERMAL ESTROGENS AND ONE ESTRADIOL TRANSDERMAL PATCH IN THE PAST 365 DAYS
PREMARIN VAGINAL CREAM 0.625 MG/GRAM		Tier 3	
VAGIFEM VAGINAL TABLET 10 MCG	(estradiol)	Tier 4	
YUVAFEM VAGINAL TABLET 10 MCG	(estradiol)	Tier 2	
Vitamin And/Or Mineral Deficiency			
Fluoride Preparations			
CLINPRO 5000 DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 4	
DENTA 5000 PLUS DENTAL CREAM 1.1 %	(fluoride (sodium))	Tier 2	
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 %	(sodium fluoride-pot nitrate)	Tier 2	
DENTAGEL DENTAL GEL 1.1 %	(fluoride (sodium))	Tier 2	
fluoride (sodium) dental cream 1.1 %	(Denta 5000 Plus)	Tier 2	
fluoride (sodium) dental gel 1.1 %	(DentaGel)	Tier 2	
fluoride (sodium) dental paste 1.1 %	(Sodium Fluoride 5000 Dry Mouth)	Tier 2	
fluoride (sodium) dental solution 0.2 %	(PreviDent)	Tier 2	
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml		PREV (Tier 1)	$0 COPAY IF AGE 6 MONTHS TO 6 YEARS
fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	(Ludent Fluoride)	PREV (Tier 1)	$0 COPAY IF AGE 6 MONTHS TO 6 YEARS
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	

Drug		Status	Notes
FLUORIMAX 5000 DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 4	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 %	(sodium fluoride-pot nitrate)	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	
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %	(sodium fluoride-pot nitrate)	Tier 4	
PREVIDENT DENTAL GEL 1.1 %	(fluoride (sodium))	Tier 4	
PREVIDENT DENTAL SOLUTION 0.2 %	(fluoride (sodium))	Tier 4	
PREVIDENT KIDS DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 4	
SF 5000 PLUS DENTAL CREAM 1.1 %	(fluoride (sodium))	Tier 2	
SF DENTAL GEL 1.1 %	(fluoride (sodium))	Tier 2	
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 2	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 %	(fluoride (sodium))	Tier 2	
sodium fluoride-pot nitrate dental paste 1.1-5 %	(Denta 5000 Plus Sensitive)	Tier 2	
Folic Acid Preparations			
folic acid injection solution 5 mg/ml		Tier 2	
folic acid oral tablet 1 mg		Tier 2	
folic acid oral tablet 400 mcg	(PureVita Folic Acid)	PREV (Tier 1)	
folic acid oral tablet 800 mcg		PREV (Tier 1)	
PUREVITA FOLIC ACID ORAL TABLET 400 MCG	(folic acid)	PREV (Tier 1)	
Iron Replacement			
CITRANATAL BLOOM ORAL TABLET 90-1-12-50 MG-MG-MCG-MG		Tier 4	
ferric carboxymaltose intravenous solution 100 mg iron/2 ml, 50 mg iron/ml	(Injectafer)	Tier 4	
INJECTAFER INTRAVENOUS SOLUTION 100 MG IRON/2 ML	(ferric carboxymaltose)	Tier 4	
INJECTAFER INTRAVENOUS SOLUTION 50 MG IRON/ML	(ferric carboxymaltose)	Tier 5	

Drug	Status	Notes
Mineral Replacement,Miscellaneous		
ZYCUBO SUBCUTANEOUS RECON SOLN 2.9 MG	Tier 5	PA; QL (1 EA per 1 day)
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		
ATABEX ONE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 27 MG IRON- 1,000 MCG DFE	PREV (Tier 1)	
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK,TABLET AND CAP,DR 27 MG IRON-1 MG -374 MG	PREV (Tier 1)	
BAL-CARE DHA ORAL COMBO PACK,TABLET AND CAP,DR 27-1-430 MG	PREV (Tier 1)	
CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG	PREV (Tier 1)	
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG	Tier 4	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG	Tier 4	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG	Tier 4	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG	Tier 4	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG	Tier 4	
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG	PREV (Tier 1)	
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	PREV (Tier 1)	
KPN ORAL TABLET 9 MG IRON- 267 MCG	PREV (Tier 1)	
MASONATAL PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	PREV (Tier 1)	
MINI PRENATAL ORAL TABLET 6.75 MG IRON- 200 MCG	PREV (Tier 1)	

Drug	Status	Notes
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG (pnv,calcium 72-iron-folic acid)	PREV (Tier 1)	
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG	PREV (Tier 1)	
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG	PREV (Tier 1)	
MYNATAL ORAL TABLET 90-1-50 MG	PREV (Tier 1)	
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG	PREV (Tier 1)	
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG	PREV (Tier 1)	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG	PREV (Tier 1)	
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG	Tier 4	
OBSTETRIX DHA ORAL COMBO PACK,TABLET AND CAP,DR 29 MG IRON-1 MG -50 MG	PREV (Tier 1)	
OBSTETRIX DHA PRENATAL DUO ORAL COMB PACK,TABLET DR,CAPSULE DR 29 MG IRON- 1,700 MCG DFE	PREV (Tier 1)	
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC) 29 MG IRON- 1,700 MCG DFE, 29 MG IRON-1 MG -50 MG	PREV (Tier 1)	
OBTREX DHA ORAL COMBO PACK,TABLET AND CAP,DR 29 MG IRON-1 MG -50 MG	Tier 4	
ONE-A-DAY PRENATAL ADVANCED ORAL COMBO PACK 27 MG IRON-800 MCG-110 MG	PREV (Tier 1)	
ONE-A-DAY PRENATAL-1 ORAL CAPSULE 27 MG IRON- 800 MCG-235 MG	PREV (Tier 1)	
pnv no.95-ferrous fumarate-fa oral tablet 28 mg iron- 800 mcg (Prenatal)	PREV (Tier 1)	
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG	PREV (Tier 1)	
PNV-SELECT ORAL TABLET 27-1 MG	PREV (Tier 1)	
PR NATAL 400 EC ORAL COMBO PACK,TABLET AND CAP,DR 29-1-400 MG	PREV (Tier 1)	
PR NATAL 400 ORAL COMBO PACK 29-1-400 MG	PREV (Tier 1)	
PR NATAL 430 EC ORAL COMBO PACK,TABLET AND CAP,DR 29-1-430 MG	PREV (Tier 1)	

Drug		Status	Notes
PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG -430 MG		PREV (Tier 1)	
PRENAISSANCE ORAL CAPSULE 29-1.25-55-325 MG		Tier 2	
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG		Tier 2	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG		PREV (Tier 1)	
PRENATABS FA ORAL TABLET 29-1 MG		PREV (Tier 1)	
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG		PREV (Tier 1)	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON- 975 MCG-200 MG, 28 MG IRON-800 MCG-200 MG		PREV (Tier 1)	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG		PREV (Tier 1)	
PRENATAL 19 ORAL TABLET 29 MG IRON- 1 MG		PREV (Tier 1)	
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG		PREV (Tier 1)	
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG		PREV (Tier 1)	
PRENATAL ESSENTIALS ORAL CAPSULE 6 MG IRON- 272 MCG DFE		PREV (Tier 1)	
PRENATAL FORMULA ORAL TABLET 9 MG IRON- 267 MCG		PREV (Tier 1)	
PRENATAL FORMULA-DHA ORAL CAPSULE 28 MG-800 MCG- 200 MG		PREV (Tier 1)	
PRENATAL MULTI ORAL TABLET 27-800 MG-MCG		PREV (Tier 1)	
PRENATAL MULTI-DHA (ALGAL OIL) ORAL CAPSULE 27MG IRON- 800 MCG-250 MG		PREV (Tier 1)	
PRENATAL MULTI-DHA(WITH VIT K) ORAL CAPSULE 27 MG IRON-800 MCG-260 MG		PREV (Tier 1)	
PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG	(pnv no.95-ferrous fumarate-fa)	PREV (Tier 1)	
PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG		PREV (Tier 1)	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	(pnv no.95-ferrous fumarate-fa)	PREV (Tier 1)	
PRENATAL ORAL TABLET 28-800 MG-MCG		PREV (Tier 1)	
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	(pnv,calcium 72-iron-folic acid)	PREV (Tier 1)	

Drug		Status	Notes
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG		PREV (Tier 1)	
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG	(pnv,calcium 72-iron,carb-folic)	PREV (Tier 1)	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG		PREV (Tier 1)	
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG	(prenatal vit-iron fum-folic ac)	PREV (Tier 1)	
prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg		PREV (Tier 1)	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG, 27 MG IRON- 800 MCG		PREV (Tier 1)	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	(pnv,calcium 72-iron-folic acid)	PREV (Tier 1)	
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG	(prenatal vit-iron fum-folic ac)	PREV (Tier 1)	
prenatal vit-iron fum-folic ac oral tablet 28 mg iron- 800 mcg	(Prenatal Tablet)	PREV (Tier 1)	
PRENATAL WITH DHA-FOLIC ACID ORAL TABLET,CHEWABLE 400-32.5 MCG-MG		PREV (Tier 1)	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG		PREV (Tier 1)	
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG		PREV (Tier 1)	
SE-NATAL 19 ORAL TABLET 29 MG IRON- 1 MG		PREV (Tier 1)	
SIMILAC PRENATAL ORAL COMBO PACK 27 MG IRON-800 MCG-200 MG		PREV (Tier 1)	
STUART ONE ORAL CAPSULE 27 MG IRON- 800 MCG-200 MG		PREV (Tier 1)	
THERANATAL COMPLETE ORAL COMBO PACK 27 MG IRON- 1 MG-150 MG		PREV (Tier 1)	
THERANATAL ONE ORAL CAPSULE 27 MG IRON-1000 MCG-300 MG		PREV (Tier 1)	
THERANATAL ORAL TABLET 27 MG IRON- 1 MG		PREV (Tier 1)	
THERANATAL PLUS ORAL COMBO PACK 27 MG IRON- 1 MG-300 MG		PREV (Tier 1)	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG		PREV (Tier 1)	
TRICARE ORAL TABLET 27 MG IRON-1 MG		PREV (Tier 1)	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG		PREV (Tier 1)	

Drug		Status	Notes
TRINATE ORAL TABLET 28 MG IRON-1 MG		PREV (Tier 1)	
ULTRA PRENATAL PLUS DHA ORAL CAPSULE 27 MG-800 MCG- 250 MG-200 MG		PREV (Tier 1)	
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG - 50 MG-200 MG		Tier 4	
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG		Tier 2	
WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG	(pnv,calcium 72-iron-folic acid)	PREV (Tier 1)	
WOMEN'S PRENATAL PLUS DHA ORAL COMBO PACK 28 MG-975 MCG-200 MG		PREV (Tier 1)	
Prenatal Vitamins Without Iron			
ONE-A-DAY PRENATAL ORAL TABLET,CHEWABLE 400 MCG- 25 MG		PREV (Tier 1)	
P2I PRENATAL WITH CHOLINE ORAL CAPSULE 4.25 MG IRON- 333.5 MCG DFE		PREV (Tier 1)	
PRENATAL GUMMIES ORAL TABLET,CHEWABLE 400 MCG-35 MG-25 MG-5 MG		PREV (Tier 1)	
PRENATAL ORAL TABLET,CHEWABLE 400 MCG		PREV (Tier 1)	
THERANATAL OVAVITE ORAL COMBO PACK 18-1-125 MG-MG-UNIT		PREV (Tier 1)	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON-0.33 MG		PREV (Tier 1)	
Vitamin B Preparations			
B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML		Tier 2	
B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML		Tier 2	
Vitamin B1 Preparations			
thiamine hcl (vitamin b1) injection solution 100 mg/ml		Tier 2	
Vitamin B12 Preparations			
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml		Tier 2	
DODEX INJECTION SOLUTION 1,000 MCG/ML	(cyanocobalamin (vitamin b-12))	Tier 2	
hydroxocobalamin intramuscular solution 1,000 mcg/ml		Tier 2	
mecobalamin (vitamin b12) injection recon soln 10,000 mcg		Tier 2	
Vitamin B6 Preparations			

Drug		Status	Notes
pyridoxine (vitamin b6) injection solution 100 mg/ml		Tier 2	
Vitamin C Preparations			
ASCOR INTRAVENOUS SOLUTION 500 MG/ML	(ascorbic acid (vitamin c))	Tier 4	
Vitamin D Preparations			
calcitriol oral capsule 0.25 mcg, 0.5 mcg		Tier 2	
calcitriol oral solution 1 mcg/ml	(Rocaltrol)	Tier 2	
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	(Vitamin D2)	Tier 2	
ROCALTROL ORAL SOLUTION 1 MCG/ML	(calcitriol)	Tier 4	
VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT)	(ergocalciferol (vitamin d2))	Tier 2	
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IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML		Tier 5	PA

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