



Small Group and Individual Community Drug Formulary

April 2024

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

MHPCC20190105

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Drug	Status	Notes
Allergy		
2Nd Gen Antihistamine & Decongestant Combinations		
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	Tier 3	ST; ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (2 EA per 1 day)
Allergenic Extracts, Therapeutics		
GRASTEK SUBLINGUAL TABLET 2,800 BAU	Tier 2	PA
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 INDX REACTIVITY, 300 INDX REACTIVITY	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 IR (3) /300 IR (6)	Tier 3	PA
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	Tier 4	PA; SP
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	Tier 4	PA; SP
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	Tier 4	PA; SP
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	Tier 4	PA; SP
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	Tier 4	PA; SP
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	Tier 4	PA; SP
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	Tier 4	PA; SP
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	Tier 4	PA; SP
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	Tier 4	PA; SP
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	Tier 4	PA; SP
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG	Tier 4	PA; SP
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	Tier 4	PA; SP

Drug	Status	Notes
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	Tier 4	PA; SP
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	Tier 2	PA
Antihistamines - 1St Generation		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	Age (Min 2 Years)
<i>clemastine oral tablet 2.68 mg</i>	Tier 1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 1	
<i>cyproheptadine oral tablet 4 mg</i>	Tier 1	
DIPHEN ORAL ELIXIR 12.5 MG/5 ML (diphenhydramine hcl)	Tier 1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>hydroxyzine pamoate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>hydroxyzine pamoate oral capsule 25 mg</i> (Vistaril)	Tier 1	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML	Tier 3	ST; ST: Requires prior prescription for Carbinoxamine Maleate within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> (Phenergan)	Tier 1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
Antihistamines - 2Nd Generation		
<i>cetirizine oral solution 1 mg/ml</i> (All Day Allergy (cetirizine))	Tier 1	
<i>desloratadine oral tablet 5 mg</i> (Clarinx)	Tier 1	QL (1 EA per 1 day)
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	Tier 1	ST; ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (1 EA per 1 day)
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	Tier 1	ST; ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (10 ML per 1 day)
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	Tier 1	
Nasal Antihistamine		

Drug	Status	Notes
azelastine nasal aerosol,spray 137 mcg (0.1 %)	Tier 1	QL (60 ML per 30 days)
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %) (Astepro Allergy)	Tier 1	QL (60 ML per 30 days)
olopatadine nasal spray,non-aerosol 0.6 % (Patanase)	Tier 1	QL (30.5 GM per 30 days)
Nasal Antihistamine & Anti-Inflam. Steroid Comb.		
azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray (Dymista)	Tier 1	ST; ST: Requires prior prescription for Flunisolide or Fluticasone Propionate within the past 120 days; QL (23 GM per 30 days)
Nasal Anti-Inflammatory Steroids		
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	Tier 1	QL (25 ML per 30 days)
fluticasone propionate nasal spray,suspension 50 mcg/actuation (24 Hour Allergy Relief)	Tier 1	QL (16 GM per 30 days)
mometasone nasal spray,non-aerosol 50 mcg/actuation (Nasonex 24hr Allergy)	Tier 1	QL (17 GM per 30 days)
OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG	Tier 3	ST; ST: Requires prior prescription for Flunisolide or Fluticasone Propionate within the past 120 days; QL (5 GM per 12 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	Tier 2	ST; ST: Requires prior prescription for Flunisolide, Fluticasone Propionate, or Qnasl within the past 120 days; QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 2	ST; ST: Requires prior prescription for Flunisolide, Fluticasone Propionate, or Qnasl Children within the past 120 days; QL (10.6 GM per 30 days)
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION	Tier 3	ST; ST: Requires prior prescription for Flunisolide or Fluticasone Propionate within the past 120 days; QL (6.1 GM per 30 days)
Antiemesis/Antivertigo		
Antiemetic, Cannabinoid-Type		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg (Marinol)	Tier 1	ST; ST: Requires prior prescription for a 5HT3 antagonist, corticosteroid, Emend, or Megestrol suspension within the past 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
SYNDROS ORAL SOLUTION 5 MG/ML	Tier 3	ST; ST: Requires prior prescription for generic Dronabinol capsules or Megestrol suspension within the past 120 days; QL (60 ML per 30 days)
Antiemetic/Antivertigo Agents		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	Tier 2	QL (1 EA per 28 days)
ANZEMET ORAL TABLET 50 MG	Tier 3	ST; ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (8 EA per 1 FILL)
<i>aprepitant oral capsule 125 mg</i>	Tier 1	QL (1 EA per 21 days)
<i>aprepitant oral capsule 40 mg</i>	Tier 1	QL (1 EA per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	Tier 1	QL (2 EA per 21 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	Tier 1	QL (3 EA per 21 days)
COMPRO RECTAL SUPPOSITORY 25 MG (prochlorperazine)	Tier 1	
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i> (Diclegis)	Tier 1	QL (120 EA per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	Tier 2	QL (3 EA per 21 days)
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	ST; ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (8 EA per 30 days)
<i>meclizine oral tablet 12.5 mg</i>	Tier 1	
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))	Tier 1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	Tier 1	QL (50 ML per 15 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 1	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	Tier 1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	Tier 1	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Promethegan)	Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG (promethazine)	Tier 1	

Drug	Status	Notes
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	Tier 3	ST; ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (1 EA per 7 days)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	Tier 1	
<i>trimethobenzamide oral capsule 300 mg</i>	Tier 1	
VARUBI ORAL TABLET 90 MG	Tier 3	QL (2 EA per 14 days)
Asthma And Copd		
5-Lipoxygenase Inhibitors		
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	Tier 1	ST; ST: Requires prior prescriptions for Montelukast Sodium and Zafirlukast within the past 365 days; QL (2 EA per 1 day)
Anticholinergic, Orally Inhaled Short Acting		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	Tier 2	QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	
Anticholinergics, Orally Inhaled Long Acting		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	Tier 3	ST; ST: Requires prior prescription for Spiriva within the past 120 days; QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG (tiotropium bromide)	Tier 1	QL (30 EA per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	Tier 3	ST; ST: Requires prior prescription for Spiriva within the past 120 days; QL (1 EA per 30 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	Tier 3	ST; ST: Requires prior prescription for Lonhala Magnair within the past 120 days; QL (90 ML per 30 days)
Beta-Adrenergic Agents		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1	

Drug	Status	Notes
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 1	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 1	
Beta-Adrenergic Agents, Inhaled, Short Acting		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Ventolin HFA)	Tier 1	
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	Tier 1	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	Tier 1	
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> (Xopenex HFA)	Tier 1	
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)
Beta-Adrenergic Agents, Orally Inhaled, Long Acting		
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i> (Brovana)	Tier 1	ST; ST: Requires prior prescription for Formoterol Fumarate, Serevent Diskus, or Striverdi Respimat within the past 120 days; QL (120 ML per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i> (Perforomist)	Tier 1	QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	Tier 2	QL (60 EA per 30 days)
Beta-Adrenergic And Anticholinergic Combinations		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Tier 2	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	Tier 3	ST; ST: Requires prior prescriptions for Anoro Ellipta and Stiolto Respimat within the past 365 days; QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	Tier 2	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	Tier 3	ST; ST: Requires prior prescriptions for Anoro Ellipta and Stiolto Respimat within the past 365 days; QL (1 EA per 30 days)

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

Drug	Status	Notes
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE (fluticasone propion-salmeterol)	Tier 1	QL (60 EA per 30 days)
Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled		
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	Tier 2	QL (10.7 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	Tier 2	QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	Tier 2	QL (2 EA per 1 day)
Glucocorticoids, Orally Inhaled		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 3	ST; ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (12.2 GM per 30 days)
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 232 MCG/ACTUATION, 55 MCG/ACTUATION	Tier 3	ST; ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (1 EA per 30 days)
ARNUIITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 2	QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 3	ST; ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	Tier 3	ST; ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (1 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i> (Pulmicort)	Tier 1	QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i> (Pulmicort)	Tier 1	QL (60 ML per 30 days)
<i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation</i>	Tier 1	QL (60 EA per 30 days)
<i>fluticasone propionate inhalation blister with device 250 mcg/actuation</i>	Tier 1	QL (120 EA per 30 days)

Drug	Status	Notes
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	Tier 1	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	Tier 1	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Tier 1	QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	Tier 3	ST; ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (1 EA per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 3	ST; ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (21.2 GM per 30 days)
Interleukin-4(IL-4) Receptor Alpha Antagonist, Mab		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	Tier 4	PA; SP
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	Tier 4	PA; SP
Interleukin-5(IL-5) Receptor Alpha Antagonist, Mab		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	Tier 4	PA; SP
Leukotriene Receptor Antagonists		
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	Tier 1	
<i>montelukast oral tablet 10 mg</i> (Singulair)	Tier 1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	Tier 1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	Tier 1	
Mast Cell Stabilizers		
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	Tier 1	
Mast Cell Stabilizers, Orally Inhaled		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 1	
Monoclonal Antibodies To Immunoglobulin E(Ige)		
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	Tier 4	PA; SP
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	Tier 4	PA; SP

Drug	Status	Notes
Monoclonal Antibody - Interleukin-5 Antagonists		
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 4	PA; SP
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	Tier 4	PA; SP
Phosphodiesterase-4 (Pde4) Inhibitors		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i> (Daliresp)	Tier 1	QL (1 EA per 1 day)
Respiratory Aids, Devices, Equipment		
ACE AEROSOL CLOUD ENHANCER SPACER (inhalational spacing device)	Tier 3	
AEROCHAMBER MINI SPACER (inhalational spacing device)	Tier 3	
AEROCHAMBER MV SPACER (inhalational spacing device)	Tier 3	
AEROCHAMBER PLUS FLOW-VU SPACER (inhalational spacing device)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER	Tier 3	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER	Tier 3	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER	Tier 3	
AEROCHAMBER PLUS Z STAT LG MSK SPACER	Tier 3	
AEROCHAMBER PLUS Z STAT MD MSK SPACER	Tier 3	
AEROCHAMBER PLUS Z STAT SM MSK SPACER	Tier 3	
AEROCHAMBER PLUS Z STAT SPACER (inhalational spacing device)	Tier 3	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (inhalational spacing device)	Tier 3	
AEROTRACH PLUS SPACER (inhalational spacing device)	Tier 3	
AEROVENT PLUS SPACER (inhalational spacing device)	Tier 3	
BREATHERITE MDI SPACER SPACER (inhalational spacing device)	Tier 3	
BREATHERITE SPACER-MASK, NEO. SPACER	Tier 3	
BREATHERITE SPACER-MASK, ADULT SPACER	Tier 3	
BREATHERITE SPACER-MASK, CHILD SPACER	Tier 3	
BREATHERITE SPACER-MASK, INFANT SPACER	Tier 3	
BREATHERITE SPACER-MASK, S.CHLD SPACER	Tier 3	

Drug	Status	Notes
BREATHERITE VALVED MDI CHAMBER SPACER (inhalational spacing device)	Tier 3	
BREATHERITE VALVED MDI SPACER (inhalational spacing device)	Tier 3	
CLEVER CHOICE CHAMBER-LRG MASK SPACER	Tier 3	
CLEVER CHOICE CHAMBER-MED MASK SPACER	Tier 3	
CLEVER CHOICE CHAMBER-SM MASK SPACER	Tier 3	
COMFORTSEAL LARGE MASK DEVICE	Tier 3	
COMFORTSEAL MEDIUM MASK DEVICE	Tier 3	
COMFORTSEAL SMALL MASK DEVICE	Tier 3	
COMPACT SPACE CHAMBER SPACER (inhalational spacing device)	Tier 3	
COMPACT SPACE CHAMBER-LRG MASK SPACER	Tier 3	
COMPACT SPACE CHAMBER-MED MASK SPACER	Tier 3	
COMPACT SPACE CHAMBER-SM MASK SPACER	Tier 3	
EASIVENT HOLDING CHAMBER SPACER (inhalational spacing device)	Tier 3	
EASIVENT MASK LARGE DEVICE	Tier 3	
EASIVENT MASK MEDIUM DEVICE	Tier 3	
EASIVENT MASK SMALL DEVICE	Tier 3	
FLEXICHAMBER SPACER (inhalational spacing device)	Tier 3	
FLEXICHAMBER-LG CHILD MASK DEVICE	Tier 3	
FLEXICHAMBER-SM ADULT MASK DEVICE	Tier 3	
FLEXICHAMBER-SM CHILD MASK DEVICE	Tier 3	
LITE TOUCH-MEDIUM MASK DEVICE	Tier 3	
LITEAIRE MDI CHAMBER SPACER (inhalational spacing device)	Tier 3	
LITETOUCH-LARGE MASK DEVICE	Tier 3	
LITETOUCH-SMALL MASK DEVICE	Tier 3	
MICROCHAMBER SPACER (inhalational spacing device)	Tier 3	
MICROSPACER SPACER (inhalational spacing device)	Tier 3	
OPTICHAMBER ADULT MASK-LARGE DEVICE	Tier 3	

Drug	Status	Notes
OPTICHAMBER DIAMOND LG MASK SPACER	Tier 3	
OPTICHAMBER DIAMOND VHC SPACER (inhalational spacing device)	Tier 3	
OPTICHAMBER DIAMOND-MED MSK SPACER	Tier 3	
OPTICHAMBER DIAMOND-SML MASK SPACER	Tier 3	
PFLEX INSPIRATORY TRAINER DEVICE	Tier 3	
POCKET CHAMBER SPACER (inhalational spacing device)	Tier 3	
PRIMEAIRE SPACER (inhalational spacing device)	Tier 3	
PROCARE SPACER WITH ADULT MASK SPACER	Tier 3	
PROCARE SPACER WITH CHILD MASK SPACER	Tier 3	
PROCHAMBER SPACER (inhalational spacing device)	Tier 3	
RITEFLO AEROCHAMBER SPACER (inhalational spacing device)	Tier 3	
SILICONE MASK - INFANT DEVICE	Tier 3	
SPACE CHAMBER SPACER (inhalational spacing device)	Tier 3	
SPACE CHAMBER WITH LARGE MASK SPACER	Tier 3	
SPACE CHAMBER WITH MEDIUM MASK SPACER	Tier 3	
SPACE CHAMBER WITH SMALL MASK SPACER	Tier 3	
THRESHOLD IMT TRAINER DEVICE	Tier 3	
THRESHOLD PEP DEVICE DEVICE	Tier 3	
VORTEX HOLDING CHAMBER SPACER (inhalational spacing device)	Tier 3	
VORTEX VHC FROG MASK-CHILD SPACER	Tier 3	
VORTEX VHC LADYBUG MASK-TODDLR SPACER	Tier 3	
Thymic Stromal Lymphopoietin (Tslp) Inhibitors		
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	Tier 4	PA; SP
Xanthines		
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	Tier 1	

Drug	Status	Notes
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML (theophylline)	Tier 1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	Tier 2	
<i>theophylline oral elixir 80 mg/15 ml</i> (Elixophyllin)	Tier 1	
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	Tier 1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Tier 1	
Autonomic Nervous System Disorders		
Alzheimer's Therapy, Nmda Receptor Antagonists		
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> (Namenda XR)	Tier 1	ST; ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (30 EA per 30 days)
<i>memantine oral solution 2 mg/ml</i>	Tier 1	QL (300 ML per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>memantine oral tablets,dose pack 5-10 mg</i> (Namenda Titration Pak)	Tier 1	QL (49 EA per 28 days)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	Tier 2	ST; ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (28 EA per 28 days)
Alzheimer's Thx,Nmda Recept Antag & Cholines Inhib		
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	Tier 2	ST; ST: At least 2 prior prescriptions for Adlarity, Donepezil HCL, Memantine HCL, or Namenda XR within the past 365 days; QL (28 EA per 28 days)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	Tier 2	ST; ST: At least 2 prior prescriptions for Adlarity, Donepezil HCL, Memantine HCL, or Namenda XR within the past 365 days; QL (1 EA per 1 day)
Cholinesterase Inhibitors		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR	Tier 3	PA
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)	Tier 1	
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	Tier 1	

Drug	Status	Notes
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	Tier 1	QL (30 EA per 30 days)
galantamine oral solution 4 mg/ml	Tier 1	QL (200 ML per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg	Tier 1	QL (60 EA per 30 days)
pyridostigmine bromide oral syrup 60 mg/5 ml (Mestinon)	Tier 1	
pyridostigmine bromide oral tablet 30 mg	Tier 1	
pyridostigmine bromide oral tablet 60 mg (Mestinon)	Tier 1	
pyridostigmine bromide oral tablet extended release 180 mg (Mestinon Timespan)	Tier 1	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	Tier 1	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour (Exelon Patch)	Tier 1	QL (30 EA per 30 days)
Behavioral Health - Antidepressants		
Alpha-2 Receptor Antagonist Antidepressants		
mirtazapine oral tablet 15 mg, 30 mg (Remeron)	Tier 1	
mirtazapine oral tablet 45 mg, 7.5 mg	Tier 1	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg (Remeron SolTab)	Tier 1	
Antidepressant - Nmda Receptor Antagonist		
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)	Tier 4	PA
Antidepressant - Postpartum Depression (Ppd)		
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	Tier 2	PA
Maois - Non-Selective & Irreversible		
MARPLAN ORAL TABLET 10 MG	Tier 3	
phenelzine oral tablet 15 mg (Nardil)	Tier 1	
tranylcypromine oral tablet 10 mg (Parnate)	Tier 1	
Monoamine Oxidase(Mao) Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	Tier 3	ST; ST: Requires prior prescription for Marplan, Phenelzine Sulfate, or Tranylcypromine Sulfate within the past 120 days; QL (1 EA per 1 day)
Ndma Receptor Antagonist And Ndri Comb		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	Tier 3	PA

Drug	Status	Notes
Norepinephrine And Dopamine Reuptake Inhib (Ndris)		
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	Tier 1	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	Tier 1	
Selective Serotonin Reuptake Inhibitor (SsrIs)		
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)	Tier 1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	Tier 1	
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	Tier 1	
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	Tier 1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>fluoxetine oral tablet 10 mg, 20 mg, 60 mg</i>	Tier 1	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	Tier 1	ST; ST: Requires prior prescription for Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Fluvoxamine Maleate, Paroxetine HCL, or Sertraline HCL within the past 120 days; QL (2 EA per 1 day)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil)	Tier 1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	Tier 1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	Tier 1	
<i>sertraline oral capsule 150 mg, 200 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	Tier 1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	Tier 1	
Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)		

Drug	Status	Notes
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 1	
Serotonin-Norepinephrine Reuptake-Inhib (Snris)		
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	Tier 1	ST; ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL within the past 365 days; QL (1 EA per 1 day)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	Tier 1	
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	Tier 1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	Tier 2	ST; ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL within the past 365 days; QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	Tier 2	ST; ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL within the past 365 days; QL (1 EA per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i> (Effexor XR)	Tier 1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Tier 1	
Ssri & 5Ht1a Partial Agonist Antidepressant		

Drug	Status	Notes
vilazodone oral tablet 10 mg, 20 mg, 40 mg (Viibryd)	Tier 1	ST; ST: Requires prior prescription for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL within the past 120 days
Ssri & Serotonin Receptor Modulator Antidepressant		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 2	ST; ST: Requires prior prescription for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL within the past 120 days; QL (1 EA per 1 day)
Tricyclic Antidepressant/Benzodiazepine Combinatns		
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	Tier 1	
Tricyclic Antidepressant/Phenothiazine Combinatns		
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	Tier 1	
Tricyclic Antidepressants & Rel. Non- Sel. Ru-Inhib		
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	Tier 1	
clomipramine oral capsule 25 mg, 50 mg, 75 mg (Anafranil)	Tier 1	
desipramine oral tablet 10 mg, 25 mg (Norpramin)	Tier 1	
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg	Tier 1	
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	
doxepin oral concentrate 10 mg/ml	Tier 1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	Tier 1	

Drug	Status	Notes
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	Tier 1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
Behavioral Health - Other		
Adrenergics, Aromatic, Non-Catecholamine		
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	Tier 3	ST; ST: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, Relexxii, or Vyvanse within the past 365 days; QL (1 EA per 1 day)
<i>amphetamine oral suspen, ir - er, biphasic 24hr 1.25 mg/ml</i>	Tier 1	ST; ST: Requires prior prescription for Dextroamphetamine/amphetamine within the past 120 days; QL (450 ML per 30 days)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i> (Evekeo)	Tier 1	PA
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule)	Tier 1	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i> (ProCentra)	Tier 1	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i> (Zenedi)	Tier 1	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg</i> (Zenedi)	Tier 1	ST; ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5mg/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)

Drug	Status	Notes
<i>dextroamphetamine sulfate oral tablet</i> (Zenedi) 2.5 mg, 7.5 mg	Tier 1	ST; ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5mg/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i> (Zenedi)	Tier 1	ST; ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5mg/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 5 mg</i> (Zenedi)	Tier 1	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Mydayis)	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	Tier 1	QL (2 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	Tier 3	ST; ST: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, Relexxii, or Vyvanse within the past 365 days; QL (240 ML per 30 days)
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG	Tier 3	ST; ST: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, Relexxii, or Vyvanse within the past 365 days; QL (1 EA per 1 day)
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i> (Vyvanse)	Tier 1	QL (1 EA per 1 day)

Drug	Status	Notes
<i>lisdexamfetamine oral tablet, chewable</i> (Vyvanse) 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Tier 1	QL (1 EA per 1 day)
<i>methamphetamine oral tablet 5 mg</i> (Desoxyn)	Tier 1	QL (150 EA per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (lisdexamfetamine)	Tier 2	QL (1 EA per 1 day)
VYVANSE ORAL TABLET, CHEWABLE (lisdexamfetamine) 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Tier 2	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 3	ST; ST: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, Relexxii, or Vyvanse within the past 365 days; QL (1 EA per 1 day); Age (Min 6 Years)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (dextroamphetamine sulfate)	Tier 3	ST; ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5mg/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)
Anti-Alcoholic Preparations		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	Tier 1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1	
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	Tier 4	
Anti-Anxiety - Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 2	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> (Xanax)	Tier 1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Xanax XR)	Tier 1	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 1	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML (diazepam)	Tier 1	

Drug	Status	Notes
<i>diazepam oral concentrate 5 mg/ml</i> (Diazepam Intensol)	Tier 1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)</i>	Tier 1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	Tier 1	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML (lorazepam)	Tier 1	
<i>lorazepam oral concentrate 2 mg/ml</i> (Lorazepam Intensol)	Tier 1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan)	Tier 1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	
Anti-Anxiety Drugs		
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 1	
Anti-Mania Drugs		
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 3	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 1	
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	Tier 1	
<i>lithium carbonate oral tablet extended release 450 mg</i>	Tier 1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 1	
Anti-Narcolepsy & Anti-Cataplexy, Sedative-Type Agt		
LUMRYZ ORAL EXTEND RELEASE GRANULES, PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	Tier 4	PA; SP
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	Tier 4	PA; SP
XYWAV ORAL SOLUTION 0.5 GRAM/ML	Tier 4	PA; SP
Antipsych, Dopamine Antag., Diphenylbutylpiperidines		
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1	
Antipsychotic-Atypical, D3/D2 Partial Ag-5Ht Mixed		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 2	QL (1 EA per 1 day)
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)	Tier 2	QL (7 EA per 28 days)
Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed		

Drug	Status	Notes
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	Tier 4	QL (2.4 ML per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	Tier 4	QL (3.2 ML per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	Tier 4	QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	Tier 4	QL (1 EA per 26 days)
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	ST; ST: At least 2 prior prescriptions for Abilify Asimtufii, Abilify Maintena, Abilify Mycite, Aripiprazole, Citalopram Hydrobromide, Clozapine, Drizalma Sprinkle, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Uzedy, Venlafaxine HCL, Versacloz, or Ziprasidone HCL within the past 365 days
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	Tier 1	
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	Tier 1	ST; ST: At least 2 prior prescriptions for Abilify Asimtufii, Abilify Maintena, Abilify Mycite, Aripiprazole, Citalopram Hydrobromide, Clozapine, Drizalma Sprinkle, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Uzedy, Venlafaxine HCL, Versacloz, or Ziprasidone HCL within the past 365 days; QL (3 EA per 1 day)

Drug	Status	Notes
aripiprazole oral tablet, disintegrating 15 mg	Tier 1	ST; ST: At least 2 prior prescriptions for Abilify Asimtufii, Abilify Maintena, Abilify Mycite, Aripiprazole, Citalopram Hydrobromide, Clozapine, Drizalma Sprinkle, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Uzedy, Venlafaxine HCL, Versacloz, or Ziprasidone HCL within the past 365 days; QL (2 EA per 1 day)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML	Tier 4	
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	Tier 4	QL (3.9 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	Tier 4	QL (1.6 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	Tier 4	QL (2.4 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	Tier 4	QL (3.2 ML per 14 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	ST; ST: Requires prior prescription for oral formulation of generic Abilify Mycite, Aripiprazole, Lurasidone, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, Seroquel XR, or Ziprasidone HCL within the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
REXULTI ORAL TABLETS,DOSE PACK 0.5 MG (7)- 1 MG (7), 1 MG (4)- 2 MG (3)	Tier 2	ST; ST: Requires prior prescription for oral formulation of generic Abilify Mycite, Aripiprazole, Lurasidone, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, Seroquel XR, or Ziprasidone HCL within the past 120 days; QL (1 EA per 1 day)
Antipsychotics, Dopamine & Serotonin Antagonists		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Tier 4	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
Antipsychotics, Atypical, Dopamine, & Serotonin Antag		
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)	Tier 1	QL (2 EA per 1 day)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 3	ST; ST: Requires prior prescription for Vraylar within the past 120 days; QL (1 EA per 1 day)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)	Tier 1	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	QL (3 EA per 1 day)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	ST; ST: At least 2 prior prescriptions for Aripiprazole, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL within the past 365 days; QL (2 EA per 1 day)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	Tier 3	ST; ST: At least 2 prior prescriptions for Aripiprazole, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL within the past 365 days; QL (8 EA per 28 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	Tier 4	QL (3.5 ML per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	Tier 4	QL (5 ML per 166 days)

Drug	Status	Notes
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	Tier 4	QL (0.75 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	Tier 4	QL (1 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	Tier 4	QL (1.5 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	Tier 4	QL (0.25 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	Tier 4	QL (0.5 ML per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	Tier 4	QL (88 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	Tier 4	QL (1.32 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	Tier 4	QL (1.75 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	Tier 4	QL (2.63 ML per 70 days)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda)	Tier 1	QL (30 EA per 30 days)
<i>lurasidone oral tablet 80 mg</i> (Latuda)	Tier 1	QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	Tier 3	PA
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	Tier 1	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	Tier 1	
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)	Tier 1	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	Tier 1	QL (2 EA per 1 day)
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	Tier 4	QL (1 EA per 28 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	Tier 1	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	Tier 1	
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml</i> (Risperdal Consta)	Tier 4	QL (1 EA per 14 days)

Drug	Status	Notes
<i>risperidone microspheres intramuscular suspension,extended rel recon 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml</i> (Rykindo)	Tier 4	QL (1 EA per 14 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	Tier 1	
<i>risperidone oral tablet 0.25 mg</i>	Tier 1	
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	Tier 1	
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML (risperidone microspheres)	Tier 4	QL (1 EA per 14 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	Tier 3	ST; ST: At least 2 prior prescriptions for Aripiprazole, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL within the past 365 days; QL (1 EA per 1 day)
SEROQUEL XR ORAL TABLET, EXT REL 24HR DOSE PACK 50 MG(3)-200 MG (1)-300 MG(11)	Tier 3	
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	Tier 4	QL (0.28 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	Tier 4	QL (0.35 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	Tier 4	QL (0.42 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	Tier 4	QL (0.56 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	Tier 4	QL (0.7 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	Tier 4	QL (0.14 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	Tier 4	QL (0.21 ML per 28 days)

Drug	Status	Notes
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 3	ST; ST: At least 2 prior prescriptions for Aripiprazole, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL within the past 365 days; QL (18 ML per 1 day)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	Tier 1	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	Tier 4	QL (1 EA per 14 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	Tier 4	QL (1 EA per 28 days)
Antipsychotics,Dopamine Antagonists, Thioxanthenes		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
Antipsychotics,Dopamine Antagonists,Butyrophenones		
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1	
Antipsychotics,Dopamine Antagonist,Dihydroindolones		
<i>molindone oral tablet 10 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>molindone oral tablet 25 mg</i>	Tier 1	QL (9 EA per 1 day)
<i>molindone oral tablet 5 mg</i>	Tier 1	
Anti-Psychotics,Phenothiazines		
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	Tier 1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Tier 1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
Barbiturates		

Drug	Status	Notes
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Tier 1	
Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Tier 4	PA; SP
<i>ramelteon oral tablet 8 mg</i> (Rozerem)	Tier 3	ST; ST: Requires prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 120 days
<i>tasimelteon oral capsule 20 mg</i> (Hetlioz)	Tier 4	PA; SP
Narcolepsy And Sleep Disorder Therapy Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i> (Nuvigil)	Tier 1	QL (1 EA per 1 day)
<i>armodafinil oral tablet 50 mg</i> (Nuvigil)	Tier 1	QL (3 EA per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)	Tier 1	QL (2 EA per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 3	PA
Narcolepsy Tx-H3-Recept.Antagonist/Inverse Agonist		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Tier 4	PA; SP
Narcotic Antagonists		
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	Tier 2	QL (4 EA per 30 days)
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG	Tier 3	
<i>naloxone injection auto-injector 10 mg/0.4 ml</i>	Tier 1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	Tier 1	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i> (Narcan)	Tier 1	QL (4 EA per 30 days)
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	Tier 3	
<i>naltrexone oral tablet 50 mg</i>	Tier 1	
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	Tier 3	QL (4 EA per 30 days)
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	Tier 3	QL (2 ML per 30 days)
Sedative-Hypnotics - Benzodiazepines		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 1	

Drug	Status	Notes
<i>midazolam oral syrup 10 mg/5 ml (2 mg/ml), 2 mg/ml</i>	Tier 1	
<i>quazepam oral tablet 15 mg</i> (Doral)	Tier 1	ST; ST: Requires prior prescription for Eszopiclone, Flurazepam HCL, Temazepam, Zaleplon, or Zolpidem Tartrate within the past 120 days
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i> (Restoril)	Tier 1	
<i>triazolam oral tablet 0.125 mg</i>	Tier 1	
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	Tier 1	
Sedative-Hypnotics,Non-Barbiturate		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 2	QL (1 EA per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG	Tier 3	ST; ST: Requires prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 120 days; QL (1 EA per 1 day)
<i>doxepin oral tablet 3 mg, 6 mg</i> (Silenor)	Tier 1	ST; ST: Requires prior prescription for Doxepin solution or 10mg capsules, Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 120 days; QL (1 EA per 1 day)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	Tier 1	QL (1 EA per 1 day)
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG	Tier 3	PA
<i>ketamine sublingual troche 100 mg</i>	Tier 1	
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG	Tier 1	
QUVIVIQ ORAL TABLET 25 MG, 50 MG	Tier 3	PA
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	Tier 1	QL (1 EA per 1 day)
Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)		
NUPLAZID ORAL CAPSULE 34 MG	Tier 4	PA; SP
NUPLAZID ORAL TABLET 10 MG	Tier 4	PA; SP
Ssri &Antipsych,Atyp,Dopamine&Serotonin Antag Comb		

Drug	Status	Notes
olanzapine-fluoxetine oral capsule 12-25 mg, 6-50 mg	Tier 1	QL (1 EA per 1 day)
olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg (Symbyax)	Tier 1	QL (1 EA per 1 day)
Tx For Adhd - Selective Alpha-2A Receptor Agonist		
clonidine hcl oral tablet extended release 12 hr 0.1 mg	Tier 1	
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg (Intuniv ER)	Tier 1	
Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy		
AZSTARYS ORAL CAPSULE 26.1 MG-5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG-10.4 MG	Tier 3	ST; ST: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, Relexxii, or Vyvanse within the past 365 days; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 8.6 MG	Tier 3	ST; ST: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, Relexxii, or Vyvanse within the past 365 days; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 25.9 MG	Tier 3	ST; ST: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, Relexxii, or Vyvanse within the past 365 days; QL (2 EA per 1 day)
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg (Focalin XR)	Tier 1	QL (1 EA per 1 day)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg (Focalin)	Tier 1	QL (2 EA per 1 day)
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	Tier 3	ST; ST: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, Relexxii, or Vyvanse within the past 365 days; QL (1 EA per 1 day)

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

Drug	Status	Notes
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	ST; 120mL BOTTLE; ST: Requires prior prescription for Methylphenidate LA or CD within the past 120 days; QL (240 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	ST; 150mL BOTTLE; ST: Requires prior prescription for Methylphenidate LA or CD within the past 120 days; QL (300 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	ST; 180mL BOTTLE; ST: Requires prior prescription for Methylphenidate LA or CD within the past 120 days; QL (360 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	ST; 60mL BOTTLE; ST: Requires prior prescription for Methylphenidate LA or CD within the past 120 days; QL (60 ML per 30 days)
Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type		
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i> (Strattera)	Tier 1	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	Tier 3	ST; ST: Requires prior prescription for Atomoxetine HCL, Clonidine HCL, Dexmethylphenidate HCL, Dextroamphetamine/Amphetamine, Guanfacine HCL, or Methylphenidate HCL within the past 120 days; QL (1 EA per 1 day); Age (Min 6 Years)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	Tier 3	ST; ST: Requires prior prescription for Atomoxetine HCL, Clonidine HCL, Dexmethylphenidate HCL, Dextroamphetamine/Amphetamine, Guanfacine HCL, or Methylphenidate HCL within the past 120 days; QL (2 EA per 1 day); Age (Min 6 Years)

Drug	Status	Notes
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	Tier 3	ST; ST: Requires prior prescription for Atomoxetine HCL, Clonidine HCL, Dexmethylphenidate HCL, Dextroamphetamine/Amphetamine, Guanfacine HCL, or Methylphenidate HCL within the past 120 days; QL (3 EA per 1 day); Age (Min 6 Years)
Cardiovascular Disease - Arrhythmia		
Antiarrhythmics		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	Tier 1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	Tier 1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	Tier 1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	
MULTAQ ORAL TABLET 400 MG	Tier 2	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG	Tier 2	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 150 MG (disopyramide phosphate)	Tier 2	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG (amiodarone)	Tier 1	
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i>	Tier 1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Tier 1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1	
Cardiovascular Disease - Cardiac Stimulant		
Adrenergic Agents,Catecholamines		
<i>epinephrine injection syringe 0.1 mg/ml</i>	Tier 1	
Digitalis Glycosides		
DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)	Tier 1	
DIGOX ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)	Tier 1	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	Tier 2	

Drug	Status	Notes
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	Tier 1	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)	Tier 1	PA
Cardiovascular Disease - Hypertension		
Ace Inhibitor/Calcium Channel Blocker Combination		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)	Tier 1	
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>	Tier 1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	Tier 1	
Ace Inhibitor/Thiazide & Thiazide-Like Diuretic		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	Tier 1	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	Tier 1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	Tier 1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	Tier 1	
Alpha/Beta-Adrenergic Blocking Agents		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	Tier 1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i> (Coreg CR)	Tier 1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	
Alpha-Adrenergic Blocking Agents		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	Tier 3	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	Tier 1	
<i>phenoxybenzamine oral capsule 10 mg</i> (Dibenzyline)	Tier 4	PA; SP
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	

Drug	Status	Notes
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb		
amlodipine-valsartan-hcthiazid oral tablet (Exforge HCT) 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	Tier 1	
olmesartan-amlodipin-hcthiazid oral tablet (Tribenzor) 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	Tier 1	
Angiotensin Receptor Antag./Thiazide Diuretic Comb		
candesartan-hydrochlorothiazid oral tablet (Atacand HCT) 16-12.5 mg, 32-12.5 mg, 32-25 mg	Tier 1	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	Tier 3	ST; ST: Requires prior prescription for an ACE inhibitor, ACE inhibitor combination, ARB, or ARB combination within the past 120 days
irbesartan-hydrochlorothiazide oral tablet (Avalide) 150-12.5 mg, 300-12.5 mg	Tier 1	
losartan-hydrochlorothiazide oral tablet (Hyzaar) 100-12.5 mg, 100-25 mg, 50-12.5 mg	Tier 1	
olmesartan-hydrochlorothiazide oral tablet (Benicar HCT) 20-12.5 mg, 40-12.5 mg, 40-25 mg	Tier 1	
telmisartan-hydrochlorothiazid oral tablet (Micardis HCT) 40-12.5 mg, 80-12.5 mg, 80-25 mg	Tier 1	
valsartan-hydrochlorothiazide oral tablet (Diovan HCT) 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	Tier 1	
Angiotensin Receptor Antgnst & Calc.Channel Blockr		
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg (Azor)	Tier 1	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg (Exforge)	Tier 1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	Tier 1	
Antihypertensives, Ace Inhibitors		
benazepril oral tablet 10 mg, 20 mg, 40 mg (Lotensin)	Tier 1	
benazepril oral tablet 5 mg	Tier 1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	Tier 1	

Drug	Status	Notes
<i>enalapril maleate oral solution 1 mg/ml</i> (Epaned)	Tier 1	ST; ST: Requires prior prescription for Enalapril tablets within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	Tier 1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	Tier 1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	
QBRELIS ORAL SOLUTION 1 MG/ML	Tier 3	ST; ST: Requires prior prescription for Lisinopril tablets within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days)
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	Tier 1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	Tier 1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
Antihypertensives, Angiotensin Receptor Antagonist		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	Tier 1	
EDARBI ORAL TABLET 40 MG, 80 MG	Tier 3	ST; ST: Requires prior prescription for an ACE inhibitor, ACE inhibitor combination, ARB, or ARB combination within the past 120 days
<i>eprosartan oral tablet 600 mg</i>	Tier 1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	Tier 1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	Tier 1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	Tier 1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	Tier 1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	Tier 1	
Antihypertensives, Miscellaneous		
<i>metyrosine oral capsule 250 mg</i> (Demser)	Tier 1	

Drug	Status	Notes
Antihypertensives, Sympatholytic		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	Tier 1	
clonidine transdermal patch weekly 0.1 mg/24 hr (Catapres-TTS-1)	Tier 1	
clonidine transdermal patch weekly 0.2 mg/24 hr (Catapres-TTS-2)	Tier 1	
clonidine transdermal patch weekly 0.3 mg/24 hr (Catapres-TTS-3)	Tier 1	
guanfacine oral tablet 1 mg, 2 mg	Tier 1	
methyldopa oral tablet 250 mg, 500 mg	Tier 1	
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	Tier 1	
Antihypertensives, Vasodilators		
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	
minoxidil oral tablet 10 mg, 2.5 mg	Tier 1	
Beta-Adrenergic Blocking Agents		
acebutolol oral capsule 200 mg, 400 mg	Tier 1	
atenolol oral tablet 100 mg, 25 mg, 50 mg (Tenormin)	Tier 1	
betaxolol oral tablet 10 mg, 20 mg	Tier 1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	Tier 1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Tier 3	ST; ST: Requires prior prescription for Propranolol oral solution within the past 120 days if 1 year of age and older; QL (360 ML per 30 days)
KAPSPARGO SPRINKLE ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 200 MG, 25 MG, 50 MG	Tier 3	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg (Toprol XL)	Tier 1	
metoprolol tartrate oral tablet 100 mg, 50 mg (Lopressor)	Tier 1	
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg	Tier 1	
nadolol oral tablet 20 mg, 40 mg, 80 mg (Corgard)	Tier 1	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg (Bystolic)	Tier 1	
pindolol oral tablet 10 mg, 5 mg	Tier 1	
propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg (Inderal LA)	Tier 1	

Drug	Status	Notes
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol)	Tier 1	
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)	Tier 1	
<i>sotalol oral tablet 240 mg</i> (Betapace)	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	Tier 3	ST; QL: 8 BOTTLES IN 30 DAYS; ST: Requires prior prescription for Sotalol HCL within the past 120 days
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
Beta-Adrenergic Blocking Agents/Thiazide & Related		
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	Tier 1	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	Tier 1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Tier 1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	Tier 1	
Calcium Channel Blocking Agents		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	Tier 1	
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG (diltiazem hcl)	Tier 1	
CONJUPRI ORAL TABLET 2.5 MG (levamlodipine)	Tier 3	PA
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (DILT-XR)	Tier 1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (Taztia XT)	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i> (Tiadylt ER)	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i> (Cardizem CD)	Tier 1	

Drug	Status	Notes
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	Tier 1	
<i>diltiazem hcl oral tablet 90 mg</i>	Tier 1	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i> (Cardizem LA)	Tier 1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Matzim LA)	Tier 1	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG (diltiazem hcl)	Tier 1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 1	
<i>levamlodipine oral tablet 5 mg</i> (Conjupri)	Tier 1	PA
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl)	Tier 1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	Tier 1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	Tier 1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>nimodipine oral capsule 30 mg</i>	Tier 1	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg</i> (Sular)	Tier 1	
<i>nisoldipine oral tablet extended release 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg</i>	Tier 1	
NYMALIZE ORAL SOLUTION 60 MG/10 ML	Tier 4	PA; SP
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	Tier 4	PA; SP
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (diltiazem hcl)	Tier 1	
TIADYL T ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl)	Tier 1	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan PM)	Tier 1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	Tier 1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 1	

Drug	Status	Notes
Loop Diuretics		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>ethacrynic acid oral tablet 25 mg</i> (Edecrin)	Tier 1	PA
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML	Tier 3	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	Tier 1	
<i>torseamide oral tablet 10 mg, 100 mg, 5 mg</i>	Tier 1	
<i>torseamide oral tablet 20 mg</i> (Soaanz)	Tier 1	
Potassium Sparing Diuretics		
<i>amiloride oral tablet 5 mg</i>	Tier 1	
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	Tier 1	
KERENDIA ORAL TABLET 10 MG, 20 MG	Tier 3	PA
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	Tier 1	
<i>triamterene oral capsule 100 mg, 50 mg</i> (Dyrenium)	Tier 3	
Potassium Sparing Diuretics In Combination		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i> (Maxzide-25mg)	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i> (Maxzide)	Tier 1	
Pulm Anti-Htn, Soluble Guanylate Cyclase Stimulator		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 4	PA; SP
Pulm. Anti-Htn, Sel. C-Gmp Phosphodiesterase T5 Inhib		
ALYQ ORAL TABLET 20 MG (tadalafil (pulm. hypertension))	Tier 4	PA; SP
LIQREV ORAL SUSPENSION 10 MG/ML	Tier 4	PA; SP
<i>sildenafil (pulm. hypertension) oral suspension for reconstitution 10 mg/ml</i> (Revatio)	Tier 1	PA
<i>sildenafil (pulm. hypertension) oral tablet 20 mg</i> (Revatio)	Tier 1	PA

Drug	Status	Notes
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq)	Tier 4	PA; SP
Pulmonary Anti-Htn, Endothelin Receptor Antagonist		
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	Tier 4	PA; SP
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	Tier 4	PA; SP
OPSUMIT ORAL TABLET 10 MG	Tier 4	PA; SP
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	Tier 4	PA; SP
Pulmonary Antihypertensives, Prostacyclin-Type		
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	Tier 4	PA; SP
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	Tier 4	PA; SP
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)- 1MG	Tier 4	PA; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 4	PA; SP
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (Remodulin)	Tier 4	PA; SP
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16 MCG (112)- 32 MCG (84), 16(112)- 32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG	Tier 4	PA; SP
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 4	PA; SP
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 4	PA; SP
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 4	PA; SP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 4	PA; SP
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 4	PA; SP
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	Tier 4	PA; SP

Drug	Status	Notes
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	Tier 4	PA; SP
Renin Inhibitor, Direct		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	Tier 1	
Thiazide And Related Diuretics		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	
DIURIL ORAL SUSPENSION 250 MG/5 ML	Tier 3	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
Vasodilators, Combination		
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i> (BiDil)	Tier 1	
Cardiovascular Disease - Lipid Irregularity		
Antihyperlip.Hmg Coa Reduct Inhib&Cholest.Ab.Inhib		
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	Tier 1	PA; QL (1 EA per 1 day)
Antihyperlipidemic - Atp Citrate Lyase Inhibitor		
NEXLETOL ORAL TABLET 180 MG	Tier 2	ST; ST: Requires prior prescription for Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin within the past 120 days
Antihyperlipidemic - Hmg Coa Reductase Inhibitors		

Drug	Status	Notes
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	Tier 3	ST; ST: At least 2 prior prescriptions for Altoprev, Atorvaliq, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin within the past 365 days; QL (1 EA per 1 day)
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	Tier 3	PA
<i>atorvastatin oral tablet 10 mg, 20 mg</i> (Lipitor)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>atorvastatin oral tablet 40 mg, 80 mg</i> (Lipitor)	Tier 1	QL (1 EA per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	Tier 3	ST; ST: Requires prior prescription for generic Rosuvastatin Calcium within the past 120 days; QL (1 EA per 1 day)
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) (simvastatin)	Tier 3	PA
FLOLIPID ORAL SUSPENSION 40 MG/5 ML (8 MG/ML)	Tier 3	PA
<i>fluvastatin oral capsule 20 mg</i>	\$0	ST; ST: At least 2 prior prescriptions for Altoprev, Atorvaliq, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin within the past 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)

Drug	Status	Notes
<i>fluvastatin oral capsule 40 mg</i>	\$0	ST; ST: At least 2 prior prescriptions for Altoprev, Atorvaliq, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin within the past 365 days; \$0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL)	\$0	ST; ST: At least 2 prior prescriptions for Altoprev, Atorvaliq, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin within the past 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (pitavastatin calcium)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)

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

Drug	Status	Notes
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	Tier 2	ST; ST: Requires prior prescription for Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin within the past 120 days
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Tier 2	ST; ST: Requires prior prescription for Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin within the past 120 days
Antihyperlipidemic-Acly And Choles Absorp Inhib		
NEXLIZET ORAL TABLET 180-10 MG	Tier 2	ST; ST: Requires prior prescription for Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin within the past 120 days
Bile Salt Sequestrants		
<i>cholestyramine (with sugar) oral powder 4 gram</i> (Questran)	Tier 1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	Tier 1	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM (cholestyramine-aspartame)	Tier 1	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM (cholestyramine-aspartame)	Tier 1	
<i>cholestyramine-aspartame oral powder in packet 4 gram</i> (Cholestyramine Light)	Tier 1	
<i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)	Tier 1	
<i>colesevelam oral tablet 625 mg</i> (WelChol)	Tier 1	
COLESTID FLAVORED ORAL PACKET 7.5 GRAM	Tier 3	
<i>colestipol oral granules 5 gram</i> (Colestid)	Tier 1	
<i>colestipol oral packet 5 gram</i>	Tier 1	
<i>colestipol oral tablet 1 gram</i> (Colestid)	Tier 1	
PREVALITE ORAL POWDER 4 GRAM (cholestyramine-aspartame)	Tier 1	
PREVALITE ORAL POWDER IN PACKET 4 GRAM (cholestyramine-aspartame)	Tier 1	
Lipotropics		

Drug	Status	Notes
ezetimibe oral tablet 10 mg (Zetia)	Tier 1	QL (1 EA per 1 day)
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	Tier 1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg (Tricor)	Tier 1	
fenofibrate oral capsule 150 mg, 50 mg (Lipofen)	Tier 1	
fenofibrate oral tablet 120 mg, 40 mg (Fenoglide)	Tier 1	
fenofibrate oral tablet 160 mg, 54 mg	Tier 1	
fenofibric acid (choline) oral capsule, delayed release (dr/ec) 135 mg, 45 mg (Trilipix)	Tier 1	
fenofibric acid oral tablet 105 mg, 35 mg (Fibracor)	Tier 1	
gemfibrozil oral tablet 600 mg (Lopid)	Tier 1	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	Tier 1	
NIACOR ORAL TABLET 500 MG (niacin)	Tier 1	
omega-3 acid ethyl esters oral capsule 1 gram (Lovaza)	Tier 1	ST; ST: Requires prior prescription for Fenofibrate Nanocrystallized, Fenofibrate, Fenofibrate micronized, or Triglide within the past 120 days; QL (4 EA per 1 day)
VASCEPA ORAL CAPSULE 0.5 GRAM (icosapent ethyl)	Tier 1	QL (8 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl)	Tier 1	QL (4 EA per 1 day)
Cardiovascular Disease - Miscellaneous Agents		
Adrenergic Vasopressor Agents		
droxidopa oral capsule 100 mg, 200 mg, 300 mg (Northera)	Tier 4	PA; SP
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
Angiotensin Recept-Nepriylsin Inhibitor Comb(Arni)		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Tier 2	QL (2 EA per 1 day)
Antianginal & Anti-Ischemic Agents, Non-Hemodynamic		
ranolazine oral tablet extended release 12 hr 1,000 mg	Tier 1	QL (60 EA per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg	Tier 1	QL (120 EA per 30 days)
Antianginal, Heart Rate Reducing, I(F) Inhibitor		
CORLANOR ORAL SOLUTION 5 MG/5 ML	Tier 2	QL (20 ML per 1 day)

Drug	Status	Notes
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Tier 2	ST; ST: Requires prior prescription for Bisoprolol Fumarate, Carvedilol, or Metoprolol Succinate within the past 120 days; QL (2 EA per 1 day)
Antihyperlip - Hmg-Coa&Calcium Channel Blocker Cb		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	Tier 1	QL (1 EA per 1 day)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	Tier 1	QL (1 EA per 1 day)
Cardiac Myosin Inhibitor		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Tier 4	PA; SP
Protein Stabilizers		
VYNDAMAX ORAL CAPSULE 61 MG	Tier 4	PA; SP
VYNDAQEL ORAL CAPSULE 20 MG	Tier 4	PA; SP
Soluble Guanylate Cyclase (Sgc) Stimulator		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 3	PA
Cardiovascular Disease - Vasodilation		
Vasodilators, Coronary		
<i>amyl nitrite inhalation solution 0.3 ml</i>	Tier 1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	Tier 1	
<i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)	Tier 1	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	Tier 1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 1	
NITRO-BID TRANSDERMAL OINTMENT 2 % (nitroglycerin)	Tier 2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	Tier 1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur)	Tier 1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i> (Nitrolingual)	Tier 1	

Drug	Status	Notes
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (nitroglycerin)	Tier 1	
Vasodilators, Peripheral		
<i>ergoloid oral tablet 1 mg</i>	Tier 1	
<i>papaverine injection solution 30 mg/ml</i>	Tier 1	
Contraception/Oxytocics		
Contraceptives, Intravaginal, Systemic		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	\$0	ST; ST: Requires prior prescription for Nuvaring within the past 120 days; QL (1 EA per 365 days)
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)	\$0	QL (1 EA per 28 days)
ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)	\$0	QL (1 EA per 28 days)
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> (EluRyng)	\$0	QL (1 EA per 28 days)
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)	\$0	QL (1 EA per 28 days)
Contraceptives, Implantable		
NEXPLANON SUBDERMAL IMPLANT 68 MG	Tier 3	\$0 COPAY IF QUANTITY LIMITED TO 1 IN 365 DAYS
Contraceptives, Injectable		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	\$0	\$0 COPAY IF DAY SUPPLY LIMITED TO 90 DAYS; QL (0.65 ML per 84 days)
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	\$0	\$0 COPAY IF DAY SUPPLY LIMITED TO 90 DAYS; QL (1 ML per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	\$0	\$0 COPAY IF DAY SUPPLY LIMITED TO 90 DAYS; QL (1 ML per 84 days)
Contraceptives, Intravaginal		
PHEXXI VAGINAL GEL 1.8-1-0.4 %	Tier 3	PA
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	\$0	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	\$0	
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	\$0	
Contraceptives, Oral		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	\$0	

Drug	Status	Notes
AFTER PILL ORAL TABLET 1.5 MG (levonorgestrel)	\$0	
AFTERA ORAL TABLET 1.5 MG (levonorgestrel)	\$0	
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG (levonorgestrel-ethinyl estrad)	\$0	
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethin estradiol)	\$0	
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0	
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (l norgest/e.estradiol-e.estrad)	\$0	QL (91 EA per 84 days)
AMETHYST (28) ORAL TABLET 90-20 MCG (28) (levonorgestrel-ethinyl estrad)	\$0	
APRI ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	\$0	
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	\$0	
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (l norgest/e.estradiol-e.estrad)	\$0	QL (91 EA per 84 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	\$0	
AUBRA ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	\$0	
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (norethindrone ac-eth estradiol)	\$0	
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG (norethindrone ac-eth estradiol)	\$0	
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)	\$0	
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	\$0	
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	\$0	
AVIANE ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	\$0	
AYUNA ORAL TABLET 0.15-0.03 MG (levonorgestrel-ethinyl estrad)	\$0	
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog-e.estradiol/e.estradiol)	\$0	
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	\$0	
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)	\$0	
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	\$0	
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	\$0	

Drug	Status	Notes	
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	\$0		
CAMILA ORAL TABLET 0.35 MG (norethindrone (contraceptive))	\$0		
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol- e.estrad)	\$0	QL (91 EA per 84 days)
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol- e.estrad)	\$0	QL (91 EA per 84 days)
CAZANT (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	\$0		
CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol- iron)	\$0	
CHATEAL (28) ORAL TABLET 0.15- 0.03 MG	(levonorgestrel-ethinyl estrad)	\$0	
CHATEAL EQ (28) ORAL TABLET 0.15- 0.03 MG	(levonorgestrel-ethinyl estrad)	\$0	
CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	\$0	
CYRED EQ ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0	
CYRED ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0	
DASETTA 1/35 (28) ORAL TABLET 1- 35 MG-MCG	(norethindrone-ethin estradiol)	\$0	
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0		
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol- e.estrad)	\$0	QL (91 EA per 84 days)
DEBLITANE ORAL TABLET 0.35 MG (norethindrone (contraceptive))	\$0		
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Azurette (28))	\$0	
DOLISHALE ORAL TABLET 90-20 MCG (28)	(levonorgestrel-ethinyl estrad)	\$0	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	(Beyaz)	\$0	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	(Tydemy)	\$0	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	(Jasmiel (28))	\$0	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	(Ocella)	\$0	
ECONTRA EZ ORAL TABLET 1.5 MG (levonorgestrel)	\$0		
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	\$0		

Drug		Status	Notes
ELINEST ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	\$0	
ELLA ORAL TABLET 30 MG		\$0	
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	\$0	
ENSKYCE ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0	
ERRIN ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	\$0	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	(Kelnor 1/35 (28))	\$0	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	(Kelnor 1-50 (28))	\$0	
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0	
FINZALA ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	\$0	
GEMMILY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0	
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0	
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0	
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0	
HAILEY ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	\$0	
HEATHER ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0	
HER STYLE ORAL TABLET 1.5 MG	(levonorgestrel)	\$0	
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	\$0	QL (91 EA per 84 days)
INCASSIA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0	
ISIBLOOM ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0	
JAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0	QL (91 EA per 84 days)
JASMIEL (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	\$0	
JENCYCLA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0	
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	\$0	QL (91 EA per 84 days)
JOYEAUX ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	(levonorgest-eth.estradiol-iron)	\$0	QL (28 EA per 28 days)

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

Drug		Status	Notes
LESSINA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0	
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	\$0	
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	(Joyeaux)	\$0	QL (28 EA per 28 days)
levonorgestrel oral tablet 1.5 mg	(After Pill)	\$0	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	(Afirmelle)	\$0	
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	(Altavera (28))	\$0	
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)	(Amethyst (28))	\$0	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(Iclevia)	\$0	QL (91 EA per 84 days)
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Enpresse)	\$0	
LEVORA-28 ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)		\$0	ST; ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days
LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0	QL (91 EA per 84 days)
LORYNA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	\$0	
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	\$0	
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	\$0	
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0	
LYLEQ ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0	
LYZA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0	
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0	
MERZEE ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0	
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	\$0	
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	\$0	
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	\$0	

Drug	Status	Notes
MICROGESTIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)	\$0	
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	\$0	
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	\$0	
MILI ORAL TABLET 0.25-35 MG-MCG (norgestimate-ethinyl estradiol)	\$0	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG (norgestimate-ethinyl estradiol)	\$0	
MY CHOICE ORAL TABLET 1.5 MG (levonorgestrel)	\$0	
MY WAY ORAL TABLET 1.5 MG (levonorgestrel)	\$0	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	\$0	ST; ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0	
NEW DAY ORAL TABLET 1.5 MG (levonorgestrel)	\$0	
NEXTSTELLIS ORAL TABLET 3 MG-14.2 MG (28)	\$0	ST; ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY; QL (1 EA per 1 day)
NIKKI (28) ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)	\$0	
NORA-BE ORAL TABLET 0.35 MG (norethindrone (contraceptive))	\$0	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i> (Wymzya Fe)	\$0	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i> (Kaitlib Fe)	\$0	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila)	\$0	
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i> (Aurovela 1.5/30 (21))	\$0	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Aurovela 1/20 (21))	\$0	
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i> (Gemmyly)	\$0	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Aurovela Fe 1-20 (28))	\$0	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (Aurovela Fe 1.5/30 (28))	\$0	

Drug	Status	Notes
norethindrone-e.estradiol-iron oral tablet (Tilia Fe) 1-20(5)/1-30(7) /1mg-35mcg (9)	\$0	
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	\$0	
norgestimate-ethinyl estradiol oral tablet (Tri-Lo-Estarylla) 0.18/0.215/0.25 mg-25 mcg	\$0	
norgestimate-ethinyl estradiol oral tablet (Tri-Estarylla) 0.18/0.215/0.25 mg-35 mcg (28)	\$0	
norgestimate-ethinyl estradiol oral tablet (Estarylla) 0.25-35 mg-mcg	\$0	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	\$0	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethin estradiol)	\$0	
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0	
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethin estradiol)	\$0	
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0	
NYMYO ORAL TABLET 0.25-35 MG-MCG (norgestimate-ethinyl estradiol)	\$0	
OCELLA ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	\$0	
OPCICON ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	\$0	
OPTION-2 ORAL TABLET 1.5 MG (levonorgestrel)	\$0	
PHILITH ORAL TABLET 0.4-35 MG-MCG	\$0	
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog-e.estradiol/e.estradiol)	\$0	
PORTIA 28 ORAL TABLET 0.15-0.03 MG (levonorgestrel-ethinyl estrad)	\$0	
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	\$0	
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG (l norgest/e.estradiol-e.estrad)	\$0	
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (levonorgestrel-ethinyl estrad)	\$0	QL (91 EA per 84 days)
SHAROBEL ORAL TABLET 0.35 MG (norethindrone (contraceptive))	\$0	
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog-e.estradiol/e.estradiol)	\$0	

Drug		Status	Notes
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0	QL (91 EA per 84 days)
SLYND ORAL TABLET 4 MG (28)		\$0	ST; ST: Requires prior prescription for a generic Norethindrone 0.35mg tablets within the past 120 days; QL (28 EA per 28 days)
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	\$0	
SRONYX ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0	
SYEDA ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	\$0	
TAKE ACTION ORAL TABLET 1.5 MG	(levonorgestrel)	\$0	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0	
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0	
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0	
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	\$0	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	\$0	
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	\$0	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	\$0	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	\$0	
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	\$0	
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	\$0	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	\$0	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	\$0	
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	\$0	
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	\$0	
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	\$0	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	\$0	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	\$0	

Drug	Status	Notes
TULANA ORAL TABLET 0.35 MG (norethindrone (contraceptive))	\$0	
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG (norgestrel-ethinyl estradiol)	\$0	
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG	\$0	
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7) (drospirenone-e.estradiol- lm.fa)	\$0	
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG- MCG	\$0	
VESTURA (28) ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)	\$0	
VIENVA ORAL TABLET 0.1-20 MG- MCG (levonorgestrel-ethinyl estradiol)	\$0	
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog- e.estradiol/e.estradiol)	\$0	
VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog- e.estradiol/e.estradiol)	\$0	
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	\$0	
VYLIBRA ORAL TABLET 0.25-35 MG- MCG (norgestimate-ethinyl estradiol)	\$0	
WERA (28) ORAL TABLET 0.5-35 MG- MCG	\$0	
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG- 35MCG(21) AND 75 MG (7) (noreth-ethinyl estradiol- iron)	\$0	
ZARAH ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	\$0	
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG (ethynodiol diac-eth estradiol)	\$0	
ZUMANDIMINE (28) ORAL TABLET 3- 0.03 MG (drospirenone-ethinyl estradiol)	\$0	
Contraceptives,Transdermal		
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i> (Xulane)	\$0	QL (3 EA per 28 days)
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	Tier 3	QL (3 EA per 28 days)
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR (norelgestromin- ethin.estradiol)	\$0	QL (3 EA per 28 days)
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR (norelgestromin- ethin.estradiol)	\$0	QL (3 EA per 28 days)
Diaphragms/Cervical Cap		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	\$0	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	\$0	

Drug	Status	Notes
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM	\$0	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	\$0	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM	\$0	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	\$0	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM	\$0	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM	\$0	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM	\$0	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM	\$0	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM	\$0	
Oxytocics		
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	Tier 3	
<i>methylergonovine oral tablet 0.2 mg</i>	Tier 1	QL (28 EA per 30 days)
PREPIDIL VAGINAL GEL 0.5 MG/3 G	Tier 3	
Cough And Cold		
1st Gen Antihistamine & Decongestant Combinations		
PROMETHAZINE VC ORAL SYRUP 6.25-5 MG/5 ML (promethazine- phenylephrine)	Tier 1	
1st Gen Antihist-Decongest-Anticholinergic Comb		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	Tier 1	
Antitussives,Non-Narcotic		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	Tier 1	
Narcotic Antituss-1st Gen. Antihistamine-Decongest		
PROMETHAZINE VC-CODEINE ORAL SYRUP 6.25-5-10 MG/5 ML (promethazine-phenyleph- codeine)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
Narcotic Antitussive-1st Generation Antihistamine		
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	Tier 1	QL (10 ML per 1 day); Age (Min 18 Years)
<i>promethazine-codeine oral syrup 6.25- 10 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)

Drug	Status	Notes
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	Tier 3	ST; ST: Requires prior prescription for Promethazine HCL/codeine within the past 120 days; QL (2 EA per 1 day); Age (Min 18 Years)
Narcotic Antitussive-Anticholinergic Comb.		
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i> (Hydromet)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i> (Hycodan (with homatropine))	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
HYDROMET ORAL SYRUP 5-1.5 MG/5 ML (hydrocodone-homatropine)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
Non-Narc Antitussive-1St Gen. Antihistamine-Decongest		
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML (brompheniramine-pseudoeph-dm)	Tier 1	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i> (Bromfed DM)	Tier 1	
Non-Narc Antitussive-1St Gen Antihistamine Comb.		
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Tier 1	
Nose Preparations, Vasoconstrictors (Rx)		
<i>epinephrine hcl nasal solution 1 mg/ml</i> (Adrenalin)	Tier 1	
Dermatology - Acne		
Acne Agents, Systemic		
ACUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	Tier 1	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG (isotretinoin)	Tier 1	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	Tier 1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (Accutane)	Tier 1	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	Tier 1	
Acne Agents, Topical		
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i> (Epiduo)	Tier 3	
<i>adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %</i> (Epiduo Forte)	Tier 1	
ADEINZDE TOPICAL GEL 0.1-2.5-1 %	Tier 3	

Drug	Status	Notes
AZELEX TOPICAL CREAM 20 %	Tier 3	ST; ST: Requires prior prescription for Adapalene, Adapalene/Benzoyl Peroxide, Clindamycin Phosphate/Benzoyl Peroxide, Clindamycin Phosphate, Erythromycin Base In Ethanol, Erythromycin/Benzoyl Peroxide, Sulfacetamide Sodium/Sulfur/Urea, Sulfacetamide Sodium, Sulfacetamide Sodium/Sulfur, or Tretinoin within the past 120 days
CABTREO TOPICAL GEL 0.15-3.1-1.2 %	Tier 3	PA
<i>clindamycin-benzoyl peroxide topical gel</i> (Neuac) 1.2 %(1 % base) -5 %	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel</i> 1-5 %	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump</i> (Onexton) 1.2 %(1 % base) -3.75 %	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump</i> (Acanya) 1.2-2.5 %	Tier 1	ST; ST: Requires prior prescription for generic Clindamycin/Benzoyl Peroxide gel within the past 120 days
<i>dapsone topical gel</i> 5 % (Aczone)	Tier 1	
<i>dapsone topical gel with pump</i> 7.5 % (Aczone)	Tier 1	ST; ST: Requires prior prescription for Adapalene, Adapalene/Benzoyl Peroxide, Clindamycin Phosphate/Benzoyl Peroxide, Clindamycin Phosphate, Erythromycin Base In Ethanol, Erythromycin/Benzoyl Peroxide, Sulfacetamide Sodium/Sulfur/Urea, Sulfacetamide Sodium, Sulfacetamide Sodium/Sulfur, or Tretinoin within the past 120 days
DEOXIATAR TOPICAL SOLUTION 0.025-1-4 %	Tier 3	
DEOXIATAR TOPICAL CREAM 0.05-1-4 %	Tier 3	
DIADIMAXIA TOPICAL CREAM 6-5-2 %	Tier 3	
DIAOXIA TOPICAL CREAM 6-4 %	Tier 3	
DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 %	Tier 3	

Drug	Status	Notes
DIASAXIATAR TOPICAL GEL 0.025-8.5-2 %	Tier 3	
DIASDIMAXIA TOPICAL CREAM 8.5-5-2 %	Tier 3	
DIASOXIA TOPICAL CREAM 8.5-4 %	Tier 3	
IDYYXIATAR TOPICAL GEL 0.025-5 %	Tier 3	
INZDEAXIAVAR TOPICAL GEL 0.05-2.5-1-2 %	Tier 3	
NEUAC TOPICAL GEL 1.2 % (1 % (clindamycin-benzoyl peroxide) -5 %	Tier 1	
ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 %	Tier 3	
ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 %	Tier 3	
ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 %	Tier 3	
OXIAVAR TOPICAL CREAM 0.05-4 % (tretinoin-niacinamide)	Tier 3	
OXIAVARY TOPICAL CREAM 0.1-4 %	Tier 3	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	Tier 1	
Keratolytic-Glucocorticoid Combinations		
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	Tier 2	
Rosacea Agents, Topical		
AVEIDA TOPICAL GEL 1-1 %	Tier 3	
<i>azelaic acid topical gel 15 %</i>	Tier 1	
<i>brimonidine topical gel with pump 0.33 %</i> (Mirvaso)	Tier 1	
DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 %	Tier 3	
DAZOMON TOPICAL GEL 0.25 %	Tier 3	
FINACEA TOPICAL FOAM 15 %	Tier 2	
IDARAN TOPICAL OINTMENT 1-2 %	Tier 3	
<i>metronidazole topical cream 0.75 %</i> (Rosadan)	Tier 1	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	Tier 1	
<i>metronidazole topical gel 1 %</i> (Metrogel)	Tier 1	
<i>metronidazole topical gel with pump 1 %</i>	Tier 1	
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	Tier 1	
ROSADAN TOPICAL CREAM 0.75 % (metronidazole)	Tier 1	
SOOLANTRA TOPICAL CREAM 1 % (ivermectin)	Tier 1	ST; ST: Requires prior prescription for Finacea gel or foam within the past 120 days
Topical Antiandrogenic Agents		

Drug	Status	Notes
WINLEVI TOPICAL CREAM 1 %	Tier 3	PA
Topical Preparations, Antibacterials		
DERMAZENE TOPICAL CREAM IN PACKET 1-1 %	Tier 3	
<i>hydrocortisone-iodoquinol topical cream</i> 1-1 % (Corti-Sav)	Tier 1	
<i>hydrocortisone-iodoquinol-aloe topical cream in packet</i> 1.9-1 % (Vytone)	Tier 1	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	Tier 3	
IODOSORB TOPICAL GEL 0.9 %	Tier 3	
LUGOLS TOPICAL SOLUTION 5-10 % (iodine-potassium iodide)	Tier 1	
NORMLGEL AG TOPICAL GEL 0.11 %	Tier 3	
<i>silver nitrate topical solution</i> 0.5 %, 25 %, 50 %	Tier 1	
STRONG IODINE TOPICAL SOLUTION 5-10 % (iodine-potassium iodide)	Tier 1	
Vitamin A Derivatives		
<i>adapalene topical cream</i> 0.1 % (Differin)	Tier 1	
<i>adapalene topical gel</i> 0.3 %	Tier 1	
<i>adapalene topical gel with pump</i> 0.3 % (Differin)	Tier 1	
<i>adapalene topical lotion</i> 0.1 % (Differin)	Tier 1	Age (Max 39 Years)
ALTRENO TOPICAL LOTION 0.05 %	Tier 3	
AVITA TOPICAL CREAM 0.025 % (tretinoin)	Tier 1	
AVITA TOPICAL GEL 0.025 % (tretinoin)	Tier 1	
DIFFERIN TOPICAL LOTION 0.1 % (adapalene)	Tier 3	Age (Max 39 Years)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %	Tier 3	ST; ST: Requires prior prescriptions for generic Tretinoin Microspheres 0.04% and 0.10% within the past 365 days; Age (Max 39 Years)
<i>tretinoin microspheres topical gel</i> 0.04 %, 0.1 % (Retin-A Micro)	Tier 1	Age (Max 39 Years)
<i>tretinoin microspheres topical gel with pump</i> 0.04 %, 0.1 % (Retin-A Micro Pump)	Tier 1	Age (Max 39 Years)
<i>tretinoin microspheres topical gel with pump</i> 0.08 % (Retin-A Micro Pump)	Tier 1	ST; ST: Requires prior prescriptions for generic Tretinoin Microspheres 0.04% and 0.10% within the past 365 days; Age (Max 39 Years)
<i>tretinoin topical cream</i> 0.025 % (Avita)	Tier 1	
<i>tretinoin topical cream</i> 0.05 %, 0.1 % (Retin-A)	Tier 1	
<i>tretinoin topical gel</i> 0.01 % (Retin-A)	Tier 1	

Drug	Status	Notes
<i>tretinoin topical gel 0.025 %</i> (Avita)	Tier 1	
<i>tretinoin topical gel 0.05 %</i> (Atralin)	Tier 1	
Vitamin A Derivatives, Topical Acne Agents		
AKLIEF TOPICAL CREAM 0.005 %	Tier 3	ST; ST: Requires prior prescription for Adapalene, Differin, Tazarotene, or Tretinoin within the past 120 days; Age (Max 39 Years)
Dermatology - Antiinfective		
Topical Antibiotics		
CENTANY AT TOPICAL OINTMENT KIT 2 %	Tier 3	
<i>clindamycin phosphate topical foam 1 %</i> (Clindacin)	Tier 1	
<i>clindamycin phosphate topical gel 1 %</i>	Tier 1	
<i>clindamycin phosphate topical gel, once daily 1 %</i> (Clindagel)	Tier 3	ST; ST: Requires prior prescription for Clindamycin Phosphate 1% gel within the past 120 days
<i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T)	Tier 1	
<i>clindamycin phosphate topical solution 1 %</i>	Tier 1	QL (180 ML per 1 FILL)
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	Tier 1	
ERY PADS TOPICAL SWAB 2 % (erythromycin with ethanol)	Tier 1	
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	Tier 1	
<i>erythromycin with ethanol topical solution 2 %</i>	Tier 1	QL (180 ML per 1 FILL)
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Benzamycin)	Tier 1	
<i>gentamicin topical cream 0.1 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>gentamicin topical ointment 0.1 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>mupirocin calcium topical cream 2 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>mupirocin topical ointment 2 %</i> (Centany)	Tier 1	QL (90 GM per 1 FILL)
XEPI TOPICAL CREAM 1 %	Tier 3	ST; ST: Requires prior prescription for Mupirocin ointment within the past 120 days
Topical Antifungal/Anti-inflammatory, Steriod Agent		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 1	

Drug	Status	Notes
Topical Antifungals		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	Tier 3	
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	Tier 1	QL (180 GM per 1 FILL)
<i>ciclopirox topical gel 0.77 %</i>	Tier 1	
<i>ciclopirox topical shampoo 1 %</i>	Tier 1	
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	Tier 1	QL (19.8 ML per 1 FILL)
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	Tier 1	QL (180 ML per 1 FILL)
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i> (Ciclodan Kit)	Tier 1	QL (19.8 ML per 1 FILL)
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	Tier 1	
<i>clotrimazole topical solution 1 %</i>	Tier 1	
<i>econazole topical cream 1 %</i>	Tier 1	QL (170 GM per 1 FILL)
ECOZA TOPICAL FOAM 1 %	Tier 3	
EXELDERM TOPICAL CREAM 1 % (sulconazole)	Tier 2	
EXELDERM TOPICAL SOLUTION 1 % (sulconazole)	Tier 2	
EXODERM TOPICAL LOTION 25-1 %	Tier 1	
HAXDRAX TOPICAL SHAMPOO 0.77-2 % (ciclopirox-salicylic acid)	Tier 3	
HEXIOUNYL TOPICAL LOTION 3-5-20 %	Tier 3	
HIXDEFRIMA TOPICAL SOLUTION 8-1-1 %	Tier 3	
<i>ketoconazole topical cream 2 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>ketoconazole topical shampoo 2 %</i>	Tier 1	QL (360 ML per 1 FILL)
KETODAN KIT TOPICAL COMBO PACK 2 %	Tier 3	
KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	Tier 1	
<i>luliconazole topical cream 1 %</i> (Luzu)	Tier 1	ST; ST: Requires prior prescriptions for Clotrimazole and Ketoconazole within the past 365 days; QL (60 GM per 28 days)
MENTAX TOPICAL CREAM 1 % (butenafine)	Tier 3	
<i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i> (Vusion)	Tier 1	
<i>naftifine topical cream 1 %</i>	Tier 1	
<i>naftifine topical cream 2 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>naftifine topical gel 2 %</i> (Naftin)	Tier 1	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	Tier 1	
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 1	

Drug	Status	Notes
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 1	QL (90 GM per 1 FILL)
<i>nystatin topical powder 100,000 unit/gram</i> (Klayesta)	Tier 1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 1	QL (180 GM per 1 FILL)
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	Tier 1	
<i>oxiconazole topical cream 1 %</i> (Oxistat)	Tier 1	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 %	Tier 3	
PHEDRAX TOPICAL SHAMPOO 2-2 %	Tier 3	
<i>sulconazole topical cream 1 %</i> (Exelderm)	Tier 1	
<i>sulconazole topical solution 1 %</i> (Exelderm)	Tier 1	
<i>tavaborole topical solution with applicator 5 %</i> (Kerydin)	Tier 1	PA
Topical Antiparasitics		
<i>malathion topical lotion 0.5 %</i> (Ovide)	Tier 1	
<i>permethrin topical cream 5 %</i> (Elimite)	Tier 1	
<i>spinosad topical suspension 0.9 %</i> (Natroba)	Tier 1	
ULESFIA TOPICAL LOTION 5 %	Tier 3	
Topical Antivirals		
<i>acyclovir topical ointment 5 %</i> (Zovirax)	Tier 1	
Topical Pleuromutilin Derivatives		
ALTABAX TOPICAL OINTMENT 1 %	Tier 3	ST; ST: Requires prior prescription for Mupirocin ointment within the past 120 days
Topical Sulfonamides		
BP 10-1 TOPICAL CLEANSER 10-1 % (sulfacetamide sodium-sulfur)	Tier 1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (sulfacetamide sod-sulfur-urea)	Tier 1	
<i>mafenide acetate topical packet 50 gram</i> (Sulfamylon)	Tier 1	
OXIAICE TOPICAL LOTION 15-4 %	Tier 3	
ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 % (sulfacetamide sodium-sulfur)	Tier 1	
ROSULA TOPICAL CLEANSER 10-4.5 %	Tier 3	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	Tier 1	
SSD TOPICAL CREAM 1 % (silver sulfadiazine)	Tier 1	
SSS 10-5 TOPICAL CREAM 10-5 % (W/W) (sulfacetamide sodium-sulfur)	Tier 1	

Drug	Status	Notes
SSS 10-5 TOPICAL FOAM 10-5 % (sulfacetamide sodium-sulfur)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %</i> (Avar LS)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i> (Avar)	Tier 1	QL (1419 GM per 1 FILL)
<i>sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %</i> (Plexion)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i> (Sumaxin)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %</i> (Avar-E LS)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i> (SSS 10-5)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cream 9.8-4.8 %</i> (Plexion)	Tier 1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)</i> (Plexion)	Tier 1	
<i>sulfacetamide sodium-sulfur topical lotion 9.8-4.8 %</i> (Plexion)	Tier 1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i> (Sumaxin)	Tier 1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 9.8-4.8 %</i> (Plexion Cleansing Cloths)	Tier 1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i> (Plexion)	Tier 1	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i> (Plexion)	Tier 1	QL (1419 ML per 1 FILL)
SULFAMYLON TOPICAL CREAM 85 MG/G	Tier 3	
SULFAMYLON TOPICAL PACKET 50 GRAM (mafenide acetate)	Tier 3	
Dermatology - Antiinflammatory		
Interleukin-13 (Il-13) Inhibitors, Mab		
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	PA; SP
Top. Anti-Inflam., Phosphodiesterase-4 (Pde4) Inhib		
EUCRISA TOPICAL OINTMENT 2 %	Tier 2	ST; ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
ZORYVE TOPICAL FOAM 0.3 %	Tier 3	PA
Topical Antibiotics/Antiinflammatory, Steroidal		

Drug	Status	Notes
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 3	ST; ST: Requires prior prescription for Fluocinolone Acetonide cream/oil/ointment/solution within the past 120 days
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 3	ST; ST: Requires prior prescription for Fluocinolone Acetonide cream/oil/ointment/solution within the past 120 days
Topical Anti-Inflammatory Steroidal		
ACIOXIA TOPICAL GEL 0.1-0.5 %	Tier 3	
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 %	Tier 1	
ALA-CORT TOPICAL CREAM 1 % (hydrocortisone)	Tier 1	
ALA-SCALP TOPICAL LOTION 2 %	Tier 1	ST; ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
<i>alclometasone topical cream 0.05 %</i>	Tier 1	
<i>alclometasone topical ointment 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical cream 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 1	
<i>betamethasone valerate topical cream 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical foam 0.12 %</i> (Luxiq)	Tier 1	
<i>betamethasone valerate topical lotion 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical ointment 0.1 %</i>	Tier 1	
<i>betamethasone, augmented topical cream 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical gel 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	Tier 1	
CAPEX TOPICAL SHAMPOO 0.01 %	Tier 3	
<i>clobetasol scalp solution 0.05 %</i>	Tier 1	
<i>clobetasol topical cream 0.05 %</i>	Tier 1	
<i>clobetasol topical foam 0.05 %</i> (Olux)	Tier 1	

Drug	Status	Notes
<i>clobetasol topical gel 0.05 %</i>	Tier 1	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	Tier 1	
<i>clobetasol topical ointment 0.05 %</i> (Temovate)	Tier 1	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	Tier 1	
<i>clobetasol topical spray,non-aerosol 0.05 %</i> (Clobex)	Tier 1	
<i>clobetasol-emollient topical cream 0.05 %</i>	Tier 1	
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	Tier 1	
<i>clocortolone pivalate topical cream 0.1 %</i>	Tier 1	ST; ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER 0.05 %	Tier 3	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	Tier 3	ST; ST: Requires prior prescription for Betamethasone augmented (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, Halobetasol 0.05% (cream, ointment) within the past 120 days; QL (2 EA per 30 days)
CORDRAN TOPICAL CREAM 0.025 %	Tier 3	ST; ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>desonide topical cream 0.05 %</i> (DesOwen)	Tier 1	
<i>desonide topical gel 0.05 %</i>	Tier 1	ST; ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
<i>desonide topical lotion 0.05 %</i>	Tier 1	
<i>desonide topical ointment 0.05 %</i>	Tier 1	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)	Tier 1	
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	Tier 1	

Drug	Status	Notes
<i>desoximetasone topical ointment 0.05 %</i> , 0.25 % (Topicort)	Tier 1	
<i>desoximetasone topical spray,non-aerosol 0.25 %</i> (Topicort)	Tier 1	ST; ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days
<i>fluocinolone and shower cap scalp oil 0.01 %</i> (Derma-Smoothe/FS Scalp Oil)	Tier 1	
<i>fluocinolone topical cream 0.01 %</i>	Tier 1	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	Tier 1	
<i>fluocinolone topical oil 0.01 %</i> (Derma-Smoothe/FS Body Oil)	Tier 1	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	Tier 1	
<i>fluocinolone topical solution 0.01 %</i> (Synalar)	Tier 1	
<i>fluocinonide topical cream 0.05 %</i>	Tier 1	
<i>fluocinonide topical cream 0.1 %</i> (Vanos)	Tier 1	
<i>fluocinonide topical gel 0.05 %</i>	Tier 1	
<i>fluocinonide topical ointment 0.05 %</i>	Tier 1	
<i>fluocinonide topical solution 0.05 %</i>	Tier 1	
FLUOCINONIDE-E TOPICAL CREAM 0.05 % (fluocinonide-emollient)	Tier 1	
<i>fluocinonide-emollient topical cream 0.05 %</i> (Fluocinonide-E)	Tier 1	
FLUOXIA TOPICAL CREAM 0.05-4 %	Tier 3	
<i>flurandrenolide topical cream 0.05 %</i> (Cordran)	Tier 1	ST; ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
<i>flurandrenolide topical lotion 0.05 %</i> (Cordran)	Tier 1	

Drug	Status	Notes
<i>flurandrenolide topical ointment 0.05 %</i> (Cordran)	Tier 1	ST; ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days; QL (180 GM per 30 days)
<i>fluticasone propionate topical cream 0.05 %</i>	Tier 1	
<i>fluticasone propionate topical lotion 0.05 %</i> (Beser)	Tier 1	
<i>fluticasone propionate topical ointment 0.005 %</i>	Tier 1	
<i>halcinonide topical cream 0.1 %</i> (Halog)	Tier 1	ST; ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
<i>halobetasol propionate topical cream 0.05 %</i>	Tier 1	
<i>halobetasol propionate topical ointment 0.05 %</i>	Tier 1	
HALOG TOPICAL OINTMENT 0.1 %	Tier 3	ST; ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
HALOG TOPICAL SOLUTION 0.1 %	Tier 3	ST; ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
<i>hydrocortisone butyrate topical cream 0.1 %</i>	Tier 1	

Drug	Status	Notes
<i>hydrocortisone butyrate topical lotion 0.1 %</i> (Locoid)	Tier 1	ST; ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (236 ML per 30 days)
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	Tier 1	ST; ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
<i>hydrocortisone butyrate topical solution 0.1 %</i>	Tier 1	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	Tier 1	
<i>hydrocortisone topical cream 2.5 %</i>	Tier 1	
<i>hydrocortisone topical cream with perineal applicator 1 %</i>	Tier 1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC)	Tier 1	
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 1	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	Tier 1	
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	Tier 1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	Tier 1	ST; ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
<i>mometasone topical cream 0.1 %</i>	Tier 1	
<i>mometasone topical ointment 0.1 %</i>	Tier 1	
<i>mometasone topical solution 0.1 %</i>	Tier 1	
NUCORT TOPICAL LOTION 2 % (hydrocortisone acet-aloe vera)	Tier 3	

Drug	Status	Notes
PANDEL TOPICAL CREAM 0.1 %	Tier 3	ST; ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (160 GM per 30 days)
<i>prednicarbate topical cream 0.1 %</i>	Tier 1	
<i>prednicarbate topical ointment 0.1 %</i>	Tier 1	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Tier 1	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Tier 1	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Tier 1	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	Tier 2	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	Tier 3	ST; ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %	Tier 3	QL (375 GM per 30 days)
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 %	Tier 3	QL (375 GM per 30 days)
SYNALAR TS TOPICAL KIT 0.01 %	Tier 3	
TEXACORT TOPICAL SOLUTION 2.5 %	Tier 2	ST; ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i> (Kenalog)	Tier 1	
<i>triamcinolone acetonide topical cream 0.025 %</i>	Tier 1	
<i>triamcinolone acetonide topical cream 0.1 %</i> (Triderm)	Tier 1	
<i>triamcinolone acetonide topical cream 0.5 %</i> (Triderm)	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	

Drug	Status	Notes
TRIDERM TOPICAL CREAM 0.1 % (triamcinolone acetonide)	Tier 1	
TRIDERM TOPICAL CREAM 0.5 % (triamcinolone acetonide)	Tier 1	QL (454 GM per 30 days)
Topical Anti-Inflammatory, Nsaids		
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i> (Flector)	Tier 3	
<i>diclofenac sodium topical gel 1 %</i> (Aleve (diclofenac))	Tier 1	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	Tier 3	ST; ST: Requires prior prescription for Diclofenac Epolamine patch within the past 120 days; QL (1 EA per 1 day)
Topical Janus Kinase (Jak) Inhibitors		
OPZELURA TOPICAL CREAM 1.5 %	Tier 2	PA
Dermatology - Miscellaneous		
Antiperspirants		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 2	
DRYSOL TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 2	
Antiseborrheic Agents		
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 % (sulfacetamide sodium)	Tier 2	
OVACE PLUS TOPICAL CREAM 10 %	Tier 3	
OVACE PLUS TOPICAL LOTION 9.8 %	Tier 3	ST; ST: Requires prior prescription for Ciclopirox or Ketoconazole within the past 120 days
<i>selenium sulfide topical lotion 2.5 %</i>	Tier 1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	Tier 1	
<i>sulfacetamide sodium topical cleanser 10 %</i> (Ovace)	Tier 1	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i> (Ovace Plus Wash)	Tier 1	
<i>sulfacetamide sodium topical shampoo 10 %</i> (Ovace Plus Shampoo)	Tier 1	
<i>sulfacetamide sodium topical shampoo 9.8 %</i> (Plexion NS)	Tier 1	
TERSI FOAM TOPICAL FOAM 2.25 %	Tier 3	
Antiseptics, General		
ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 2	
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 2	
<i>alcohol swabs topical pads, medicated</i> (Alcohol Pads)	Tier 2	
ALCOHOL WIPES TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 2	

Drug	Status	Notes
BD ALCOHOL SWABS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 2	
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 2	
CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 2	
DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 2	
EASY COMFORT ALCOHOL PAD TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 2	
EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 2	
INCONTROL ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 2	
IV PREP WIPES TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 2	
PRO COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 2	
PURE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 2	
SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 2	
SURE-PREP ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 2	
TRUE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 2	
TRUE COMFORT PRO ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 2	
ULTILET ALCOHOL SWAB TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 2	
WEBCOL TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 2	
Emollients		
<i>ammonium lactate topical cream 12 %</i>	Tier 1	
<i>ammonium lactate topical lotion 12 %</i> (Skin Treatment)	Tier 1	
ATRAPRO CP TOPICAL COMBO PACK, CREAM AND GEL	Tier 3	
KERASTAT TOPICAL CREAM	Tier 3	
KERASTAT TOPICAL GEL 5 %	Tier 3	
MB HYDROGEL TOPICAL KIT, CREAM AND GEL 96.53-3-0.4 -0.066 %	Tier 1	
PRESERA TOPICAL FOAM	Tier 3	
XCLAIR TOPICAL CREAM	Tier 3	
Hypertrichotic Agents, Systemic/Incl. Combinations		
LITFULO ORAL CAPSULE 50 MG	Tier 4	PA; SP
Iodine Antiseptics		

Drug	Status	Notes
<i>povidone-iodine ophthalmic (eye) solution 5 %</i> (Betadine Ophthalmic Prep)	Tier 1	
Irrigants		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 1	
<i>lactated ringers irrigation solution</i>	Tier 3	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	Tier 1	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 3	
<i>ringer's irrigation solution</i>	Tier 1	
<i>sodium chloride irrigation solution 0.9 %</i> (Sterile Saline)	Tier 1	
<i>sorbitol irrigation solution 3 %</i>	Tier 1	
<i>sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml</i>	Tier 1	
TIS-U-SOL PENTALYTE IRRIGATION IRRIGATION SOLUTION 800-40-20-8.75- 6.25 MG/100 ML	Tier 3	
<i>water for irrigation, sterile irrigation solution</i> (Curity Sterile Water)	Tier 1	
Irritants/Counter-Irritants		
<i>cantharidin in acetone topical solution 0.7 %</i>	Tier 1	
QUTENZA TOPICAL KIT 8 %	Tier 3	PA
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 %	Tier 3	PA
Keratolytics		
<i>benzoyl peroxide topical foam 9.8 %</i> (BenzePrO)	Tier 1	
BPO TOPICAL GEL 8 % (benzoyl peroxide)	Tier 1	
CEM-UREA TOPICAL GEL 45 % (urea)	Tier 1	
HYDRO 35 TOPICAL FOAM 35 % (urea)	Tier 3	
KERALYT SCALP COMPLETE TOPICAL KIT, SHAMPOO AND GEL 6-6 %	Tier 3	
NENDRUX TOPICAL GEL 40-5 %	Tier 3	
PACNEX HP TOPICAL PADS, MEDICATED 7 %	Tier 3	
PACNEX LP TOPICAL PADS, MEDICATED 4.25 %	Tier 3	
PODOCON TOPICAL LIQUID 25 %	Tier 1	
<i>podofilox topical gel 0.5 %</i> (Condylox)	Tier 1	ST; ST: Requires prior prescription for Podofilox 0.5% solution within the past 120 days; QL (0.5 GM per 1 day)

Drug	Status	Notes
<i>podofilox topical solution 0.5 %</i>	Tier 1	QL (0.5 ML per 1 day)
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	Tier 1	
PRONAL TOPICAL GEL 10-40 %	Tier 3	
<i>salicylic acid topical cream 6 %</i> (Salimez)	Tier 1	
<i>salicylic acid topical cream, extended release 6 %</i>	Tier 1	
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i> (Virasal)	Tier 1	
<i>salicylic acid topical film-forming soln er w/ appl 28.5 %</i> (UltraSal-ER)	Tier 1	
<i>salicylic acid topical foam 6 %</i> (Salvax)	Tier 1	
<i>salicylic acid topical liquid 26 %</i>	Tier 1	
<i>salicylic acid topical lotion 6 %</i>	Tier 1	
<i>salicylic acid topical lotion, extended release 6 %</i>	Tier 1	
<i>salicylic acid topical shampoo 6 %</i> (Keralyt)	Tier 1	
SALIMEZ FORTE TOPICAL CREAM 10 %	Tier 3	
SALVAX DUO PLUS TOPICAL FOAM 6-35 %	Tier 3	
SALVAX TOPICAL FOAM 6 % (salicylic acid)	Tier 1	
<i>silver nitrate applicators topical stick 75-25 %</i>	Tier 1	
<i>silver nitrate topical solution 10 %</i>	Tier 1	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 % (salicylic acid)	Tier 3	
URAMAXIN GT TOPICAL KIT, CREAM AND GEL 45 %	Tier 3	
URAMAXIN TOPICAL FOAM 20 %	Tier 3	
UREA NAIL STICK TOPICAL SOLUTION 50 % (urea)	Tier 1	
<i>urea topical cream 39 %</i> (Uredeb)	Tier 1	
<i>urea topical cream 40 %, 47 %</i>	Tier 1	
<i>urea topical cream 45 %</i> (Uramaxin)	Tier 1	
<i>urea topical cream 50 %</i> (Ure-K)	Tier 1	
<i>urea topical foam 35 %</i> (Hydro 35)	Tier 1	
<i>urea topical gel 45 %</i> (CEM-Urea)	Tier 1	
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 %	Tier 3	
Oxidizing Agents		
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 %	Tier 3	
Protectives		

Drug	Status	Notes
GENADUR (WITH LEXINAL) KIT 2,500 MCG	Tier 3	
PR CREAM TOPICAL CREAM	Tier 1	
RECEDO TOPICAL GEL	Tier 3	
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET (white petrolatum)	Tier 1	
Topical Anti-Inflammatory Steroid-Local Anesthetic		
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	Tier 2	
EPIFOAM TOPICAL FOAM 1-1 %	Tier 3	ST; ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
<i>hydrocortisone-pramoxine topical cream</i> 2.5-1 % (Pramosone)	Tier 1	
<i>lidocaine hcl-hydrocortison ac topical cream</i> 3-0.5 % (Lidocort)	Tier 1	
PRAMOSONE TOPICAL CREAM 1-1 % (hydrocortisone-pramoxine)	Tier 2	ST; ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	Tier 2	
PRAMOSONE TOPICAL OINTMENT 1-1 %	Tier 2	ST; ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
PRAMOSONE TOPICAL OINTMENT 2.5-1 % (hydrocortisone-pramoxine)	Tier 2	
Topical Antineoplastic & Premalignant Lesion Agnts		
<i>bexarotene topical gel</i> 1 % (Targretin)	Tier 4	PA; SP
<i>diclofenac sodium topical gel</i> 3 %	Tier 1	QL (100 GM per 1 FILL)
FLUOROPLEX TOPICAL CREAM 1 %	Tier 3	PA
<i>fluorouracil topical cream</i> 0.5 % (Carac)	Tier 1	PA
<i>fluorouracil topical cream</i> 5 % (Efudex)	Tier 1	
<i>fluorouracil topical solution</i> 2 %, 5 %	Tier 1	
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	Tier 2	QL (5 EA per 1 FILL)
PANRETIN TOPICAL GEL 0.1 %	Tier 4	SP; QL (60 GM per 28 days)
TOLAK TOPICAL CREAM 4 %	Tier 2	
VALCHLOR TOPICAL GEL 0.016 %	Tier 4	PA; SP
Topical Local Anesthetics		

Drug	Status	Notes
ANACAINE TOPICAL OINTMENT 10 %	Tier 3	
ANASTIA TOPICAL LOTION 2.75 %	Tier 3	
CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 %	Tier 3	
CETACAINE TOPICAL AEROSOL, SPRAY 2 %-2 %-14 % (200 MG/SEC)	Tier 3	
DERMACINRX LIDOCAN TOPICAL ADHESIVE PATCH, MEDICATED 5 % (lidocaine)	Tier 1	QL (90 EA per 30 days)
DERMACINRX LIDOGEL TOPICAL GEL 2.8 %	Tier 3	
DERMACINRX LIDOREX TOPICAL GEL 2.8 %	Tier 3	
ENZNONUTY TOPICAL OINTMENT 10-10-20 %	Tier 3	
<i>ethyl chloride topical aerosol, spray 100 %</i>	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 %	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 % (lidocaine-racepinep-tetracaine)	Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 %	Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 %	Tier 3	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	Tier 1	
<i>lidocaine hcl topical cream 3 %</i> (Lidopin)	Tier 1	
<i>lidocaine topical adhesive patch, medicated 5 %</i> (DermacinRx Lidocan)	Tier 1	QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	Tier 1	QL (240 GM per 30 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 1	
<i>lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %</i> (L.E.T. (lido-epineph-tetra))	Tier 1	
LIDOCAN III TOPICAL ADHESIVE PATCH, MEDICATED 5 % (lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOCAN IV TOPICAL ADHESIVE PATCH, MEDICATED 5 % (lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOPIN TOPICAL CREAM 3.25 %	Tier 3	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 3	
NUMBONEX TOPICAL LOTION 2.75 %	Tier 3	
NYNUTEY TOPICAL CREAM 23-7 %	Tier 3	
PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 %	Tier 3	
REGENECARE TOPICAL GEL 2 %	Tier 3	

Drug	Status	Notes
TRANZAREL TOPICAL GEL 4 %	Tier 3	
Topical Preparations,Miscellaneous		
<i>sodium chloride topical solution 0.9 %</i> (Saljet Saline Rinse)	Tier 1	
Topical/Mucous Membr./Subcut. Enzymes		
HYQVIA HY COMPONENT SUBCUTANEOUS SOLUTION 1,600 UNIT/10 ML, 2,400 UNIT/15 ML, 200 UNIT/1.25 ML, 400 UNIT/2.5 ML, 800 UNIT/5 ML	Tier 3	
NEXOBRID POWDER COMPONENT TOPICAL POWDER	Tier 3	
NEXOBRID TOPICAL GEL 8.8 %	Tier 3	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 3	PA
Dermatology - Psoriasis/Eczema		
Antipsoriatic Agents,Systemic		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 4	SP
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML	Tier 4	PA; SP
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML	Tier 4	PA; SP
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	PA; SP
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 4	PA; SP
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 4	PA; SP
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	Tier 4	PA; SP
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	Tier 4	PA; SP
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	Tier 1	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	Tier 4	PA; SP
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 2	PA
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 2	PA
SOTYKTU ORAL TABLET 6 MG	Tier 4	PA; SP

Drug	Status	Notes
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 2	PA
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 2	PA
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 2	PA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	Tier 2	PA
TREMFYA SUBCUTANEOUS AUTO- INJECTOR 100 MG/ML	Tier 2	PA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 2	PA
Antipsoriatics Agents		
<i>calcipotriene scalp solution 0.005 %</i>	Tier 1	ST; ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>calcipotriene topical cream 0.005 %</i>	Tier 1	ST; ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>calcipotriene topical foam 0.005 %</i> (Sorilux)	Tier 1	ST; ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>calcipotriene topical ointment 0.005 %</i>	Tier 1	ST; ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)	Tier 1	ST; ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
DIOOXIA TOPICAL CREAM 0.005-4 %	Tier 3	
DRITHOCREME HP TOPICAL CREAM 1 %	Tier 2	ST; ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days

Drug	Status	Notes
DUOBRII TOPICAL LOTION 0.01-0.045 %	Tier 3	ST; ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days; QL (200 GM per 28 days)
SORILUX TOPICAL FOAM 0.005 % (calcipotriene)	Tier 3	ST; ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	Tier 1	
<i>tazarotene topical gel 0.05 %, 0.1 %</i> (Tazorac)	Tier 1	Age (Max 39 Years)
TAZORAC TOPICAL CREAM 0.05 %	Tier 3	Age (Max 39 Years)
VTAMA TOPICAL CREAM 1 %	Tier 3	PA
ZITHRANOL TOPICAL SHAMPOO 1 %	Tier 3	ST; ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
ZORYVE TOPICAL CREAM 0.3 %	Tier 3	PA
II-23 Receptor Antagonist, Monoclonal Antibody		
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	Tier 4	PA; SP
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	Tier 2	PA
Topical Agents, Miscellaneous		
MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 %	Tier 3	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 3	
OMEZA TOPICAL OINTMENT IN PACKET	Tier 3	
Topical Immunosuppressive Agents		
HYFTOR TOPICAL GEL 0.2 %	Tier 4	PA; SP
NUJO TOPICAL SOLUTION 0.1 %	Tier 3	

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

Drug	Status	Notes
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	Tier 2	QL (2 EA per 1 day)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	Tier 3	ST; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	Tier 3	ST; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	Tier 3	ST; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	Tier 1	ST; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	Tier 1	ST; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
Antihypergly,Dpp-4 Enzyme Inhib &Thiazolidinedione		
<i>alogliptin-pioglitazone oral tablet 12.5-30 (Oseni) mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	Tier 3	ST; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
Antihypergly,Incretin Mimetic(Glp-1 Recep.Agonist)		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	Tier 2	PA
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML	Tier 2	PA
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	Tier 2	PA
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	Tier 2	PA
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	Tier 2	PA

Drug	Status	Notes
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 3	PA
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 3	PA
Antihyperglycemic-Sod/Gluc Cotransport2(SglT2)Inhib		
BRENZAVVY ORAL TABLET 20 MG (bexagliflozin)	Tier 3	ST; ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (1 EA per 1 day)
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	Tier 2	QL (1 EA per 1 day)
INPEFA ORAL TABLET 200 MG	Tier 3	ST; ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (2 EA per 1 day)
INPEFA ORAL TABLET 400 MG	Tier 3	ST; ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (1 EA per 1 day)
INVOKANA ORAL TABLET 100 MG, 300 MG	Tier 3	ST; ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 2	QL (1 EA per 1 day)
STEGLATRO ORAL TABLET 15 MG, 5 MG	Tier 3	ST; ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (1 EA per 1 day)
Antihyperglycemic - Dopamine Receptor Agonists		
CYCLOSET ORAL TABLET 0.8 MG	Tier 3	ST; ST: Requires prior prescription for Glipizide/Metformin HCL, Glyburide/Metformin HCL, Metformin HCL, or Riomet ER within the past 180 days
Antihyperglycemic - Incretin Mimetics Combination		

Drug	Status	Notes
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	Tier 2	PA
Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	Tier 1	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antihyperglycemic, Amylin Analog-Type		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	Tier 2	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	Tier 2	
Antihyperglycemic, Dpp-4 Inhibitors		
<i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i> (Nesina)	Tier 3	ST; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 2	QL (1 EA per 1 day)
<i>saxagliptin oral tablet 2.5 mg</i>	Tier 1	ST; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
<i>saxagliptin oral tablet 5 mg</i> (Onglyza)	Tier 1	ST; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
TRADJENTA ORAL TABLET 5 MG	Tier 3	ST; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 3	ST; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
Antihyperglycemic, Insulin-Release Stimulant Type		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>glipizide oral tablet 2.5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i> (Glucotrol XL)	Tier 1	

Drug	Status	Notes
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
Antihyperglycemic, Insulin-Response Enhancer (N-S)		
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg (Actos)</i>	Tier 1	
Antihyperglycemic, Sglt-2 & Dpp-4 Inhibitor Comb.		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 2	QL (1 EA per 1 day)
QTERN ORAL TABLET 10-5 MG, 5-5 MG	Tier 3	ST; ST: Requires prior prescription for Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 days; QL (1 EA per 1 day)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	Tier 3	ST; ST: Requires prior prescription for Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 days; QL (1 EA per 1 day)
Antihyperglycemic, Biguanide Type(Non-Sulfonylurea)		
<i>metformin oral solution 500 mg/5 ml (Riomet)</i>	Tier 1	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1	
RIOMET ER ORAL SUSPENSION,EXTENDED REL RECON 500 MG/5 ML	Tier 3	ST; ST: Requires prior prescription for Metformin immediate release (tablets/solution) or extended release tablets within the past 120 days; QL (20 ML per 1 day)
Antihyperglycemic, Insulin & Glp-1 Receptor Agonist		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Tier 2	QL (30 ML per 28 days)

Drug	Status	Notes
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Tier 2	QL (15 ML per 28 days)
Antihyperglycemic,Insulin-Rel Stim.& Biguanide Cmb		
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	
Antihyperglycemic,Insulin-Response & Release Comb.		
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (DUETACT)	Tier 1	ST; ST: Requires prior prescription for Metformin, preferred Sulfonylura or preferred Metformin/Sulfonylura combination within the past 120 days
Antihyperglycemic-Glucocorticoid Receptor Blocker		
KORLYM ORAL TABLET 300 MG (mifepristone)	Tier 4	PA; SP
<i>mifepristone oral tablet 300 mg</i> (Korlym)	Tier 4	PA; SP
Antihyperglycemic-Sglt2 Inhibitor & Biguanide Comb		
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Tier 3	ST; ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (2 EA per 1 day)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Tier 3	ST; ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (2 EA per 1 day)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	Tier 3	ST; ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (2 EA per 1 day)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	Tier 2	QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	Tier 2	QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	Tier 2	QL (2 EA per 1 day)

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

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

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

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

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

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

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

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

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

Drug	Status	Notes
EMBRACE EVO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EMBRACE PRO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EMBRACE TALK TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EMBRACE WAVE GLUCOSE TEST STRP STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EVENCARE G2 STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

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

Drug	Status	Notes
EZ SMART PLUS TEST STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EZ SMART TEST STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA 6 CONNECT GLUCOSE STRIP STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA 6CONN-GTEL-TN'G ADV STRIP STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA D15G STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

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

Drug	Status	Notes
FORA GTEL GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA TN'G ADVAN PRO TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA TN'G VOICE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA V10 STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
FORACARE GD40 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORTISCARE G1 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORTISCARE GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FREESTYLE INSULINX STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE TEST STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
GE100 BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
GE333 BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic) STRIP	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GENULTIMATE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GLUCO NAVII TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GLUCOCARD 01 SENSOR PLUS STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GLUCOCARD EXPRESSION STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
GLUCOCARD SHINE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle

Drug	Status	Notes
GOJJI BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GOODLIFE AC-302 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
HARMONY GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
HEALTHPRO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
IGLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
INFINITY TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
MICRO BLOOD GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
MICRODOT BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
MICRODOT XTRA BLOOD GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
MYGLUCOHEALTH STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

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

Drug	Status	Notes
ONETOUCH ULTRA TEST STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ONETOUCH VERIO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
OPTIUM EZ STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
OPTIUM TEST STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
OPTUMRX STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

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

Drug	Status	Notes
PRECISION POINT OF CARE TEST STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PRECISION Q-I-D TEST STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
PREMIER TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PREMIUM V10 STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PRO VOICE V8-V9 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
PRODIGY NO CODING STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PTS PANELS EGLU TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
QUINTET AC STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
QUINTET GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
REFUAH PLUS STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
RELION CONFIRM-MICRO STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
RELION PRIME TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
RELION ULTIMA STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
REVEAL TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
RIGHTEST GS250S TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
RIGHTEST GS260 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
RIGHTEST GS550 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
RIGHTEST GS700 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
RIGHTEST GT333 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
RIGHTEST MAX TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
SMART SENSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
SMARTEST TEST STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
SOLUS V2 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
SURE-TEST EASYPLUS MINI STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
TD GOLD TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

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

Drug	Status	Notes
TRUETRACK TEST STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ULTIMA TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ULTRATRAK STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ULTRATRAK ULTIMATE STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
UNISTRIP1 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
VIVAGUARD INO TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
WAVESENSE JAZZ STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
WAVESENSE PRESTO STRIP (blood sugar diagnostic)	Tier 3	ST; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
Diabetic Supplies		
DEXCOM G6 RECEIVER	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 90 days)
DEXCOM G7 RECEIVER	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (3 EA per 30 days)
EVERSENSE E3 SMART TRANSMITTER DEVICE	Tier 3	PA

Drug	Status	Notes
FREESTYLE LIBRE 14 DAY READER	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
GUARDIAN 4 GLUCOSE SENSOR DEVICE	Tier 3	PA
GUARDIAN 4 TRANSMITTER DEVICE	Tier 3	PA
GUARDIAN CONNECT TRANSMITTER DEVICE	Tier 3	PA
GUARDIAN LINK 3 TRANSMITTER DEVICE	Tier 3	PA
GUARDIAN SENSOR 3 DEVICE	Tier 3	PA
MINIMED 630G INSULIN PUMP	Tier 3	PA
MINIMED 780G INSULIN PUMP	Tier 3	PA
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 2	QL (1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 2	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	Tier 2	QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 2	
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	Tier 2	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 2	QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	Tier 2	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 2	

Drug	Status	Notes
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
V-GO 20 DEVICE	Tier 2	
V-GO 30 DEVICE	Tier 2	
V-GO 40 DEVICE	Tier 2	
Diabetic Ulcer Preparations, Topical		
REGRANEX TOPICAL GEL 0.01 %	Tier 2	
Hyperglycemics		
BAQSIMI NASAL SPRAY, NON- AEROSOL 3 MG/ACTUATION	Tier 3	ST; ST: Requires prior prescription for Glucagon Emergency Kit, Gvoke, or Zegalogue within the past 120 days; QL (4 EA per 1 FILL)
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	Tier 1	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG (glucagon hcl)	Tier 1	QL (4 EA per 1 FILL)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	Tier 2	QL (4 EA per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)

Drug	Status	Notes
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	Tier 2	QL (2.4 ML per 1 FILL)
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	Tier 2	QL (2.4 ML per 1 FILL)
Insulins		
ADMELOG SOLOSTAR U-100 INSULIN (insulin lispro) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 3	ST; ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
ADMELOG U-100 INSULIN LISPRO (insulin lispro) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	ST; ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	Tier 3	PA
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 3	ST; ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	ST; ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)
BASAGLAR KWIKPEN U-100 INSULIN (insulin glargine) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	ST; ST: Requires prior prescription for Semglee- yfgn, Toujeo, or Tresiba within the past 120 days; QL (30 ML per 28 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	ST; ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	Tier 3	ST; ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	Tier 3	ST; ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)

Drug	Status	Notes
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	ST; ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	QL (12 ML per 28 days)
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	Tier 2	QL (40 ML per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	Tier 2	QL (30 ML per 28 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	Tier 2	QL (40 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 2	QL (40 ML per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 2	QL (30 ML per 28 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (30 ML per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 2	QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	Tier 2	QL (24 ML per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	(Novolog Mix 70-30FlexPen U-100)	Tier 3 ST; ST: Requires prior prescription for Humalog Mix 75-25 or Insulin Lispro Protamin/Lispro within the past 120 days; QL (30 ML per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	(Novolog Mix 70-30 U-100 Insulin)	Tier 3 ST; ST: Requires prior prescription for Humalog Mix 75-25 or Insulin Lispro Protamin/Lispro within the past 120 days; QL (40 ML per 28 days)

Drug	Status	Notes
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i> (Novolog PenFill U-100 Insulin)	Tier 3	ST; ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i> (Novolog FlexPen U-100 Insulin)	Tier 3	ST; ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i> (Novolog U-100 Insulin aspart)	Tier 3	ST; ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i> (Humalog Mix 75-25 KwikPen)	Tier 1	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i> (Admelog SoloStar U-100 Insulin)	Tier 1	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i> (Humalog Junior KwikPen U-100)	Tier 1	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous solution 100 unit/ml</i> (Admelog U-100 Insulin lispro)	Tier 1	QL (40 ML per 28 days)
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	ST; ST: Requires prior prescription for Semglee-yfgn, Toujeo, or Tresiba within the past 120 days; QL (30 ML per 28 days)
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	ST; ST: Requires prior prescription for Semglee-yfgn, Toujeo, or Tresiba within the past 120 days; QL (40 ML per 28 days)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	QL (12 ML per 28 days)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 3	ST; ST: Requires prior prescription for Humulin 70-30 or Humulin 70/30 Kwikpen within the past 120 days; QL (40 ML per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 3	ST; ST: Requires prior prescription for Humulin 70-30 or Humulin 70/30 Kwikpen within the past 120 days; QL (30 ML per 28 days)

Drug	Status	Notes
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	ST; ST: Requires prior prescription for Humulin N or Humulin N Kwikpen within the past 120 days; QL (30 ML per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 3	ST; ST: Requires prior prescription for Humulin N or Humulin N Kwikpen within the past 120 days; QL (40 ML per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	ST; ST: Requires prior prescription for Humulin R or Humulin R U-500 within the past 120 days; QL (30 ML per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	Tier 3	ST; ST: Requires prior prescription for Humulin R or Humulin R U-500 within the past 120 days; QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) (insulin glargine-yfgn) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARG- (insulin glargine-yfgn) YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (30 ML per 28 days)
TOUJEO MAX U-300 SOLOSTAR (insulin glargine u-300 SUBCUTANEOUS INSULIN PEN 300 conc) UNIT/ML (3 ML)	Tier 2	QL (18 ML per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN (insulin glargine u-300 SUBCUTANEOUS INSULIN PEN 300 conc) UNIT/ML (1.5 ML)	Tier 2	QL (13.5 ML per 28 days)
TRESIBA FLEXTOUCH U-100 (insulin degludec) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (30 ML per 28 days)
TRESIBA FLEXTOUCH U-200 (insulin degludec) SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	QL (18 ML per 28 days)
TRESIBA U-100 INSULIN (insulin degludec) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
Urine Glucose Test Aids		
DIASTIX STRIP	Tier 2	
NO-STICK GLUCOSE STRIP	Tier 2	
Ear - General Disorders		
Ear Preparations Anti-Inflammatory		
<i>fluocinolone acetonide oil otic (ear)</i> (DermOtic Oil) <i>drops 0.01 %</i>	Tier 1	
Ear Preparations, Misc. Anti-Infectives		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 1	

Drug	Status	Notes
CORTANE-B TOPICAL LOTION 1-1-0.1 %	Tier 3	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Tier 1	
Ear Preparations,Antibiotics		
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i> (Cetraxal)	Tier 1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	Tier 3	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	Tier 1	
Otic Preparations,Anti-Inflammatory-Antibiotics		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	Tier 3	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	Tier 1	
<i>ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)</i> (Otovel)	Tier 1	
Electrolyte Regulation		
Arginine Vasopressin (Avp) Receptor Antagonists		
<i>tolvaptan oral tablet 15 mg</i> (Samsca)	Tier 4	SP; QL (30 EA per 365 days)
<i>tolvaptan oral tablet 30 mg</i> (Samsca)	Tier 4	SP; QL (60 EA per 365 days)
Bicarbonate Producing/Containing Agents		
VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION	Tier 3	
Electrolyte Depleters		
AURYXIA ORAL TABLET 210 MG IRON	Tier 3	ST; ST: At least 2 prior prescriptions for Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL, or Velphoro within the past 365 days; QL (12 EA per 1 day)
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 1	

Drug	Status	Notes
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	Tier 3	ST; ST: At least 2 prior prescriptions for Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL, or Velphoro within the past 365 days; QL (3 EA per 1 day)
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i> (Fosrenol)	Tier 1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	Tier 2	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	Tier 1	
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	Tier 1	
<i>sevelamer hcl oral tablet 400 mg</i>	Tier 1	
<i>sevelamer hcl oral tablet 800 mg</i>	Tier 3	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 1	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	Tier 3	
VELPHORO ORAL TABLET, CHEWABLE 500 MG	Tier 2	QL (6 EA per 1 day)
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	Tier 3	PA
XPHOZAH ORAL TABLET 20 MG, 30 MG	Tier 3	ST; ST: At least 2 prior prescriptions for Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL, or Velphoro within the past 365 days; QL (2 EA per 1 day)
Potassium Replacement		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	Tier 3	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ (potassium bicarb-citric acid)	Tier 1	
KLOR-CON M10 ORAL TABLET, ER PARTICLES/CRYSTALS 10 MEQ (potassium chloride)	Tier 1	
KLOR-CON M15 ORAL TABLET, ER PARTICLES/CRYSTALS 15 MEQ (potassium chloride)	Tier 1	
KLOR-CON M20 ORAL TABLET, ER PARTICLES/CRYSTALS 20 MEQ (potassium chloride)	Tier 1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	Tier 1	

Drug	Status	Notes
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	Tier 1	
<i>potassium chloride oral packet 20 meq</i> (Klor-Con)	Tier 1	
<i>potassium chloride oral tablet extended release 10 meq</i> (Klor-Con 10)	Tier 1	
<i>potassium chloride oral tablet extended release 20 meq</i> (K-Tab)	Tier 1	
<i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8)	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i> (Klor-Con M10)	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i> (Klor-Con M15)	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i> (Klor-Con M20)	Tier 1	
Sodium/Saline Preparations		
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 1	
CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 1	
NORMAL SALINE FLUSH INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 1	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	Tier 1	
<i>sodium chloride 0.9 % (flush) injection syringe</i> (BD PosiFlush Normal Saline 0.9)	Tier 1	
<i>sodium chloride 0.9 % injection solution</i>	Tier 1	
<i>sodium chloride injection syringe 0.9 %</i>	Tier 1	
Endocrine Disorder - Fertility		
Drugs To Treat Impotency		
<i>tadalafil oral tablet 2.5 mg</i>	Tier 1	PA
<i>tadalafil oral tablet 5 mg</i> (Cialis)	Tier 1	PA
Fertility Stimulating Preparations,Non-Fsh		
CLOMID ORAL TABLET 50 MG (clomiphene citrate)	Tier 3	
<i>clomiphene citrate oral tablet 50 mg</i> (Clomid)	Tier 1	
Endocrine Disorder - Other		
Adrenal Steroid Inhibitors		
ISTURISA ORAL TABLET 1 MG, 5 MG	Tier 4	PA; SP
RECORLEV ORAL TABLET 150 MG	Tier 4	PA; SP
Adrenocorticotrophic Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML	Tier 4	PA; SP
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	Tier 4	PA; SP

Drug	Status	Notes
Antidiuretic And Vasopressor Hormones		
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	Tier 1	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	Tier 1	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	Tier 1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	Tier 1	
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	Tier 3	QL (1 EA per 1 day)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	Tier 3	QL (1 EA per 1 day)
NOCTIVA NASAL SPRAY,NON-AEROSOL 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML)	Tier 3	QL (3.8 GM per 30 days)
Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	Tier 4	PA; SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Tier 4	PA; SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Tier 4	PA; SP
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Tier 4	PA; SP
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Tier 4	PA; SP
Bone Formation Stim. Agents - Parathyroid Hormone		
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i> (Forteo)	Tier 4	PA; SP
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	Tier 4	PA; SP
Bone Formation Stimulating Agts - Pth Rel Peptides		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	Tier 4	PA; SP
Bone Resorption Inhibitor & Vitamin D Combinations		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	Tier 2	
Bone Resorption Inhibitors		
<i>alendronate oral solution 70 mg/75 ml</i>	Tier 1	QL (75 ML per 7 days)
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg</i>	Tier 1	
<i>alendronate oral tablet 70 mg</i> (Fosamax)	Tier 1	

Drug	Status	Notes
<i>calcitonin (salmon) injection solution 200 unit/ml</i> (Miacalcin)	Tier 1	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	Tier 1	
<i>ibandronate oral tablet 150 mg</i>	Tier 1	
<i>raloxifene oral tablet 60 mg</i> (Evista)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>risedronate oral tablet 150 mg</i> (Actonel)	Tier 1	ST; ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	Tier 1	ST; ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 1 day)
<i>risedronate oral tablet 35 mg</i> (Actonel)	Tier 1	ST; ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 7 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i> (Atelvia)	Tier 1	ST; ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 7 days)
Calcimimetic, Parathyroid Calcium Enhancer		
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	Tier 1	QL (2 EA per 1 day)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	Tier 1	QL (4 EA per 1 day)
Growth Hormone Receptor Antagonists		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 4	SP
Growth Hormone Releasing Hormone (Ghrh) & Analogs		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	Tier 4	PA; SP
Growth Hormones		

Drug	Status	Notes
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	Tier 4	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	Tier 4	PA; SP
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	Tier 4	PA; SP
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	Tier 4	PA; SP
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)	Tier 4	PA; SP
NORDITROPIN FLEXP SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 4	PA; SP
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	Tier 4	PA; SP
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 4	PA; SP
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	Tier 4	PA; SP
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	Tier 4	PA; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	Tier 4	PA; SP
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	Tier 4	PA; SP
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 4	PA; SP
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	Tier 4	PA; SP
Hyperparathyroid Tx Agents - Vitamin D Analog-Type		
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 1	

Drug	Status	Notes
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	Tier 1	
<i>paricalcitol oral capsule 4 mcg</i>	Tier 1	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	Tier 2	QL (2 EA per 1 day)
Insulin-Like Growth Factor-1 (Igf-1) Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 4	PA; SP
Leptin Hormone Analogs		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Tier 4	SP; QL (1 EA per 1 day)
Lhrh (Gnrh) Antagonist,Estrogen And Progestin Comb		
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Tier 2	PA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Tier 2	PA
Lhrh(Gnrh) Agonist Analog Pituitary Suppressants		
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	Tier 4	PA; SP
Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents		
ORILISSA ORAL TABLET 150 MG, 200 MG	Tier 2	PA
Menopausal Sympt Supp-Sel Estrogen Recep Modulator		
OSPHENA ORAL TABLET 60 MG	Tier 3	ST; ST: Requires prior prescriptions for Estradiol and Premarin within the past 365 days; QL (1 EA per 1 day)
Natriuretic Peptides		
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	Tier 4	PA; SP
Pituitary Suppressive Agents		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	
Endocrine Disorder - Thyroid		
Antithyroid Preparations		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	
Iodine Containing Agents		
<i>potassium iodide oral solution 1 gram/ml</i> (SSKI)	Tier 1	

Drug	Status	Notes
SSKI ORAL SOLUTION 1 GRAM/ML (potassium iodide)	Tier 1	
STRONG IODINE ORAL SOLUTION 5 %	Tier 1	
Thyroid Hormones		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid (pork))	Tier 3	ST; ST: Requires prior prescription for NP Thyroid, Nature-Throid, WP Thyroid, Westhroid, or Thyroid tablets within the past 120 days
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG	Tier 3	ST; ST: Requires prior prescription for NP Thyroid, Nature-Throid, WP Thyroid, Westhroid, or Thyroid tablets within the past 120 days
ERMEZA ORAL SOLUTION 30 MCG/ML	Tier 1	PA
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	Tier 1	QL (2 EA per 1 day)
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	Tier 1	QL (2 EA per 1 day)
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	Tier 1	QL (2 EA per 1 day)
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	Tier 1	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid (pork))	Tier 1	
THYQUIDITY ORAL SOLUTION 20 MCG/ML	Tier 3	ST; ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days; QL (20 ML per 1 day)
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i> (NP Thyroid)	Tier 1	
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG	Tier 3	PA
TIROSINT-SOL ORAL SOLUTION 37.5 MCG/ML, 44 MCG/ML, 62.5 MCG/ML	Tier 3	PA
Eye - General Disorders		
Eye Antibiotic, Glucocorticoid And Nsaid Comb.		
<i>prednisol ace-gatiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>	Tier 1	
<i>prednisoln sp-gatiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Tier 1	

Drug	Status	Notes
<i>prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Tier 1	
<i>prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1- 0.5-0.1 %</i>	Tier 1	
<i>prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1- 0.5-0.075 %</i>	Tier 1	
<i>prednisolon-moxiflox-bromf(pf) ophthalmic (eye) drops 1-0.5-0.09 %</i>	Tier 1	
Eye Antibiotic-Corticoid Combinations		
<i>neomycin-bacitracin-poly-hc ophthalmic (Neo-Polycin HC) (eye) ointment 3.5-400-10,000 mg- unit/g-1%</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth (Maxitrol) ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth (Maxitrol) ophthalmic (eye) ointment 3.5 mg/g- 10,000 unit/g-0.1 %</i>	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg- unit-mg/ml</i>	Tier 1	
NEO-POLYICIN HC OPHTHALMIC (neomycin-bacitracin-poly- (EYE) OINTMENT 3.5-400-10,000 MG- hc) UNIT/G-1%	Tier 1	
<i>prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %</i>	Tier 1	
<i>prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %</i>	Tier 1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	Tier 2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	Tier 3	ST; ST: Requires prior prescription for generic ophthalmic Tobramycin/Dexamethasone drops within the past 120 days
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	Tier 1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	Tier 3	
Eye Antihistamines		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (12 ML per 30 days)

Drug	Status	Notes
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i> (Bepreve)	Tier 1	ST; ST: Requires prior prescription for Azelastine HCL, Epinastine HCL, or Olopatadine HCL within the past 120 days; QL (10 ML per 30 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (10 ML per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf)	Tier 1	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Eye Allergy Itch Relief)	Tier 1	QL (3 ML per 30 days)
Eye Antiinflammatory Agents		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	Tier 3	ST; ST: At least 2 prior prescriptions for Diclofenac Sodium, Ilevro, or Ketorolac Tromethamine within the past 365 days; QL (60 EA per 15 days)
<i>bromfenac ophthalmic (eye) drops 0.07 %</i> (Prolensa)	Tier 1	ST; ST: Requires prior prescription for Diclofenac Sodium or Ketorolac Tromethamine within the past 120 days; QL (3 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.075 %</i> (BromSite)	Tier 1	ST; ST: Requires prior prescription for Diclofenac Sodium or Ketorolac Tromethamine within the past 120 days; QL (5 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	Tier 1	ST; ST: Requires prior prescription for Diclofenac Sodium or Ketorolac Tromethamine within the past 120 days; QL (3.4 ML per 16 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 1	QL (15 ML per 14 days)
DEXTENZA INTRACANALICULAR INSERT 0.4 MG	Tier 3	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 1	QL (10 ML per 14 days)
<i>difluprednate ophthalmic (eye) drops 0.05 %</i> (Durezol)	Tier 1	QL (10 ML per 14 days)
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 3	PA

Drug	Status	Notes
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	ST; ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (15 ML per 14 days)
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	Tier 1	QL (10 ML per 14 days)
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Tier 1	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 3	ST; ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	Tier 2	QL (3.4 ML per 16 days)
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Tier 3	ST; ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (5.6 ML per 14 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	Tier 1	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	Tier 1	QL (20 ML per 30 days)
KLARITY-L (LOTEPRED-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.5-0.25 %	Tier 3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	Tier 2	QL (7 GM per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	Tier 2	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i> (Lotemax)	Tier 1	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i> (Alrex)	Tier 1	ST; ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i> (Lotemax)	Tier 1	QL (20 ML per 14 days)

Drug	Status	Notes
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	ST; ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (25 ML per 14 days)
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	ST; ST: At least 2 prior prescriptions for Diclofenac Sodium, Ilevro, or Ketorolac Tromethamine within the past 365 days; QL (9 ML per 16 days)
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	Tier 3	ST; ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (20 ML per 14 days)
<i>prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	QL (20 ML per 14 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	Tier 1	QL (20 ML per 14 days)
<i>prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %</i>	Tier 1	
<i>prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %</i>	Tier 1	
<i>prednisolone sod ph-bromf (pf) ophthalmic (eye) drops 1-0.09 %</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 1	QL (20 ML per 14 days)
Eye Antivirals		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	Tier 3	ST; ST: Requires prior prescription for Acyclovir, Famciclovir, or Valacyclovir HCL within the past 120 days
Eye Local Anesthetics		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	Tier 3	
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 % (proparacaine)	Tier 1	
ALTACAIN OPHTHALMIC (EYE) DROPS 0.5 % (tetracaine hcl)	Tier 1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (fluorescein-benoxinate)	Tier 1	

Drug	Status	Notes
<i>fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %</i>	Tier 1	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	Tier 1	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL 3 %	Tier 3	
<i>proparacaine ophthalmic (eye) drops 0.5 % (Alcaine)</i>	Tier 1	
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 % (Altacaine)</i>	Tier 1	
Eye Sulfonamides		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	Tier 1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	Tier 1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Tier 1	
Eye Vasoconstrictors (Rx Only)		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 1	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 3	PA
Nicotinic Recept.Partial Agonist, Alpha4beta2 Spec		
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	Tier 3	PA
Ophthalmic (Eye) Antiparasitics		
XDEMVI OPHTHALMIC (EYE) DROPS 0.25 %	Tier 4	PA; SP
Ophthalmic Antibiotics		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	Tier 3	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	Tier 1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram (Polycin)</i>	Tier 1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	Tier 2	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 2	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	

Drug	Status	Notes
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
KLARITY-A (AZITHRO-CHONDR)(PF) OPHTHALMIC (EYE) DROPS 1-0.25 %	Tier 3	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	Tier 1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	Tier 1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	Tier 1	
NEO-POLYCIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G (neomycin-bacitracin-polymyxin)	Tier 1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	Tier 1	
POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM (bacitracin-polymyxin b)	Tier 1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	Tier 1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %</i>	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 2	
<i>vancomycin in 0.9 % sodium chl ophthalmic (eye) drops 10 mg/ml</i>	Tier 1	
Ophthalmic Antifungal Agents		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	Tier 3	
Ophthalmic Anti-Inflammatory Immunomodulator-Type		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	Tier 3	ST; ST: At least 2 prior prescriptions for Cyclosporine, Restasis Multidose, or Xiidra within the past 365 days; QL (60 EA per 30 days)
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 %	Tier 1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Tier 2	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (cyclosporine)	Tier 1	QL (60 EA per 30 days)

Drug	Status	Notes
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 4	PA; SP
VEVYE OPHTHALMIC (EYE) DROPS 0.1 %	Tier 3	PA
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	Tier 2	QL (60 EA per 30 days)
Ophthalmic Human Nerve Growth Factor (Hngf)		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	Tier 4	PA; SP
Ophthalmic Mast Cell Stabilizers		
ALOCRILOPHTHALMIC (EYE) DROPS 2 %	Tier 2	ST; ST: Requires prior prescription for Cromolyn 4% ophthalmic drops within the past 120 days; QL (20 ML per 30 days)
ALOMIDOPHTHALMIC (EYE) DROPS 0.1 %	Tier 2	ST; ST: Requires prior prescription for Cromolyn 4% ophthalmic drops within the past 120 days; QL (40 ML per 30 days)
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 1	QL (50 ML per 30 days)
Eye - Glaucoma		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 1	
Miotics/Other Intraoc. Pressure Reducers		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	Tier 1	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (brinzolamide)	Tier 1	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	Tier 3	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 3	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	Tier 1	QL (1 ML per 12 days)
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i> (Alphagan P)	Tier 1	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	Tier 1	
<i>brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %</i>	Tier 1	

Drug	Status	Notes
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> (Combigan)	Tier 1	
<i>carteolol ophthalmic (eye) drops 1 %</i>	Tier 1	
<i>dorzolamide (pf) ophthalmic (eye) drops 2 %</i>	Tier 1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	Tier 1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i> (Cosopt (PF))	Tier 1	ST; ST: Requires prior prescription for Dorzolamide HCL/Timolol Maleate within the past 120 days; QL (2 EA per 1 day)
<i>dorzolamide-timolol (pf) ophthalmic (eye) drops 2-0.5 %</i>	Tier 1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	Tier 1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	Tier 3	
IYUZEH OPHTHALMIC (EYE) DROPPERETTE 0.005 %	Tier 3	ST; ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Latanoprost pf, Lumigan, or Travoprost within the past 365 days; QL (1 EA per 1 day)
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	Tier 1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	Tier 2	QL (2.5 ML per 25 days)
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	Tier 3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	Tier 1	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	Tier 3	ST; ST: At least 2 prior prescriptions for Brimonidine Tartrate, Brimonidine Tartrate/Timolol, Brinzolamide, Latanoprost, Lumigan, Simbrinza, or Travoprost within the past 365 days; QL (2.5 ML per 18 days)

Drug	Status	Notes
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	Tier 3	ST; ST: At least 2 prior prescriptions for Brimonidine Tartrate, Brimonidine Tartrate/Timolol, Brinzolamide, Latanoprost, Lumigan, Simbrinza, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	Tier 2	
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i> (Zioptan (PF))	Tier 1	QL (1 EA per 1 day)
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i> (Timoptic Ocudose (PF))	Tier 1	QL (2 EA per 1 day)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i> (Istalol)	Tier 1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	Tier 1	
<i>timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %</i>	Tier 1	
<i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)	Tier 1	QL (2.5 ML per 25 days)
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	Tier 3	PA
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Tier 3	ST; ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Latanoprost pf, Lumigan, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	Tier 3	ST; ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Latanoprost pf, Lumigan, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
Mydriatics		
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %</i>	Tier 1	
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	Tier 1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	Tier 1	
<i>atropine sulfate (pf) ophthalmic (eye) dropperette 1 %</i>	Tier 1	
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	Tier 3	

Drug	Status	Notes
<i>cyclopentolate ophthalmic (eye) drops 1 %</i> (Cyclogyl)	Tier 1	
<i>cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %</i>	Tier 1	
<i>cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %-0.5 %, 1 %-1 %-2.5 %-0.5 %</i>	Tier 1	
<i>cyclop-trop-propa-phen-kef-wat ophthalmic (eye) drops 1 %-1 %-0.1 %-2.5 %-0.4 %</i>	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (homatropine hbr)	Tier 1	
<i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>	Tier 1	
<i>tropicamide ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tropicamide ophthalmic (eye) drops 1 %</i> (Mydracyl)	Tier 1	
Ophthalmic Antifibrotic Agents		
<i>mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml</i>	Tier 4	
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG	Tier 3	
Eye - Miscellaneous		
Agents For Corneal Collagen Cross-Linking		
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %	Tier 3	
PHOTREXA OPHTHALMIC (EYE) DROPS 0.146 %	Tier 3	
PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS 0.146 %	Tier 3	
Artificial Tears		
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 %	Tier 3	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	Tier 3	
MIEBO OPHTHALMIC (EYE) DROPS 100 %	Tier 3	PA
Eye Mydriatic And Nsaid Combinations		
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 % (tropic-proparacai-pe-ketor-wat)	Tier 1	
<i>tropic-proparacai-pe-ketor-wat ophthalmic (eye) drops 1-0.5-2.5-0.5 %</i> (Mydriatic4(trop-prop-PE-ctrlc))	Tier 1	
Eye Preparations, Miscellaneous (Otc)		
GELFILM OPHTHALMIC (EYE) FILM	Tier 3	

Drug	Status	Notes
Ophthalmic Cystine Depleting Agents		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	Tier 4	PA; SP
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	Tier 4	PA; SP
Fluid Replacement		
Nucleic Acid/Nucleotide Supplements		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	Tier 4	PA; SP
Gout And Related Diseases		
Colchicine		
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	Tier 1	QL (2 EA per 1 day)
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	Tier 1	QL (4 EA per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	Tier 3	ST; ST: Requires prior prescription for Colchicine capsules or tablets within the past 120 days; QL (10 ML per 1 day)
Hyperuricemia Tx - Purine Inhibitors		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	Tier 1	
<i>allopurinol oral tablet 300 mg</i>	Tier 1	
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	Tier 3	ST; ST: Requires prior prescription for Allopurinol within the past 120 days; QL (30 EA per 30 days)
Uricosuric Agents		
<i>probenecid oral tablet 500 mg</i>	Tier 1	
Uricosuric And Xanthine Oxidase Inhibitor Comb.		
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG	Tier 3	ST; ST: Requires prior prescription for Allopurinol within the past 120 days; QL (1 EA per 1 day)
Hematological Disorders		
Agents To Tx Thrombotic Thrombocytopenic Purpura		
CABLIVI INJECTION KIT 11 MG	Tier 4	PA; SP
CABLIVI INJECTION RECON SOLN 11 MG	Tier 4	PA; SP
Anticoagulants, Coumarin Type		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG (warfarin)	Tier 1	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven)	Tier 1	
Antifibrinolytic Agents		

Drug	Status	Notes
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i> (Amicar)	Tier 1	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i> (Amicar)	Tier 1	
<i>tranexamic acid oral tablet 650 mg</i>	Tier 1	
Citrates As Anticoagulants		
<i>anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml</i>	Tier 1	
<i>citric-sod citrat-sod phos-dex solution 0.327-2.63 gram/100 ml</i>	Tier 1	
REGIOCIT (EUA) SOLUTION 5.03-5.29 GRAM/L	Tier 3	
<i>sodium citrate in 0.9 % nacl solution 0.5 %</i>	Tier 1	
<i>sodium citrate intra-catheter solution 4 %</i>	Tier 1	
<i>sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)</i>	Tier 1	
<i>sodium citrate solution 4 gram /100 ml (4 %)</i>	Tier 1	
Complement (C3) Inhibitors		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	Tier 4	PA; SP
Direct Factor Xa Inhibitors		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	Tier 2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	Tier 2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	Tier 2	QL (74 EA per 30 days)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	Tier 3	ST; ST: Requires prior prescriptions for Eliquis and Xarelto within the past 365 days; QL (30 EA per 30 days)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	Tier 2	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	Tier 2	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG	Tier 2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	Tier 2	QL (2 EA per 1 day)
Hematinics,Other		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 4	PA; SP

Drug	Status	Notes
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	Tier 4	PA; SP
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	Tier 4	PA; SP
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	Tier 4	PA; SP
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 4	PA; SP
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 4	PA; SP
Hemophilia Treatment Agents, Non-Factor Replacement		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML	Tier 4	PA; SP
Hemorrhologic Agents		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 1	
Heparin And Related Preparations		
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	Tier 4	QL (30 ML per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> (Lovenox)	Tier 4	
ENOXILUV SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	Tier 4	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	Tier 4	QL (24 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	Tier 4	QL (15 ML per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	Tier 4	QL (12 ML per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	Tier 4	QL (18 ML per 30 days)

Drug	Status	Notes
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML	Tier 4	QL (8 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	Tier 4	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	Tier 4	QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	Tier 4	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	Tier 4	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	Tier 4	QL (43.2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	Tier 4	QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	Tier 4	QL (18 ML per 30 days)
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	Tier 1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	Tier 1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>	Tier 1	
Human Monoclonal Antibody Complement(C5) Inhibitor		
FABHALTA ORAL CAPSULE 200 MG	Tier 4	PA; SP
TAVNEOS ORAL CAPSULE 10 MG	Tier 4	PA; SP
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML	Tier 4	PA; SP
Hypoxia Inducible Factor Prolyl Hydroxylase Inh.		
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	PA
Leukocyte (Wbc) Stimulants		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA; SP
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA; SP
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 4	PA; SP

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

Drug	Status	Notes
<i>aspirin oral tablet, delayed release (dr/ec)</i> (Adult Aspirin Regimen) 81 mg	\$0	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 1	
BAYER LOW DOSE ASPIRIN ORAL (aspirin) TABLET, DELAYED RELEASE (DR/EC) 81 MG	\$0	
BRILINTA ORAL TABLET 60 MG, 90 MG	Tier 2	QL (2 EA per 1 day)
CHILDREN'S ASPIRIN ORAL (aspirin) TABLET, CHEWABLE 81 MG	\$0	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	
<i>clopidogrel oral tablet 300 mg</i>	Tier 1	QL (4 EA per 30 days)
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	Tier 1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	Tier 1	QL (1 EA per 1 day)
ST JOSEPH ASPIRIN ORAL (aspirin) TABLET, CHEWABLE 81 MG	\$0	
ST. JOSEPH ASPIRIN ORAL (aspirin) TABLET, DELAYED RELEASE (DR/EC) 81 MG	\$0	
ZONTIVITY ORAL TABLET 2.08 MG	Tier 3	QL (1 EA per 1 day)
Platelet Reducing Agents		
<i>anagrelide oral capsule 0.5 mg</i> (Agraylin)	Tier 1	
<i>anagrelide oral capsule 1 mg</i>	Tier 1	
Pyruvate Kinase Activators		
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	Tier 4	PA; SP
PYRUKYND ORAL TABLETS, DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	Tier 4	PA; SP
Sickle Cell Anemia Agents		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 3	
ENDARI ORAL POWDER IN PACKET 5 GRAM	Tier 4	PA; SP
OXBRYTA ORAL TABLET 300 MG, 500 MG	Tier 4	PA; SP
OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG	Tier 4	PA; SP
SIKLOS ORAL TABLET 1,000 MG	Tier 3	ST; ST: Requires prior prescription for Droxia or Hydroxyurea within the past 365 days
SIKLOS ORAL TABLET 100 MG	Tier 3	QL (2 EA per 1 day)
Spleen Tyrosine Kinase Inhibitors		

Drug	Status	Notes
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 4	PA; SP
Thrombin Inhibitors, Selective, Direct, & Reversible		
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa)	Tier 1	QL (2 EA per 1 day)
PRADAXA ORAL CAPSULE 110 MG (dabigatran etexilate)	Tier 3	ST; ST: Requires prior prescriptions for Eliquis and Xarelto within the past 365 days; QL (2 EA per 1 day)
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	Tier 3	PA
Thrombopoietin Receptor Agonists		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	Tier 4	PA; SP
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	Tier 4	PA; SP
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	Tier 4	PA; SP
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	Tier 4	PA; SP
MULPLETA ORAL TABLET 3 MG	Tier 4	PA; SP
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	Tier 4	PA; SP
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Tier 4	PA; SP
Topical Hemostatics		
ASTRINGYN TOPICAL SOLUTION 259 MG/G	Tier 3	
AVITENE FLOUR TOPICAL POWDER	Tier 3	
AVITENE TOPICAL POWDER IN PACKET	Tier 3	
AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM	Tier 3	
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM	Tier 3	
EVARREST TOPICAL ADHESIVE PATCH, MEDICATED 2 X 4 ", 4 X 4 "	Tier 3	
EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML (2ML X 2), 800-1,200 UNIT /ML (5 ML X 2)	Tier 3	
FLOSEAL TOPICAL KIT 2,500 UNIT	Tier 3	
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT	Tier 3	
GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT	Tier 3	

Drug	Status	Notes
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200	Tier 3	
GELFOAM TOPICAL SPONGE 4	Tier 3	
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML	Tier 1	
RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT	Tier 3	
RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 3	
SYRINGE AVITENE TOPICAL POWDER	Tier 3	
TACHOSIL TOPICAL ADHESIVE PATCH, MEDICATED 4.8 X 4.8 CM, 9.5 X 4.8 CM	Tier 3	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT	Tier 1	
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 1	
THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT	Tier 1	
THROMBIN-JMI TOPICAL SPRAY, NON-AEROSOL 20,000 UNIT	Tier 1	
VISTASEAL-FIBRIN SEALANT TOPICAL SYRINGE 500 UNIT-80 MG /ML (10 ML), 500 UNIT-80 MG /ML (2 ML), 500 UNIT-80 MG /ML (4 ML)	Tier 3	
Vitamin K Preparations		
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i> (Vitamin K1)	Tier 1	
<i>phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml</i>	Tier 1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 1	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML (phytonadione (vitamin k1))	Tier 1	
VITAMIN K1 INJECTION SOLUTION 10 MG/ML (phytonadione (vitamin k1))	Tier 1	
Hormonal Deficiency		
Androgenic Agents		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	Tier 3	PA
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	Tier 3	PA
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	Tier 3	PA
METHITEST ORAL TABLET 10 MG (methyltestosterone)	Tier 3	PA
<i>methyltestosterone oral capsule 10 mg</i>	Tier 1	PA

Drug	Status	Notes
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	Tier 3	PA
<i>testosterone cypionate intramuscular oil</i> (Depo-Testosterone) 100 mg/ml, 200 mg/ml	Tier 1	PA
<i>testosterone enanthate intramuscular oil</i> 200 mg/ml	Tier 1	PA
<i>testosterone transdermal gel 50 mg/5 gram</i> (1 %) (Testim)	Tier 1	PA
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i> (Fortesta)	Tier 1	PA
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram</i> (1 %) (Vogelxo)	Tier 1	PA
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram</i> (1.62 %) (AndroGel)	Tier 3	PA
<i>testosterone transdermal gel in packet 1 %</i> (25 mg/2.5gram), 1 % (50 mg/5 gram) (AndroGel)	Tier 1	PA
<i>testosterone transdermal gel in packet 1.62 %</i> (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram) (AndroGel)	Tier 3	PA
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation</i> (1.5 ml)	Tier 1	PA
TLANDO ORAL CAPSULE 112.5 MG	Tier 3	PA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	Tier 3	PA
Estrogen & Progestin With Antimineralocorticoid Cb		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 3	
Estrogen & Selective Estrogen Recept Mod(Serm)Comb		
DUAVEE ORAL TABLET 0.45-20 MG	Tier 2	
Estrogen And Progestin Combinations		
BIJUVA ORAL CAPSULE 0.5-100 MG	Tier 3	ST; ST: Requires prior prescription for Duavee or Premarin within the past 120 days; QL (1 EA per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG	Tier 3	ST; ST: Requires prior prescription for Duavee or Premarin within the past 120 days; QL (30 EA per 30 days)
Estrogen/Androgen Combinations		
COVARYX H.S. ORAL TABLET 0.625-1.25 MG (estrogens-methyltestosterone)	Tier 1	

Drug	Status	Notes
COVARYX ORAL TABLET 1.25-2.5 MG (estrogens-methyltestosterone)	Tier 1	
EEMT HS ORAL TABLET 0.625-1.25 MG (estrogens-methyltestosterone)	Tier 1	
EEMT ORAL TABLET 1.25-2.5 MG (estrogens-methyltestosterone)	Tier 1	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg</i> (Covaryx H.S.)	Tier 1	
<i>estrogens-methyltestosterone oral tablet 1.25-2.5 mg</i> (Covaryx)	Tier 1	
Estrogenic Agents		
AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG (estradiol-norethindrone acet)	Tier 1	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	Tier 3	QL (1 EA per 7 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	Tier 2	QL (2 EA per 7 days)
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (estradiol cypionate)	Tier 3	
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (estradiol)	Tier 1	QL (2 EA per 7 days)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	Tier 3	ST; ST: Requires prior prescription for Alora or Estradiol within the past 120 days; QL (52 GM per 30 days)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	Tier 1	
<i>estradiol transdermal gel in 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%)</i> (Divigel)	Tier 1	QL (30 EA per 30 days)
<i>estradiol transdermal gel in packet 1 mg/gram (0.1 %)</i> (Divigel)	Tier 1	QL (30 GM per 30 days)
<i>estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)</i> (Divigel)	Tier 1	QL (37.5 GM per 30 days)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti)	Tier 1	QL (2 EA per 7 days)
<i>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</i> (Climara)	Tier 1	QL (1 EA per 7 days)
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i> (Delestrogen)	Tier 1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (Amabelz)	Tier 1	

Drug	Status	Notes
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	Tier 3	ST; ST: Requires prior prescription for Alora or Estradiol within the past 120 days
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	Tier 3	ST; ST: Requires prior prescription for Alora or Estradiol within the past 120 days; QL (16.2 ML per 30 days)
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG (norethindrone ac-eth estradiol)	Tier 1	
JINTELI ORAL TABLET 1-5 MG-MCG (norethindrone ac-eth estradiol)	Tier 1	
LYLLANA TRANSDERMAL PATCH SEMI-WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (estradiol)	Tier 1	QL (2 EA per 7 days)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	Tier 3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	Tier 3	QL (1 EA per 7 days)
MIMVEY ORAL TABLET 1-0.5 MG (estradiol-norethindrone acet)	Tier 1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (Fyavolv)	Tier 1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	Tier 2	
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)	Tier 2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	Tier 2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 2	
Menopausal Symptoms Suppressant - Ssris		
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	Tier 1	ST; ST: Requires prior prescription for Paroxetine HCL or Venlafaxine HCL within the past 120 days; QL (1 EA per 1 day)
Menopausal Symptoms Suppressant-Nk3 Receptor Antag		
VEOZAH ORAL TABLET 45 MG	Tier 3	PA
Progestational Agents		
CRINONE VAGINAL GEL 4 %	Tier 3	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	Tier 1	
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 1	
<i>progesterone intramuscular oil 50 mg/ml</i>	Tier 1	

Drug	Status	Notes
<i>progesterone micronized oral capsule</i> (Prometrium) 100 mg, 200 mg	Tier 1	
Immunization		
Antisera		
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	Tier 4	PA; SP
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	Tier 4	PA; SP
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	Tier 4	PA; SP
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 4	PA; SP
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 4	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 4	PA; SP
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 4	PA; SP
HYQVIA IG COMPONENT SUBCUTANEOUS SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 30 GRAM/300 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 4	PA; SP
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	Tier 4	PA; SP
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 4	PA; SP
Covid-19 Vaccines		
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	\$0	\$0 COPAY IF QUANTITY IS 0.3 AND 12 YEARS OF AGE OR OLDER

Drug	Status	Notes
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	\$0	\$0 COPAY IF QUANTITY IS 0.3 AND 12 YEARS OF AGE OR OLDER
MODERNA COVID 23-24(6M-11Y)PF INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML	\$0	\$0 COPAY IF QUANTITY IS 0.25 AND AGE 6 MONTHS TO 11 YEARS
NOVAVAX COVID 2023-24(PF)(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS 0.5 AND 12 YEARS OF AGE OR OLDER
PFIZER COVID 2023-24(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	\$0	\$0 COPAY IF QUANTITY IS 0.3 AND AGE 5 TO 11 YEARS
PFIZER COVID 2023-24(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML	\$0	\$0 COPAY IF QUANTITY IS 0.3 AND AGE 6 MONTHS TO 4 YEARS
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS 0.5 AND 12 YEARS OF AGE OR OLDER
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS 0.5 AND 12 YEARS OF AGE OR OLDER
Enteric Virus Vaccines		
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	Tier 3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	Tier 3	
Gram (-) Bacilli (Non-Enteric) Vaccines		
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	Tier 3	
Gram Positive Cocci Vaccines		
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	\$0	Age (Min 19 Years)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	\$0	Age (Min 19 Years)
Influenza Virus Vaccines		
AFLURIA QD 2023-24(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
AFLURIA QUAD 2023-2024(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUAD QUAD 2023-24(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 180 DAYS, AND 65 YEARS OF AGE OR OLDER
FLUARIX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS

Drug	Status	Notes
FLUBLOK QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 180 DAYS, AND 18 YEARS OF AGE OR OLDER
FLUCELVAX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUCELVAX QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLULAVAL QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUMIST QUAD 2023-2024 NASAL NASAL SPRAY SYRINGE 10EXP6.5- 7.5 FF UNIT/0.2 ML	\$0	\$0 COPAY IF QUANTITY IS 1 AND FILL OF 1 IN 180 DAYS
FLUZONE HIGHDOSE QUAD 23-24 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	\$0	\$0 COPAY IF QUANTITY IS 0.7, FILL OF 1 IN 180 DAYS, AND 65 YEARS OF AGE OR OLDER
FLUZONE QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUZONE QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
Toxin-Producing Bacilli Vaccines/Toxoids		
VAXCHORA ACTIVE COMPONENT ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	Tier 3	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	Tier 3	
Viral/Tumorigenic Vaccines		
ABRYSVO INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	\$0	\$0 COPAY IF FEMALE 18-45 YEARS OF AGE OR 60 YEARS OF AGE AND OLDER NOT COVERED FOR FEMALES 17 YEARS OF AGE AND YOUNGER OR 46-59 YEARS OF AGE \$0 COPAY IF MALE 60 YEARS OF AGE AND OLDER NOT COVERED FOR MALES 59 YEARS OF AGE AND YOUNGER; QL (1 EA per 1 FILL)
<i>adenovirus vac live type-4, 7 oral tablet,delayed release (dr/ec)</i>	Tier 3	

Drug	Status	Notes
<i>adenovirus vaccine live type-4 oral tablet, delayed release (dr/ec)</i>	Tier 3	
<i>adenovirus vaccine live type-7 oral tablet, delayed release (dr/ec)</i>	Tier 3	
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	\$0	QL (1 EA per 1 FILL); Age (Min 60 Years)
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	\$0	QL (2 EA per 1 LIFETIME); Age (Min 50 Years)
Immunosuppression/Modulation		
Immunomodulators		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Tier 4	PA; SP
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	Tier 4	SP
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	Tier 4	PA; SP
<i>imiquimod topical cream in packet 5 %</i>	Tier 1	QL (2 EA per 1 day)
QUIDROXZAR TOPICAL GEL 5-0.1-30 %	Tier 3	
Immunosuppressives		
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	Tier 3	ST; ST: Requires prior prescription for generic Tacrolimus within the past 120 days
<i>azathioprine oral tablet 100 mg, 75 mg</i> (Azasan)	Tier 1	
<i>azathioprine oral tablet 50 mg</i> (Imuran)	Tier 1	
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	Tier 1	
<i>cyclosporine modified oral capsule 50 mg</i>	Tier 1	
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	Tier 1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	Tier 1	
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	Tier 3	ST; ST: Requires prior prescription for generic Tacrolimus within the past 120 days
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i> (Zortress)	Tier 1	
GENGRAF ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)	Tier 1	
GENGRAF ORAL SOLUTION 100 MG/ML (cyclosporine modified)	Tier 1	
LUPKYNIS ORAL CAPSULE 7.9 MG	Tier 4	PA; SP
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	Tier 1	

Drug	Status	Notes
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	Tier 1	
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	Tier 1	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic)	Tier 1	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	Tier 3	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine)	Tier 2	
<i>sirolimus oral solution 1 mg/ml</i> (Rapamune)	Tier 4	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> (Rapamune)	Tier 1	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	Tier 1	
Rho Kinase Inhibitor		
REZUROCK ORAL TABLET 200 MG	Tier 4	PA; SP
Infectious Disease - Bacterial		
Absorbable Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	Tier 1	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (sulfamethoxazole-trimethoprim)	Tier 1	
Betalactams		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Tier 4	PA; SP
Cephalosporins - 1St Generation		
<i>cefadroxil oral capsule 500 mg</i>	Tier 1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	
<i>cefadroxil oral tablet 1 gram</i>	Tier 1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	Tier 1	
Cephalosporins - 2Nd Generation		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	Tier 1	

Drug	Status	Notes
cefaclor oral tablet extended release 12 hr 500 mg	Tier 1	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cefprozil oral tablet 250 mg, 500 mg	Tier 1	
cefuroxime axetil oral tablet 250 mg, 500 mg	Tier 1	
Cephalosporins - 3Rd Generation		
cefdinir oral capsule 300 mg	Tier 1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cefixime oral capsule 400 mg	Tier 1	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	Tier 1	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	Tier 1	
cefpodoxime oral tablet 100 mg, 200 mg	Tier 1	
Chemotherapeutics, Antibacterial, Misc.		
fosfomycin tromethamine oral packet 3 gram	Tier 1	
methenamine hippurate oral tablet 1 gram (Hiprex)	Tier 1	
methenamine mandelate oral tablet 0.5 g, 1 gram	Tier 1	
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg (Urogesic-Blue)	Tier 3	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	Tier 2	
trimethoprim oral tablet 100 mg	Tier 1	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG	Tier 2	
URO-458 ORAL TABLET 81-10.8-40.8 MG	Tier 1	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (methen-sod phos-meth blue-hyos)	Tier 3	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG	Tier 1	
Fecal Microbiota Transplantation (Fmt)		
REBYOTA RECTAL ENEMA 150 ML	Tier 4	PA; SP
VOWST ORAL CAPSULE	Tier 4	PA; SP
Macrolides		
azithromycin oral packet 1 gram (Zithromax)	Tier 1	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml (Zithromax)	Tier 1	
azithromycin oral tablet 250 mg, 500 mg (Zithromax)	Tier 1	

Drug	Status	Notes
<i>azithromycin oral tablet 600 mg</i>	Tier 1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	Tier 1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	Tier 2	QL (10 ML per 1 day)
DIFICID ORAL TABLET 200 MG	Tier 2	QL (20 EA per 10 days)
E.E.S. 400 ORAL TABLET 400 MG (erythromycin ethylsuccinate)	Tier 1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 500 MG (erythromycin)	Tier 1	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG (erythromycin stearate)	Tier 1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	Tier 1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	Tier 3	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i> (E.E.S. 400)	Tier 1	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	Tier 1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i> (Ery-Tab)	Tier 1	
Nitrofurantoin Derivatives		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i> (Macrochantin)	Tier 1	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i> (Macrochantin)	Tier 1	QL (4 EA per 1 day)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid)	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i> (Furadantin)	Tier 1	
Oxazolidinones		
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	Tier 1	
<i>linezolid oral tablet 600 mg</i> (Zyvox)	Tier 1	
SIVEXTRO ORAL TABLET 200 MG	Tier 2	ST; ST: Requires prior prescription for Linezolid (600mg tablets) within the past 120 days; QL (6 EA per 6 days)
Penicillins		

Drug	Status	Notes
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	Tier 1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	Tier 1	
<i>ampicillin oral capsule 500 mg</i>	Tier 1	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Tier 1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG (amoxicillin)	Tier 3	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	
Pleuromutilin Derivatives		
XENLETA ORAL TABLET 600 MG	Tier 3	PA
Quinolones		
BAXDELA ORAL TABLET 450 MG	Tier 3	PA
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML (ciprofloxacin)	Tier 2	
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	Tier 1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	Tier 1	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	Tier 1	
FACTIVE ORAL TABLET 320 MG	Tier 3	

Drug	Status	Notes
levofloxacin oral solution 250 mg/10 ml	Tier 1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	Tier 1	
moxifloxacin oral tablet 400 mg	Tier 1	
ofloxacin oral tablet 300 mg, 400 mg	Tier 1	
Tetracyclines		
demeclocycline oral tablet 150 mg, 300 mg	Tier 1	
doxycycline hyclate oral capsule 100 mg, 50 mg (Morgidox)	Tier 1	QL (2 EA per 1 day)
doxycycline hyclate oral tablet 100 mg (LymePak)	Tier 1	QL (2 EA per 1 day)
doxycycline hyclate oral tablet 150 mg (Acticlate)	Tier 1	ST; ST: Requires prior prescription for generic Doxycycline Monohydrate 150mg tablets within the past 120 days; QL (2 EA per 1 day)
doxycycline hyclate oral tablet 50 mg (Targadox)	Tier 1	ST; ST: Requires prior prescription for Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets within the past 120 days; QL (4 EA per 1 day)
doxycycline hyclate oral tablet 75 mg (Acticlate)	Tier 1	ST; ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
doxycycline monohydrate oral capsule 100 mg (Mondoxyne NL)	Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral capsule 150 mg	Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral capsule 50 mg (Monodox)	Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral capsule 75 mg (Mondoxyne NL)	Tier 1	ST; ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	Tier 1	
doxycycline monohydrate oral tablet 100 mg (Avidoxy)	Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg	Tier 1	QL (2 EA per 1 day)
minocycline oral capsule 100 mg, 50 mg, 75 mg	Tier 1	

Drug	Status	Notes
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
MONDOXYNE NL ORAL CAPSULE 100 MG (doxycycline monohydrate)	Tier 1	QL (2 EA per 1 day)
MONDOXYNE NL ORAL CAPSULE 75 MG (doxycycline monohydrate)	Tier 1	ST; ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
NUZYRA ORAL TABLET 150 MG	Tier 3	PA
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 1	
Infectious Disease - Fungal		
Antifungal Agents		
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 1	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	Tier 3	PA
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	Tier 1	
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan)	Tier 1	
<i>fluconazole oral tablet 100 mg, 200 mg</i> (Diflucan)	Tier 1	
<i>fluconazole oral tablet 150 mg, 50 mg</i>	Tier 1	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	Tier 1	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	Tier 1	
<i>itraconazole oral solution 10 mg/ml</i> (Sporanox)	Tier 1	
<i>ketoconazole oral tablet 200 mg</i>	Tier 1	
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG	Tier 3	PA
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	Tier 3	
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i> (Noxafil)	Tier 1	PA
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i> (Noxafil)	Tier 1	PA
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	
VIVJOA ORAL CAPSULE 150 MG	Tier 3	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	Tier 1	
<i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)	Tier 1	
Antifungal Antibiotics		
BREXAFEMME ORAL TABLET 150 MG	Tier 3	PA
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Tier 1	

Drug	Status	Notes
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 1	
<i>nystatin oral tablet 500,000 unit</i>	Tier 1	
Infectious Disease - Miscellaneous		
Aminoglycosides		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	Tier 4	PA; SP
<i>neomycin oral tablet 500 mg</i>	Tier 1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	Tier 4	PA; SP
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	Tier 4	PA; SP
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis)	Tier 4	PA; SP
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i> (Kitabis Pak)	Tier 4	PA; SP
Antibacterial Agents, Miscellaneous		
<i>glycine urologic solution irrigation solution 1.5 %</i> (Glycine Urologic)	Tier 1	
Antileprotics		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 1	
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 4	PA; SP
Anti-Mycobacterium Agents		
<i>ethambutol oral tablet 100 mg</i>	Tier 1	
<i>ethambutol oral tablet 400 mg</i> (Myambutol)	Tier 1	
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	Tier 3	
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	Tier 1	
TRECATOR ORAL TABLET 250 MG	Tier 3	
Antitubercular Antibiotics		
<i>cycloserine oral capsule 250 mg</i>	Tier 1	
<i>pretomanid oral tablet 200 mg</i>	Tier 3	QL (1 EA per 1 day)
PRIFTIN ORAL TABLET 150 MG	Tier 3	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	
SIRTURO ORAL TABLET 100 MG, 20 MG	Tier 4	PA; SP

Drug	Status	Notes
Lincosamides		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	Tier 1	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i> (Clindamycin Pediatric)	Tier 1	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML (clindamycin palmitate hcl)	Tier 1	
Rifamycins And Related Derivative Antibiotics		
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC) 194 MG	Tier 3	ST; ST: Requires prior prescription for Azithromycin, Cipro, Ciprofloxacin HCL, Ciprofloxacin, Ciprofloxacin/ciprofloxacin HCL, Levofloxacin, or Ofloxacin within the past 120 days; QL (12 EA per 1 FILL)
XIFAXAN ORAL TABLET 200 MG	Tier 3	PA
XIFAXAN ORAL TABLET 550 MG	Tier 2	PA
Vancomycin And Derivatives		
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	Tier 1	QL (56 EA per 1 FILL)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	Tier 1	QL (112 EA per 1 FILL)
<i>vancomycin oral recon soln 25 mg/ml</i> (Firvanq)	Tier 1	QL (300 ML per 1 FILL)
<i>vancomycin oral recon soln 50 mg/ml</i> (Firvanq)	Tier 1	QL (600 ML per 1 FILL)
Infectious Disease - Parasitic		
2Nd Gen. Anaerobic Antiprotozoal-Antibacterial		
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	Tier 3	ST; ST: At least 2 prior prescriptions for Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, or Tinidazole within the past 365 days; QL (1 EA per 30 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
Amebicides		
<i>paromomycin oral capsule 250 mg</i> (Humatin)	Tier 1	
Anaerobic Antiprotozoal-Antibacterial Agents		
LIKMEZ ORAL SUSPENSION 500 MG/5 ML	Tier 3	PA
<i>metronidazole oral capsule 375 mg</i> (Flagyl)	Tier 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	

Drug	Status	Notes
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	Tier 1	
EGATEN ORAL TABLET 250 MG	Tier 3	
EMVERM ORAL TABLET,CHEWABLE 100 MG (mebendazole)	Tier 2	PA
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	Tier 1	
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	Tier 1	
Antimalarial Drugs		
ARAKODA ORAL TABLET 100 MG	Tier 3	
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	Tier 1	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	Tier 1	
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 1	QL (36 EA per 16 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 1	QL (18 EA per 16 days)
COARTEM ORAL TABLET 20-120 MG	Tier 3	
<i>hydroxychloroquine oral tablet 100 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i> (Sovuna)	Tier 1	QL (100 EA per 30 days)
<i>hydroxychloroquine oral tablet 300 mg</i> (Sovuna)	Tier 1	QL (60 EA per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>	Tier 1	QL (60 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG	Tier 2	QL (2 EA per 1 FILL)
<i>mefloquine oral tablet 250 mg</i>	Tier 1	
<i>primaquine oral tablet 26.3 mg</i>	Tier 2	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	Tier 4	PA; SP
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	Tier 1	
SOVUNA ORAL TABLET 200 MG (hydroxychloroquine)	Tier 2	QL (100 EA per 30 days)
Antiparasitics		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	Tier 3	QL (50 ML per 1 day)
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	Tier 1	QL (2 EA per 1 day)
Antiprotozoal Drugs,Miscellaneous		
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	Tier 1	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG	Tier 2	PA
LAMPIT ORAL TABLET 120 MG, 30 MG	Tier 3	
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	Tier 1	
Infectious Disease - Viral		
Antiretroviral - Capsid Inhibitors		

Drug	Status	Notes
SUNLENCA ORAL TABLET 300 MG	Tier 2	PA
Antiretroviral-Integrase Inhibitor And Nnrti Comb.		
JULUCA ORAL TABLET 50-25 MG	Tier 2	QL (1 EA per 1 day)
Antiretroviral-Integrase Inhibitor And Nrti Comb.		
DOVATO ORAL TABLET 50-300 MG	Tier 2	QL (1 EA per 1 day)
Antiretroviral-Nucleoside,Nucleotide,Protease Inh.		
SYM TUZA ORAL TABLET 800-150-200-10 MG	Tier 2	QL (1 EA per 1 day)
Antiviral - Main Protease (Mpro) Inhibitor		
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	Tier 2	QL (20 EA per 28 days); Age (Min 12 Years)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	Tier 2	QL (30 EA per 28 days); Age (Min 12 Years)
Antiviral Monoclonal Antibodies		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	Tier 4	PA; SP
Antiviral Nucleotide Analogs		
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	Tier 1	QL (40 EA per 29 days); Age (Min 18 Years)
Antivirals, General		
<i>acyclovir oral capsule 200 mg</i>	Tier 1	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	Tier 1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	
LIVTENCITY ORAL TABLET 200 MG	Tier 4	PA
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	Tier 1	QL (40 EA per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i> (Tamiflu)	Tier 1	QL (20 EA per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	Tier 1	QL (360 ML per 180 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	Tier 3	PA
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	Tier 3	QL (40 EA per 180 days)
<i>ribavirin inhalation recon soln 6 gram</i> (Virazole)	Tier 1	
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	Tier 1	
TEMBEXA ORAL SUSPENSION 10 MG/ML	Tier 2	
TEMBEXA ORAL TABLET 100 MG	Tier 2	
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG	Tier 2	

Drug	Status	Notes
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	Tier 1	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	Tier 1	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	Tier 1	
XOFLUZA ORAL TABLET 20 MG, 40 MG	Tier 2	QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 80 MG	Tier 2	QL (2 EA per 180 days)
Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib		
APTIVUS ORAL CAPSULE 250 MG	Tier 2	QL (4 EA per 1 day)
<i>darunavir oral tablet 600 mg</i> (Prezista)	Tier 1	QL (2 EA per 1 day)
<i>darunavir oral tablet 800 mg</i> (Prezista)	Tier 1	QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG	Tier 3	QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 2	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	Tier 2	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 75 MG	Tier 2	QL (16 EA per 1 day)
Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog		
CIMDUO ORAL TABLET 300-300 MG	Tier 2	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG	Tier 2	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada)	Tier 1	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb		
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 1	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.		
<i>maraviroc oral tablet 150 mg</i> (Selzentry)	Tier 1	QL (2 EA per 1 day)
<i>maraviroc oral tablet 300 mg</i> (Selzentry)	Tier 1	QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 2	QL (31 ML per 1 day)

Drug	Status	Notes
Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	Tier 2	PA
Antivirals, Hiv-Specific, Fusion Inhibitors		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	Tier 2	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Non-Nucleoside, Rti		
EDURANT ORAL TABLET 25 MG	Tier 2	QL (1 EA per 1 day)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	Tier 1	
<i>efavirenz oral tablet 600 mg</i>	Tier 1	
<i>etravirine oral tablet 100 mg</i> (Intelence)	Tier 1	QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i> (Intelence)	Tier 1	QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG	Tier 2	QL (4 EA per 1 day)
<i>nevirapine oral suspension 50 mg/5 ml</i>	Tier 1	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Tier 1	QL (1 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG	Tier 3	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Nucleoside Analog, Rti		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	Tier 1	QL (960 ML per 30 days)
<i>abacavir oral tablet 300 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 2	QL (850 ML per 30 days)
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	Tier 1	QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i> (Epivir)	Tier 1	QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i> (Epivir)	Tier 1	QL (1 EA per 1 day)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	Tier 1	QL (6 EA per 1 day)
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	Tier 1	QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	Tier 1	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Nucleotide Analog, Rti		

Drug	Status	Notes
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	Tier 2	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 2	QL (1 EA per 1 day)
Antivirals, Hiv-Specific, Protease Inhibitor Comb		
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	Tier 1	QL (480 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	Tier 1	QL (10 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	Tier 1	QL (4 EA per 1 day)
Antivirals, Hiv-Specific, Protease Inhibitors		
<i>atazanavir oral capsule 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>atazanavir oral capsule 200 mg</i> (Reyataz)	Tier 1	QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i> (Reyataz)	Tier 1	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	Tier 2	QL (1 EA per 1 day)
<i>fosamprenavir oral tablet 700 mg</i>	Tier 1	QL (4 EA per 1 day)
NORVIR ORAL POWDER IN PACKET 100 MG	Tier 2	QL (12 EA per 1 day)
REYATAZ ORAL POWDER IN PACKET 50 MG	Tier 2	QL (5 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i> (Norvir)	Tier 1	QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 2	
Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr		
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (cabotegravir)	\$0	ST; ST: Requires prior prescription for Descovy or generic Truvada within the past 120 days; \$0 COPAY IF QUANTITY IS LIMITED TO 3, DAY SUPPLY LIMITED TO 21, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)

Drug	Status	Notes
<i>cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)</i> (Apretude)	\$0	ST; ST: Requires prior prescription for Descovy or generic Truvada within the past 120 days; \$0 COPAY IF QUANTITY IS LIMITED TO 3, DAY SUPPLY LIMITED TO 21, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
ISENTRESS HD ORAL TABLET 600 MG	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	Tier 2	QL (6 EA per 1 day)
TIVICAY ORAL TABLET 50 MG	Tier 2	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	Tier 2	QL (6 EA per 1 day)
VOCABRIA ORAL TABLET 30 MG	Tier 2	QL (1 EA per 1 day); Age (Min 12 Years)
Arv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti		
COMPLERA ORAL TABLET 200-25-300 MG	Tier 3	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG	Tier 3	QL (1 EA per 1 day)
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i> (Atripla)	Tier 1	QL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg</i> (Symfi Lo)	Tier 1	QL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i> (Symfi)	Tier 1	QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 2	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 2	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 2	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 2	QL (1 EA per 1 day)
Arv Comb-Nrtis & Integrase Inhibitor		
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 2	QL (1 EA per 1 day)

Drug	Status	Notes
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	Tier 2	QL (6 EA per 1 day)
Cytochrome P450 Inhibitors		
TYBOST ORAL TABLET 150 MG	Tier 2	QL (1 EA per 1 day)
Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo		
VOSEVI ORAL TABLET 400-100-100 MG	Tier 4	PA; SP
Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo.		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	Tier 2	PA
EPCLUSA ORAL TABLET 200-50 MG	Tier 2	PA
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	Tier 2	PA
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	Tier 2	PA
HARVONI ORAL TABLET 45-200 MG	Tier 2	PA
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	Tier 2	PA
Hep C Virus, Nucleotide Analog Ns5b Polymerase Inh		
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	Tier 4	PA; SP
SOVALDI ORAL TABLET 200 MG, 400 MG	Tier 4	PA; SP
Hepatitis B Treatment Agents		
<i>adefovir oral tablet 10 mg</i> (Hepsera)	Tier 4	SP; QL (1 EA per 1 day)
BARACLUDGE ORAL SOLUTION 0.05 MG/ML	Tier 4	SP; QL (630 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	Tier 4	SP; QL (1 EA per 1 day)
<i>lamivudine oral tablet 100 mg</i>	Tier 1	QL (1 EA per 1 day)
VELMIDY ORAL TABLET 25 MG	Tier 4	ST; SP; ST: Requires prior prescription for Tenofovir Disoproxil Fumarate within the past 120 days; QL (1 EA per 1 day)
Hepatitis C Treatment Agents		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 4	PA; SP
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 4	PA; SP
<i>ribavirin oral capsule 200 mg</i>	Tier 1	
<i>ribavirin oral tablet 200 mg</i>	Tier 1	
Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	Tier 4	PA; SP
MAVYRET ORAL TABLET 100-40 MG	Tier 4	PA; SP

Drug	Status	Notes
ZEPATIER ORAL TABLET 50-100 MG	Tier 4	PA; SP
Inflammatory Disease		
Anti-Arthritic And Chelating Agents		
CUPRIMINE ORAL CAPSULE 250 MG (penicillamine)	Tier 4	PA; SP
D-PENAMINE ORAL TABLET 125 MG	Tier 4	PA; SP
<i>penicillamine oral capsule 250 mg</i> (Cuprimine)	Tier 4	PA; SP
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	Tier 4	PA; SP
Anti-Arthritic, Folate Antagonist Agents		
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	Tier 2	QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML	Tier 3	ST; ST: Requires prior prescription for Otrexup within the past 120 days; QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML	Tier 3	ST; ST: Requires prior prescription for Otrexup within the past 120 days; QL (1 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML	Tier 3	ST; ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML	Tier 3	ST; ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML	Tier 3	ST; ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML	Tier 3	ST; ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML	Tier 3	ST; ST: Requires prior prescription for Otrexup within the past 120 days; QL (2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML	Tier 3	ST; ST: Requires prior prescription for Otrexup within the past 120 days; QL (2.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML	Tier 3	ST; ST: Requires prior prescription for Otrexup within the past 120 days; QL (0.6 ML per 28 days)

Drug	Status	Notes
Anti-Flam. Interleukin-1 Receptor Antagonist		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	Tier 4	PA; SP
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Tier 4	PA; SP
Anti-Inflammatory Tumor Necrosis Factor Inhibitor		
<i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml</i> (Hyrimoz(CF) Pen)	Tier 4	PA; SP
<i>adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml</i> (Hyrimoz(CF))	Tier 4	PA; SP
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	Tier 2	PA
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	Tier 2	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	Tier 4	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 4	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 4	PA; SP
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	Tier 2	PA
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	Tier 2	PA
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	Tier 2	PA
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)	Tier 2	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	Tier 2	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	Tier 2	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	Tier 2	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Tier 2	PA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 2	PA

Drug	Status	Notes
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 2	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 2	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	Tier 2	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 2	PA
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 2	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 2	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 2	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 2	PA
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	Tier 4	PA; SP
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2)	Tier 4	PA; SP
HYRIMOZ PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	Tier 4	PA; SP
HYRIMOZ SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	Tier 4	PA; SP
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML, 80 MG/0.8 ML- 40 MG/0.4 ML	Tier 4	PA; SP
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML (adalimumab-adaz)	Tier 4	PA; SP
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	Tier 4	PA; SP
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML	Tier 4	PA; SP
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML (adalimumab-adaz)	Tier 4	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	Tier 4	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	Tier 4	PA; SP
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	Tier 4	PA; SP

Drug	Status	Notes
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	Tier 4	PA; SP
Anti-Inflammatory, Pyrimidine Synthesis Inhibitor		
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	Tier 1	
Anti-Inflammatory, Phosphodiesterase-4(Pde4) Inhib.		
OTEZLA ORAL TABLET 30 MG	Tier 2	PA
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	Tier 2	PA
Antinflammatory, Sel.Costim.Mod., T-Cell Inhibitor		
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	Tier 4	PA; SP
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	Tier 4	PA; SP
Bradykinin B2 Receptor Antagonists		
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Sajazir)	Tier 4	PA; SP
SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML (icatibant)	Tier 4	PA; SP
C1 Esterase Inhibitors		
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	Tier 4	PA; SP
Glucocorticoids		
AGAMREE ORAL SUSPENSION 40 MG/ML	Tier 4	PA; SP
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Tier 4	PA; SP
BETALOAN SUIK KIT 6 MG/ML	Tier 3	
<i>budesonide oral capsule, delayed, extend.release 3 mg</i>	Tier 1	
<i>budesonide oral tablet, delayed and ext.release 9 mg</i> (Uceris)	Tier 1	ST; ST: Requires prior prescription for Balsalazide Disodium within the past 120 days
<i>cortisone oral tablet 25 mg</i>	Tier 1	
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i> (Emflaza)	Tier 4	PA; SP
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	Tier 3	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Tier 1	

Drug	Status	Notes
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 1	
DEXONTO IONTOPHORETIC SOLUTION 0.4 %	Tier 3	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	Tier 4	PA; SP
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (deflazacort)	Tier 4	PA; SP
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML	Tier 4	PA; SP
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	Tier 1	
MEDROL ORAL TABLET 2 MG	Tier 2	
MEDROLOAN II SUIK KIT 40 MG/ML	Tier 3	
MEDROLOAN SUIK KIT 40 MG/ML	Tier 3	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	Tier 1	
<i>methylprednisolone oral tablet 32 mg</i>	Tier 1	
<i>methylprednisolone oral tablets, dose pack 4 mg</i> (Medrol (Pak))	Tier 1	
<i>prednisolone oral solution 15 mg/5 ml</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i> (Veripred 20)	Tier 1	
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	Tier 1	
<i>prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT)	Tier 1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 2	
<i>prednisone oral solution 5 mg/5 ml</i>	Tier 1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1	
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	Tier 1	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML	Tier 3	
SOLU-CORTEF INJECTION RECON SOLN 100 MG	Tier 3	
TARPEYO ORAL CAPSULE, DELAYED RELEASE (DR/EC) 4 MG	Tier 4	PA; SP
TRILOAN II SUIK KIT 40 MG/ML	Tier 3	

Drug	Status	Notes
TRILOAN SUIK KIT 40 MG/ML	Tier 3	
Gold Salts		
RIDAURA ORAL CAPSULE 3 MG	Tier 3	
Immunomodulator,B-Lymphocyte Stim(Blys)-Spec Inhib		
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	Tier 4	PA; SP
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	Tier 4	PA; SP
Interleukin-6 (Il-6) Receptor Inhibitors		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 4	PA; SP
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 4	PA; SP
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 4	PA; SP
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 4	PA; SP
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 4	PA; SP
Janus Kinase (Jak) Inhibitors		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	Tier 4	PA; SP
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 4	PA; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	Tier 2	PA
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 2	PA
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 2	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	Tier 2	PA
Mineralocorticoids		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 1	
Monoclonal Antibody-Human Interleukin 12/23 Inhib		
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 2	PA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 2	PA
Nsaids (Cox Non-Specific Inhib)& Prostaglandin Cmb		
<i>diclofenac-misoprostol oral tablet,ir,delayered rel,biphasic 50-200 mg-mcg</i> (Arthrotec 50)	Tier 1	

Drug	Status	Notes
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg</i> (Arthrotec 75)	Tier 1	
Nsaids, Cyclooxygenase 2 Inhibitor - Type		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	Tier 1	
Nsaids, Cyclooxygenase Inhibitor-Type		
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	Tier 1	
EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG (naproxen)	Tier 1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 1	
<i>etodolac oral tablet 400 mg</i> (Lodine)	Tier 1	
<i>etodolac oral tablet 500 mg</i>	Tier 1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	Tier 1	
<i>flurbiprofen oral tablet 100 mg</i>	Tier 1	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG (ibuprofen)	Tier 1	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	Tier 1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	Tier 1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>indomethacin oral capsule, extended release 75 mg</i>	Tier 1	
<i>indomethacin rectal suppository 100 mg</i>	Tier 1	
<i>ketoprofen oral capsule 25 mg</i> (Kiprofen)	Tier 1	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	Tier 1	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	Tier 1	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)</i>	Tier 1	
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	Tier 1	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	Tier 1	
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	Tier 1	
<i>ketorolac oral tablet 10 mg</i>	Tier 1	QL (20 EA per 5 days)
KIPROFEN ORAL CAPSULE 25 MG (ketoprofen)	Tier 1	

Drug	Status	Notes
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>mefenamic acid oral capsule 250 mg</i>	Tier 1	
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	Tier 1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1	
<i>naproxen oral tablet 250 mg, 375 mg</i>	Tier 1	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	Tier 1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i> (EC-Naproxen)	Tier 1	
<i>naproxen sodium oral tablet 275 mg</i>	Tier 1	
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	Tier 1	
<i>oxaprozin oral tablet 600 mg</i> (Daypro)	Tier 1	
<i>piroxicam oral capsule 10 mg, 20 mg</i> (Feldene)	Tier 1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	
TORONOVA II SUIK KIT 30 MG/ML	Tier 3	
TORONOVA SUIK KIT 30 MG/ML	Tier 3	
Plasma Kallikrein Inhibitors		
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Tier 4	PA; SP
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	Tier 4	PA; SP
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	Tier 4	PA; SP
Local Anesthesia		
Local Anesthetics		
GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 % (lidocaine hcl)	Tier 1	
KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML	Tier 3	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)	Tier 1	
<i>lidocaine hcl mucous membrane solution 2 %</i> (Lidocaine Viscous)	Tier 1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	Tier 1	
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 % (lidocaine hcl)	Tier 1	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML)	Tier 3	
Periodontal Anesthetics		
ORAQIX DENTAL CARTRIDGE 2.5-2.5 %	Tier 3	

Drug	Status	Notes
Lower Gastrointestinal Disorders - Bowel Inflammation		
Chronic Inflammation. Colon Disease, 5-A-Salicylate, Rectal Treatment		
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	Tier 1	
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	Tier 3	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i> (Rowasa)	Tier 1	
Drug Treatment-Chronic Inflammation. Colon Disease, 5-Aminosalicylate		
<i>balsalazide oral capsule 750 mg</i> (Colazal)	Tier 1	
DIPENTUM ORAL CAPSULE 250 MG	Tier 3	ST; ST: Requires prior prescription for Mesalamine within the past 120 days
<i>mesalamine oral capsule (with delayed release tablets) 400 mg</i> (Delzicol)	Tier 1	
<i>mesalamine oral capsule, extended release 500 mg</i> (Pentasa)	Tier 1	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso)	Tier 1	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> (Lialda)	Tier 1	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	Tier 1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	Tier 2	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	Tier 1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	Tier 1	
Hemorrhoidal Preparation, Anti-Inflammation Steroid/Local Anesthetic		
ANA-LEX KIT RECTAL KIT 2-2 % (lidocaine-hydrocortisone-aloe)	Tier 1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %</i> (Analpram-HC)	Tier 1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 % (4g)</i> (Analpram-HC Singles)	Tier 1	
<i>lidocaine hcl-hydrocortisone ac rectal cream 3-0.5 %</i>	Tier 1	
<i>lidocaine hcl-hydrocortisone ac rectal gel 3 %-2.5 % (7 gram)</i>	Tier 1	
<i>lidocaine hcl-hydrocortisone ac rectal kit 3-0.5 %, 3-1 % (7 gram)</i>	Tier 1	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	Tier 1	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	Tier 1	

Drug	Status	Notes
PROCORT RECTAL CREAM 1.85-1.15 %	Tier 3	
PROCTOFOAM HC RECTAL FOAM 1-1 %	Tier 2	
ZYPRAM RECTAL KIT, CREAM AND TOWELETTE 2.35-1 %	Tier 3	
Ibs Agents, Mixed Opioid Recep Agonists/Antagonists		
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 3	PA
Integrin Receptor Antagonist, Monoclonal Antibody		
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	Tier 4	SP
Irritable Bowel Agents, Guanylate Cylase-C Agonist		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 2	QL (1 EA per 1 day)
TRULANCE ORAL TABLET 3 MG	Tier 3	ST; ST: Requires prior prescription for Linzess and Lubiprostone within the past 365 days; QL (1 EA per 1 day)
Local Anorectal Nitrate Preparations		
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i> (Rectiv)	Tier 1	
RECTIV RECTAL OINTMENT 0.4 % (W/W) (nitroglycerin)	Tier 3	
Rectal Preparations		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)	Tier 1	
<i>hydrocortisone acetate rectal suppository 25 mg</i> (Anucort-HC)	Tier 1	
<i>hydrocortisone acetate rectal suppository 30 mg</i> (Hemmorex-HC)	Tier 1	
Rectal/Lower Bowel Prep., Glucocort. (Non-Hemorr)		
<i>budesonide rectal foam 2 mg/actuation</i> (Uceris)	Tier 1	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	Tier 3	
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	Tier 1	
Lower Gastrointestinal Disorders - Other		
Ammonia Inhibitors		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (carglumic acid)	Tier 4	PA; SP
<i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)	Tier 4	PA; SP

Drug	Status	Notes
ENULOSE ORAL SOLUTION 10 GRAM/15 ML (lactulose)	Tier 1	
LITHOSTAT ORAL TABLET 250 MG	Tier 3	
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	Tier 4	PA; SP
PHEBURANE ORAL GRANULES 483 MG/GRAM	Tier 4	PA; SP
RAVICTI ORAL LIQUID 1.1 GRAM/ML	Tier 4	PA; SP
sodium phenylbutyrate oral powder 0.94 gram/gram (Buphenyl)	Tier 4	PA; SP
sodium phenylbutyrate oral tablet 500 mg (Buphenyl)	Tier 4	PA; SP
Antidiarrheal - G.I. Chloride Channel Inhibitors		
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG	Tier 2	ST; ST: Requires prior prescription for Antiretrovirals within the past 120 days; QL (2 EA per 1 day)
Antidiarrheal - Tryptophan Hydroxylase Inhibitor		
XERMELO ORAL TABLET 250 MG	Tier 4	PA; SP
Antidiarrheals		
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	Tier 1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg (Lomotil)	Tier 1	
loperamide oral capsule 2 mg (Anti-Diarrheal (loperamide))	Tier 1	
opium tincture oral tincture 10 mg/ml (morphine)	Tier 1	
Bile Salts		
CHENODAL ORAL TABLET 250 MG	Tier 4	PA; SP
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 4	PA; SP
ursodiol oral capsule 300 mg	Tier 1	
ursodiol oral tablet 250 mg (URSO 250)	Tier 1	
ursodiol oral tablet 500 mg (URSO Forte)	Tier 1	
Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog		
OICALIVA ORAL TABLET 10 MG, 5 MG	Tier 4	PA; SP
Ibs Agents,Sodium-Hydrogen Exchanger 3(Nhe3) Inhib		
IBSRELA ORAL TABLET 50 MG	Tier 3	PA
Ileal Bile Acid Transporter (Ibat) Inhibitor		

Drug	Status	Notes
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	Tier 4	PA; SP
BYLVAY ORAL PELLETT 200 MCG, 600 MCG	Tier 4	PA; SP
LIVMARLI ORAL SOLUTION 9.5 MG/ML	Tier 4	PA; SP
Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type		
<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	Tier 1	
Irritable Bowel Synd. Agent,5Ht-4 Partial Agonist		
ZELNORM ORAL TABLET 6 MG	Tier 3	ST; ST: Requires prior prescription for Linzess and Lubiprostone within the past 365 days; QL (2 EA per 1 day); Age (Max 64 Years)
Laxatives And Cathartics		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML	\$0	\$0 COPAY IF QUANTITY IS 320, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (320 ML per 1 FILL)
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	\$0	\$0 COPAY IF QUANTITY IS 350, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (350 ML per 1 FILL)
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML (lactulose)	Tier 1	
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (peg 3350-electrolytes)	\$0	\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM (peg 3350-electrolytes)	\$0	\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	Tier 1	
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	Tier 1	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	Tier 1	QL (2 EA per 1 day)
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)	\$0	\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)

Drug	Status	Notes
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i> (MoviPrep)	\$0	\$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (1 EA per 1 FILL)
<i>peg-electrolyte soln oral recon soln 420 gram</i>	\$0	\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	\$0	ST; ST: Requires prior prescription for Clenpiq, generic bowel prep, or Sutab within the past 120 days; \$0 COPAY IF QUANTITY IS 3, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (3 EA per 1 FILL)
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit)	\$0	\$0 COPAY IF QUANTITY IS 354, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (354 ML per 1 FILL)
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM	\$0	ST; ST: Requires prior prescription for Clenpiq, generic bowel prep, or Sutab within the past 120 days; \$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (2 EA per 1 FILL)
SUTAB ORAL TABLET 1.479-0.188-0.225 GRAM	\$0	\$0 COPAY IF QUANTITY IS 24, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (24 EA per 1 FILL)
Narcotic Antagonists, Peripherally-Acting		
<i>alvimopan oral capsule 12 mg</i> (Entereg)	Tier 1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 2	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG	Tier 3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	Tier 3	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	Tier 3	PA
SYMPROIC ORAL TABLET 0.2 MG	Tier 3	ST; ST: Requires prior prescription for Movantik within the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	Tier 4	PA; SP
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	Tier 4	PA; SP
Medical Supplies		
Durable Medical Equipment,Misc(Group 1)		
ACCU-CHEK FASTCLIX LANCET DRUM (lancets)	Tier 2	
ACCU-CHEK SAFE-T-PRO 23 GAUGE	Tier 2	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE	Tier 2	
ACCU-CHEK SOFTCLIX LANCETS (lancets)	Tier 2	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE	Tier 2	
ACTI-LANCE LANCETS 28 GAUGE (lancets)	Tier 2	
ADVANCED TRAVEL LANCETS 28 GAUGE (lancets)	Tier 2	
ADVOCATE LANCET 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
ADVOCATE LANCET 23 GAUGE	Tier 2	
ALTERNATE SITE LANCET 26 GAUGE (lancets)	Tier 2	
ASSURE LANCE 25 GAUGE	Tier 2	
ASSURE LANCE 28 GAUGE (lancets)	Tier 2	
ASSURE LANCE PLUS 21 GAUGE, 30 GAUGE (lancets)	Tier 2	
ASSURE LANCE PLUS 25 GAUGE	Tier 2	
BD MICROTAINER LANCET 1.5 X 2 MM	Tier 2	
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (lancets)	Tier 2	
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 2	
BULLSEYE MINI SAFETY LANCETS 25 GAUGE	Tier 2	
BUTTERFLY TOUCH LANCET 30 GAUGE (lancets)	Tier 2	
CAREONE ULTRA THIN LANCET (lancets)	Tier 2	
CARESENS LANCETS 30 GAUGE (lancets)	Tier 2	
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 2	
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
CLEVER CHEK LANCETS 30 GAUGE (lancets)	Tier 2	

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

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

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

Drug	Status	Notes
SURE-LANCE ULTRA THIN 30 GAUGE (lancets)	Tier 2	
SURE-TOUCH LANCET (lancets)	Tier 2	
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
TELCARE LANCETS 30 GAUGE (lancets)	Tier 2	
TEMPO REFILL KIT WITH GAUZE KIT	Tier 2	
THIN LANCETS 26 GAUGE (lancets)	Tier 2	
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (lancets)	Tier 2	
TRUE COMFORT LANCET 30 GAUGE (lancets)	Tier 2	
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
TWIST LANCETS 30 GAUGE (lancets)	Tier 2	
TWIST LANCETS 32 GAUGE	Tier 2	
ULTILET BASIC LANCETS 30 GAUGE (lancets)	Tier 2	
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
ULTILET SAFETY LANCETS 23 GAUGE	Tier 2	
ULTRA FINE LANCETS 30 GAUGE (lancets)	Tier 2	
ULTRA THIN II LANCETS 30 GAUGE (lancets)	Tier 2	
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
ULTRA THIN LANCETS 31 GAUGE	Tier 2	
ULTRA THIN PLUS LANCETS 33 GAUGE (lancets)	Tier 2	
ULTRA TLC LANCETS (lancets)	Tier 2	
ULTRA-CARE LANCETS 30 GAUGE (lancets)	Tier 2	
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 2	
ULTRA-THIN II LANCETS 28 GAUGE (lancets)	Tier 2	
UNILET COMFORTOUCH LANCET , 26 GAUGE (lancets)	Tier 2	
UNILET GP LANCET (lancets)	Tier 2	
UNILET LANCET 28 GAUGE, 33 GAUGE (lancets)	Tier 2	
UNILET LANCETS 30 GAUGE (lancets)	Tier 2	
UNILET SUPER THIN LANCETS 30 GAUGE (lancets)	Tier 2	
UNISTIK 3 COMFORT LANCET 28 GAUGE (lancets)	Tier 2	
UNISTIK 3 EXTRA LANCET 21 GAUGE (lancets)	Tier 2	

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

Drug	Status	Notes
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	Tier 4	PA; SP
WAINUA SUBCUTANEOUS AUTO- INJECTOR 45 MG/0.8 ML	Tier 4	PA; SP
Anaphylaxis Therapy Agents		
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Auvi-Q)	Tier 1	QL (4 EA per 1 FILL)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	Tier 1	QL (4 EA per 1 FILL)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML	Tier 2	QL (4 EA per 1 FILL)
SYMJEPI INJECTION SYRINGE 0.3 (epinephrine) MG/0.3 ML	Tier 2	QL (4 EA per 1 FILL)
Genetic D/O Tx-Exon Inclusion Antisense Oligonucle		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	Tier 4	SP
Miscellaneous Agents		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML	Tier 3	
Parasympathetic Agents		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
<i>cevimeline oral capsule 30 mg</i> (Evoxac)	Tier 1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	Tier 1	
Pharmacological Chaperone-Alpha-Galactosid.A Stabz		
GALAFOLD ORAL CAPSULE 123 MG	Tier 4	PA; SP
Pku Treatment Agents - Phenylalanine Ammonia Lyase		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	Tier 4	PA; SP
Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase		
JAVYGTOR ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin)	Tier 4	SP
JAVYGTOR ORAL TABLET,SOLUBLE 100 MG (sapropterin)	Tier 4	SP
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin)	Tier 4	SP
KUVAN ORAL TABLET,SOLUBLE 100 MG (sapropterin)	Tier 4	SP
<i>sapropterin oral powder in packet 100 mg, 500 mg</i> (Javygtor)	Tier 4	SP
<i>sapropterin oral tablet,soluble 100 mg</i> (Javygtor)	Tier 4	SP
Systemic Enzyme Inhibitors		

Drug	Status	Notes
JOENJA ORAL TABLET 70 MG	Tier 4	PA; SP
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	Tier 4	PA; SP
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Tier 4	PA; SP
Thyroid Hormone Receptor (Thr) Agonist		
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	Tier 4	PA; SP
Topical Anticholinergic Hyperhidrosis Tx Agents		
QBREXZA TOPICAL TOWELETTE 2.4 %	Tier 2	PA
Neoplastic Disease		
Alkylating Agents		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 4	SP
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	Tier 4	SP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine)	Tier 4	PA; SP
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	Tier 1	
LEUKERAN ORAL TABLET 2 MG	Tier 4	SP
<i>melfalan oral tablet 2 mg</i> (Alkeran)	Tier 1	
MYLERAN ORAL TABLET 2 MG	Tier 4	SP
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 4	PA; SP
Antiandrogenic Agents		
<i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga)	Tier 4	PA; SP
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	Tier 1	
ERLEADA ORAL TABLET 240 MG, 60 MG	Tier 4	PA; SP
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	Tier 4	SP; QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG	Tier 4	PA; SP
XTANDI ORAL CAPSULE 40 MG	Tier 4	PA; SP
XTANDI ORAL TABLET 40 MG, 80 MG	Tier 4	PA; SP
YONSA ORAL TABLET 125 MG	Tier 4	PA; SP
Antibiotic Antineoplastics		
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2	Tier 4	PA; SP
Antimetabolites		
<i>capecitabine oral tablet 150 mg, 500 mg</i> (Xeloda)	Tier 4	PA; SP
INQOVI ORAL TABLET 35-100 MG	Tier 4	PA; SP

Drug	Status	Notes
JYLAMVO ORAL SOLUTION 2 MG/ML	Tier 3	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 4	PA; SP
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Tier 1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	
ONUREG ORAL TABLET 200 MG, 300 MG	Tier 4	PA; SP
PURIXAN ORAL SUSPENSION 20 MG/ML	Tier 4	ST; SP; ST: Requires prior prescription for Mercaptopurine within the past 120 days
TABLOID ORAL TABLET 40 MG (thioguanine)	Tier 4	SP
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 2	
XATMEP ORAL SOLUTION 2.5 MG/ML	Tier 3	ST; ST: Requires prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, or Trexall within the past 120 days if 12 years of age and older; QL (120 ML per 60 days)
Antineoplastic Aromatase Inhibitors		
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>exemestane oral tablet 25 mg</i> (Aromasin)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>letrozole oral tablet 2.5 mg</i> (Femara)	Tier 1	
Antineoplastic - Braf Kinase Inhibitors		
BRAFTOVI ORAL CAPSULE 75 MG	Tier 4	PA; SP
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 4	PA; SP
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	Tier 4	PA; SP
ZELBORAF ORAL TABLET 240 MG	Tier 4	PA; SP
Antineoplastic - Hedgehog Pathway Inhibitor		
DAURISMO ORAL TABLET 100 MG, 25 MG	Tier 4	PA; SP
ERIVEDGE ORAL CAPSULE 150 MG	Tier 4	PA; SP

Drug	Status	Notes
ODOMZO ORAL CAPSULE 200 MG	Tier 4	PA; SP
Antineoplastic - Janus Kinase (Jak) Inhibitors		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 4	PA; SP
Antineoplastic - Kras Protein Inhibitor		
KRAZATI ORAL TABLET 200 MG	Tier 4	PA; SP
LUMAKRAS ORAL TABLET 120 MG, 320 MG	Tier 4	PA; SP
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors		
COTELLIC ORAL TABLET 20 MG	Tier 4	PA; SP
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 4	PA; SP
MEKINIST ORAL RECON SOLN 0.05 MG/ML	Tier 4	PA; SP
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 4	PA; SP
MEKTOVI ORAL TABLET 15 MG	Tier 4	PA; SP
Antineoplastic - Mtor Kinase Inhibitors		
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i> (Afinitor)	Tier 4	PA; SP
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	Tier 4	PA; SP
Antineoplastic - Protein Methyltransferase Inhibit		
TAZVERIK ORAL TABLET 200 MG	Tier 4	PA; SP
Antineoplastic - Topoisomerase I Inhibitors		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 4	SP
Antineoplastic Comb - Kinase And Aromatase Inhibit		
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	Tier 4	PA; SP
Antineoplastic Immunomodulator Agents		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	Tier 4	PA; SP
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 4	PA; SP
Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs		
ORGOVYX ORAL TABLET 120 MG	Tier 4	PA; SP
Antineoplastic Systemic Enzyme Inhibitors		

Drug	Status	Notes
ALECENSA ORAL CAPSULE 150 MG	Tier 4	PA; SP
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 4	PA; SP
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	Tier 4	PA; SP
AUGTYRO ORAL CAPSULE 40 MG	Tier 4	PA; SP
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Tier 4	PA; SP
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 4	PA; SP
BOSULIF ORAL CAPSULE 100 MG, 50 MG	Tier 4	PA; SP
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Tier 4	PA; SP
BRUKINSA ORAL CAPSULE 80 MG	Tier 4	PA; SP
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 4	PA; SP
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	Tier 4	PA; SP
CAPRELSA ORAL TABLET 100 MG, 300 MG (vandetanib)	Tier 4	PA; SP
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	Tier 4	PA; SP
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 4	PA; SP
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i> (Tarceva)	Tier 4	PA; SP
EXKIVITY ORAL CAPSULE 40 MG	Tier 4	PA; SP
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Tier 4	PA; SP
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	Tier 4	SP
GAVRETO ORAL CAPSULE 100 MG	Tier 4	PA; SP
<i>gefitinib oral tablet 250 mg</i> (Iressa)	Tier 4	PA; SP
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 4	PA; SP
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 4	PA; SP
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 4	PA; SP
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Tier 4	PA; SP
<i>imatinib oral tablet 100 mg, 400 mg</i> (Gleevec)	Tier 4	PA; SP
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 4	PA; SP

Drug	Status	Notes
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 4	PA; SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Tier 4	PA; SP
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 4	PA; SP
INREBIC ORAL CAPSULE 100 MG	Tier 4	PA; SP
IWILFIN ORAL TABLET 192 MG	Tier 4	PA; SP
JAYPIRCA ORAL TABLET 100 MG, 50 MG	Tier 4	PA; SP
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	Tier 4	PA; SP
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	Tier 4	PA; SP
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	Tier 4	PA; SP
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 4	PA; SP
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 4	PA; SP
LYTGOBI ORAL TABLET 4 MG	Tier 4	PA; SP
NERLYNX ORAL TABLET 40 MG	Tier 4	PA; SP
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 4	PA; SP
OGSIVEO ORAL TABLET 50 MG	Tier 4	PA; SP
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Tier 4	PA; SP
<i>pazopanib oral tablet 200 mg</i> (Votrient)	Tier 4	PA; SP
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 4	PA; SP
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	Tier 4	PA; SP
QINLOCK ORAL TABLET 50 MG	Tier 4	PA; SP
RETEVMO ORAL CAPSULE 40 MG, 80 MG	Tier 4	PA; SP
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 4	PA; SP
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	Tier 4	PA; SP
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 4	PA; SP
RYDAPT ORAL CAPSULE 25 MG	Tier 4	PA; SP

Drug	Status	Notes
SCEMBLIX ORAL TABLET 20 MG, 40 MG	Tier 4	PA; SP
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	Tier 4	PA; SP
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Tier 4	PA; SP
STIVARGA ORAL TABLET 40 MG	Tier 4	PA; SP
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	Tier 4	PA; SP
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 4	PA; SP
TAGRISSEO ORAL TABLET 40 MG, 80 MG	Tier 4	PA; SP
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 4	PA; SP
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 4	PA; SP
TEPMETKO ORAL TABLET 225 MG	Tier 4	PA; SP
TRUQAP ORAL TABLET 160 MG, 200 MG	Tier 4	PA; SP
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 4	PA; SP
TURALIO ORAL CAPSULE 125 MG	Tier 4	PA; SP
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Tier 4	PA; SP
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 4	PA; SP
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 4	PA; SP
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 4	PA; SP
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 4	PA; SP
VONJO ORAL CAPSULE 100 MG	Tier 4	PA; SP
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 4	PA; SP
XALKORI ORAL PELLETT 150 MG, 20 MG, 50 MG	Tier 4	PA; SP
XOSPATA ORAL TABLET 40 MG	Tier 4	PA; SP
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 4	PA; SP
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 4	PA; SP
ZYKADIA ORAL TABLET 150 MG	Tier 4	PA; SP
Antineoplastic, Histone Deacetylase Inhibitors, Hdis		
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	Tier 4	PA; SP

Drug	Status	Notes
ZOLINZA ORAL CAPSULE 100 MG	Tier 4	SP
Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 4	PA; SP
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	Tier 4	PA; SP
Antineoplastic-Enzyme Inhib, Antiandrogen Comb.		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 4	PA; SP
Antineoplastic-Hypoxia Inducible Factor (Hif) Inh		
WELIREG ORAL TABLET 40 MG	Tier 4	PA; SP
Antineoplastic-Isocitrate Dehydrogenase Inhibitors		
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 4	PA; SP
REZLIDHIA ORAL CAPSULE 150 MG	Tier 4	PA; SP
TIBSOVO ORAL TABLET 250 MG	Tier 4	PA; SP
Antineoplastics,Miscellaneous		
<i>etoposide oral capsule 50 mg</i>	Tier 1	
LYSODREN ORAL TABLET 500 MG	Tier 4	SP
MATULANE ORAL CAPSULE 50 MG	Tier 4	SP
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	Tier 4	SP
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 4	SP
Antineoplastic-Select Inhib Of Nuclear Exp (Sine)		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	Tier 4	PA; SP
Chemotherapy Rescue/Antidote Agents		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 1	
MESNEX ORAL TABLET 400 MG	Tier 3	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	Tier 4	SP; QL (24 EA per 14 days)
Intrapleural Sclerosing Agents, Antineoplast. Adj.		

Drug	Status	Notes
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM	Tier 3	
<i>sterile talc intrapleural suspension for reconstitution 5 gram</i>	Tier 1	
STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM	Tier 3	
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM	Tier 3	
Photoactivated, Antineopls. & Premalignant Lesions		
AMELUZ TOPICAL GEL 10 %	Tier 3	
LEVULAN TOPICAL SOLUTION 20 %	Tier 3	
Radioactive Therapeutic Agents		
HICON ORAL KIT 1,000 MCI/ML (1 ML), 250 MCI/0.25 ML, 500 MCI/0.5 ML	Tier 3	
<i>sodium iodide-123 oral capsule 3.7 mbq (100 microci), 7.4 mbq (200 microci)</i>	Tier 1	
<i>sodium iodide-131 oral capsule 3.7 mbq (100 microci)</i>	Tier 1	
Selective Estrogen Receptor Modulators (Serm)		
ORSERDU ORAL TABLET 345 MG, 86 MG	Tier 4	PA; SP
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	Tier 2	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>toremifene oral tablet 60 mg</i> (Fareston)	Tier 4	PA; SP
Selective Retinoid X Receptor Agonists (Rxr)		
<i>bexarotene oral capsule 75 mg</i> (Targretin)	Tier 4	PA; SP
Steroid Antineoplastics		
EMCYT ORAL CAPSULE 140 MG	Tier 4	SP
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 1	
Neurological Disease - Miscellaneous		
Agents To Treat Multiple Sclerosis		
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML	Tier 4	PA; SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	Tier 4	PA; SP
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML	Tier 4	PA; SP
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	Tier 4	PA; SP

Drug	Status	Notes
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG	Tier 4	PA; SP
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 4	PA; SP
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG (interferon beta-1b)	Tier 4	PA; SP
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML (glatiramer)	Tier 4	PA; SP
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i> (Tecfidera)	Tier 1	PA
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	Tier 4	PA; SP
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG (interferon beta-1b)	Tier 4	PA; SP
<i> fingolimod oral capsule 0.5 mg</i> (Gilenya)	Tier 4	PA; SP
GILENYA ORAL CAPSULE 0.25 MG	Tier 4	PA; SP
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i> (Copaxone)	Tier 4	PA; SP
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML (glatiramer)	Tier 4	PA; SP
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	Tier 4	PA; SP
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA; SP
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA; SP
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA; SP
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA; SP
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA; SP
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA; SP
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA; SP
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	Tier 4	PA; SP
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	Tier 4	PA; SP
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	Tier 4	PA; SP
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	Tier 4	PA; SP

Drug	Status	Notes
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 4	PA; SP
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 4	PA; SP
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	Tier 4	PA; SP
PONVORY ORAL TABLET 20 MG	Tier 4	PA; SP
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	Tier 4	PA; SP
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 4	PA; SP
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 4	PA; SP
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG	Tier 4	PA; SP
<i>teriflunomide oral tablet 14 mg, 7 mg</i> (Aubagio)	Tier 4	PA; SP
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	Tier 4	PA; SP
Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	Tier 4	PA; SP
FIRDAPSE ORAL TABLET 10 MG	Tier 4	PA; SP
Amyotrophic Lateral Sclerosis Agents		
EXSERVAN ORAL FILM 50 MG	Tier 4	PA; SP
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	Tier 4	SP
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	Tier 4	SP
RELYVRIO ORAL POWDER IN PACKET 3-1 GRAM	Tier 4	PA; SP
<i>riluzole oral tablet 50 mg</i> (Rilutek)	Tier 1	
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 4	PA; SP
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 4	PA; SP
Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib		

Drug	Status	Notes
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 3	ST; ST: At least 2 prior prescriptions for Amitriptyline HCL, Cyclobenzaprine HCL, Duloxetine HCL, Gabapentin, or Pregabalin within the past 365 days; QL (2 EA per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	Tier 3	ST; ST: At least 2 prior prescriptions for Amitriptyline HCL, Cyclobenzaprine HCL, Duloxetine HCL, Gabapentin, or Pregabalin within the past 365 days; QL (2 EA per 1 day)
Glypromate (Gpe) Analogs		
DAYBUE ORAL SOLUTION 200 MG/ML	Tier 4	PA; SP
Movement Disorders(Drug Therapy)		
AUSTEDO 12MG START TITR(WK1-4) ORAL TABLETS,DOSE PACK 6MG(28)-9MG(28) -12 MG (14)	Tier 4	PA; SP
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Tier 4	PA; SP
AUSTEDO TD TITRATN PK (WK 1-2) ORAL TABLETS,DOSE PACK 6 MG (14)- 9 MG (14)	Tier 4	PA; SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG	Tier 4	PA; SP
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	Tier 4	PA; SP
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	Tier 4	PA; SP
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Tier 4	PA; SP
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	Tier 4	PA; SP
Nuclear Factor Erythroid 2-Rel. Factor 2 Activator		
SKYCLARYS ORAL CAPSULE 50 MG	Tier 4	PA; SP
Pseudobulbar Affect (Pba) Agents, Nmda Antagonists		
NUDEXTA ORAL CAPSULE 20-10 MG	Tier 3	PA
Sphingosine 1-Phosphate (S1p) Receptor Modulator		
VELSIPITY ORAL TABLET 2 MG	Tier 4	PA; SP

Drug	Status	Notes
ZEPOSIA ORAL CAPSULE 0.92 MG	Tier 4	PA; SP
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	Tier 4	PA; SP
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	Tier 4	PA; SP
Oral/Pharyngeal Disorders		
Dental Aids And Preparations		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Periogard)	Tier 1	
ORALONE DENTAL PASTE 0.1 % (triamcinolone acetonide)	Tier 1	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 % (chlorhexidine gluconate)	Tier 1	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Oralone)	Tier 1	
Nose Preparations, Miscellaneous (Rx)		
<i>cocaine nasal solution 4 %</i> (Goprelto)	Tier 1	
<i>ipratropium bromide nasal spray,non- aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	Tier 1	
NUMBRINO NASAL SOLUTION 4 % (cocaine)	Tier 1	
Periodontal Collagenase Inhibitors		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	
Other Drugs		
Abortifacient,Progesterone Receptor Antagonist-Typ		
MIFEPREX ORAL TABLET 200 MG (mifepristone)	Tier 3	
<i>mifepristone oral tablet 200 mg</i> (Mifeprex)	Tier 1	
Agents For Stomatological Use		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	Tier 3	
DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 %	Tier 3	
Appetite Stim. For Anorexia,Cachexia,Wasting Synd.		
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	Tier 1	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	Tier 1	ST; ST: Requires prior prescription for Megestrol Acetate 40MG/ML suspension within the past 120 days
Blood Collection Set With Local Anesthetics		

Drug	Status	Notes
CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 %	Tier 3	
LIDO BDK KIT 21 GAUGE X 1"- 2.5 %-2.5 %	Tier 3	
Bulk Chemicals		
TRI-CHLOR TOPICAL SOLUTION 80 %	Tier 3	
Cardioplegic Solutions		
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 4:1 RINGER PERFUSION SOLUTION 48 MEQ/522.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM), 36 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA INDUCTION 8:1 PERFUSION SOLUTION 100 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAIN 8:1 NO-ENRCH PERFUSION SOLUTION 24 MEQ/300 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINT 4:1 PLASMA PERFUSION SOLUTION 30 MEQ/1,047 ML (POTASSIUM)	Tier 3	
CARDIOPLEGIA MAINT 4:1 RINGER PERFUSION SOLUTION 12 MEQ/504.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM), 36 MEQ/L (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINTENANCE 8:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM)	Tier 1	

Drug	Status	Notes
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/500 ML (POTASSIUM), 7.5 MEQ/238.75 ML (POTASSIUM)	Tier 3	
CARDIOPLEGIA WARM INDUCT 4:1 PERFUSION SOLUTION 40 MEQ/500 ML (POTASSIUM)	Tier 3	
<i>cardioplegic no.17(induct 4:1) perfusion solution 50 meq/500 ml (potassium)</i>	Tier 1	
<i>cardioplegic no.19 (maint 4:1) perfusion solution 40 meq/l (potassium)</i>	Tier 1	
<i>cardioplegic soln perfusion solution 16 (Plegisol) meq/l (= k+)</i>	Tier 1	
<i>cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)</i>	Tier 1	
CUSTODIOL HTK PERFUSION SOLUTION 9 MMOL-198 MMOL -2 MMOL/L	Tier 3	
<i>microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)</i>	Tier 1	
<i>microplegic solution no.1-cp2d perfusion solution 7.84 %-8.56 % (0.92 molar)</i>	Tier 1	
Cholinesterase Reactivat.&Muscarinic Antg.Antidote		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML	Tier 3	
Cholinesterase Reactivating,Organophos. Antidotes		
<i>pralidoxime intramuscular pen injector 600 mg/2 ml</i>	Tier 3	
Condoms		
AIMSCO LATEX CONDOM DEVICE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX AVANTI BARE REAL FEEL	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
FANTASY CONDOM DEVICE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
FC2 FEMALE CONDOM	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO CONDOMS(NON- LUBRICATED) DEVICE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO LUBRICATED CONDOMS DEVICE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO MICROTHIN AQUA LUBE CON DEVICE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO MICROTHIN CONDOMS DEVICE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO MICROTHIN LARGE CONDOMS DEVICE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60

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

Drug	Status	Notes
INDICAID COVID-19 AG HOME TEST KIT	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
INTELISWAB COVID-19 HOME TEST KIT	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
LUCIRA CHECK-IT COVID HOME TST KIT	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
OHC COVID-19 ANTIGEN HOME TEST KIT	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
ON-GO COVID-19 AG AT HOME TEST KIT	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
PILOT COVID-19 AT-HOME TEST KIT	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
QUICKVUE AT-HOME COVID-19 TEST KIT	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
RAPID SARS-COV-2 AG HOME TEST KIT	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
SPEEDYSWAB COVID-19 HOME TEST KIT	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
Diluent Solutions		
DILUENT FOR ROTARIX ORAL SYRINGE	Tier 3	
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION	Tier 3	
STERILE HYDROGEL FOR JELMYTO INTRA-PYELOCALYCEAL SOLUTION	Tier 3	
Drugs To Treat Hereditary Tyrosinemia		
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin)	Tier 4	PA; SP
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 4	PA; SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (nitisinone)	Tier 4	PA; SP
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 4	PA; SP
Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing		
CERDELGA ORAL CAPSULE 84 MG	Tier 4	SP
<i>miglustat oral capsule 100 mg</i> (Yargesa)	Tier 4	PA; SP
OPFOLDA ORAL CAPSULE 65 MG	Tier 4	PA; SP
YARGESA ORAL CAPSULE 100 MG (miglustat)	Tier 4	PA; SP
Environment Allergens And Irritants, Other		
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH, MEDICATED	Tier 3	
General Anesthetics - Benzodiazepine, Injectable		
<i>midazolam (pf) injection solution 5 mg/ml</i>	Tier 1	
<i>midazolam injection solution 5 mg/ml</i>	Tier 1	

Drug	Status	Notes
General Anesthetics, Inhalant		
<i>desflurane inhalation liquid 100 %</i> (Suprane)	Tier 1	
<i>isoflurane inhalation liquid 99.9 %</i> (Terrell)	Tier 1	
<i>sevoflurane inhalation liquid</i> (Ultane)	Tier 1	
TERRELL INHALATION LIQUID 99.9 % (isoflurane)	Tier 1	
General Inhalation Agents		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	Tier 3	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % (sodium chloride)	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	Tier 3	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %</i>	Tier 1	
<i>sodium chloride inhalation solution for nebulization 3 %</i> (NebuSal)	Tier 1	
Intra-Uterine Devices (IUD's)		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG	\$0	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HRS (8 YRS) 52 MG	\$0	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24 HOURS (8 YRS) 52 MG	\$0	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	\$0	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG	\$0	
Metabolic Deficiency Agents		
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	Tier 4	PA; SP
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	Tier 1	
<i>levocarnitine oral solution 100 mg/ml</i> (Carnitor (sugar-free))	Tier 1	
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	Tier 1	
Metabolic Disease Enzyme Replace, Hypophosphatasia		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	Tier 4	PA; SP
Metabolic Dx Enzyme Replacemt, Sev. Comb. Immune Def.		
REVCIVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	Tier 4	PA; SP

Drug	Status	Notes
Metallic Poison, Agents To Treat		
CHEMET ORAL CAPSULE 100 MG	Tier 3	
CUVRIOR ORAL TABLET 300 MG	Tier 4	PA; SP
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	Tier 4	PA; SP
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)	Tier 4	PA; SP
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> (Exjade)	Tier 4	PA; SP
<i>deferiprone oral tablet 1,000 mg, 500 mg</i> (Ferriprox)	Tier 4	PA; SP
<i>deferoxamine injection recon soln 2 gram</i>	Tier 1	PA
<i>deferoxamine injection recon soln 500 mg</i> (Desferal)	Tier 1	PA
FERRIPROX ORAL SOLUTION 100 MG/ML	Tier 4	PA; SP
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	Tier 3	
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	Tier 3	
<i>trientine oral capsule 250 mg</i> (Syprine)	Tier 4	PA; SP
<i>trientine oral capsule 500 mg</i>	Tier 4	PA; SP
WILZIN ORAL CAPSULE 25 MG (ZINC)	Tier 3	
Muscarinic Receptor Antagonists		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML	Tier 3	
Needles/Needleless Devices		
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 2	
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 2	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	Tier 2	
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic)	Tier 2	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 2	
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2" (pen needle, diabetic)	Tier 2	
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 2	
Oral Lipid Supplements		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	Tier 4	PA; SP
Oral Mucositis/Stomatitis Agents		

Drug	Status	Notes
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	Tier 3	
Saliva Stimulant Agents		
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM	Tier 3	
Saliva Substitute Agents		
NUMOISYN MUCOUS MEMBRANE LIQUID	Tier 3	
Skin Tissue Replacement		
APLIGRAF TOPICAL DISK	Tier 3	
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 7 X 7 CM	Tier 3	
GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	Tier 3	
GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	Tier 3	
GRAFIX XC TOPICAL SHEET 7.5 X 15 CM	Tier 3	
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM	Tier 3	
TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM	Tier 3	
Somatostatic Agents		
MYCAPSSA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG	Tier 4	PA; SP
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	Tier 4	SP
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> (Sandostatin)	Tier 4	SP
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 4	SP
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	Tier 4	PA; SP
Tissue/Wound Adhesives		
ARTISS TOPICAL SYRINGE 2.5 TO 6.5 UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2 ML), 2.5 TO 6.5 UNIT/ML (4 ML)	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML	Tier 3	
Urine Acetone Test Aids		

Drug	Status	Notes
KETONE CARE STRIP	Tier 2	
KETONE URINE TEST STRIP	Tier 2	
KETOSTIX STRIP	Tier 2	
TRUEPLUS KETONE STRIP	Tier 2	
Wound Healing Agents, Local		
FILSUVEZ TOPICAL GEL 10 %	Tier 4	PA; SP
Other Respiratory Disorders		
Antifibrotic Therapy - Pyridone Analogs		
<i>pirfenidone oral capsule 267 mg</i> (Esbriet)	Tier 4	PA; SP
<i>pirfenidone oral tablet 267 mg, 801 mg</i> (Esbriet)	Tier 4	PA; SP
<i>pirfenidone oral tablet 534 mg</i>	Tier 4	PA; SP
Cystic Fib. Transmemb Conduct. Reg. (Cftr) Potentiator		
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	Tier 4	PA; SP
KALYDECO ORAL TABLET 150 MG	Tier 4	PA; SP
Cystic Fibrosis-Cftr Potentiator & Corrector Comb.		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	Tier 4	PA; SP
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 4	PA; SP
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	Tier 4	PA; SP
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	Tier 4	PA; SP
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	Tier 4	PA; SP
Lung Surfactants		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML	Tier 3	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML	Tier 3	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML	Tier 3	
Mucolytics		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 4	PA; SP

Drug	Status	Notes
Pulmonary Fibrosis - Systemic Enzyme Inhibitors		
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 4	PA; SP
Pain Management - Analgesics		
Analgesic, Non-Salicylate & Barbiturate Comb.		
<i>butalbital-acetaminophen oral tablet 50-300 mg</i> (Bupap)	Tier 1	ST; ST: Requires prior prescription for generic Butalbital/acetaminophen 50mg-325mg combination product within the past 120 days; QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i> (Tencon)	Tier 1	
TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)	Tier 1	
Analgesic, Salicylate, Barbiturate, & Xanthine Cmb		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 1	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	Tier 1	
Analgesic, Non-Salicylate, Barbiturate, & Xanthine Cmb		
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i> (Fioricet)	Tier 1	
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i> (Esgic)	Tier 1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic)	Tier 1	
FIORICET ORAL CAPSULE 50-300-40 MG (butalbital-acetaminophen-caff)	Tier 1	
Analgesic/Antipyretics, Salicylates		
<i>aspirin oral tablet 325 mg</i> (Bayer Aspirin)	\$0	
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i> (Aspir-Trin)	\$0	
ASPIR-TRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)	\$0	
BAYER ASPIRIN ORAL TABLET 325 MG (aspirin)	\$0	
BAYER ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)	\$0	
<i>choline, magnesium salicylate oral liquid 500 mg/5 ml</i>	Tier 1	
<i>diflunisal oral tablet 500 mg</i>	Tier 1	
ECOTRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)	\$0	

Drug	Status	Notes
salsalate oral tablet 500 mg, 750 mg (Disalcid)	Tier 1	
Analgesics, Narcotic Agonist And Nsaid Combination		
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	Tier 1	
Analgesics,Narcotics		
buprenorphine hcl injection solution 0.3 mg/ml	Tier 1	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
buprenorphine hcl injection syringe 0.3 mg/ml	Tier 1	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
buprenorphine transdermal patch weekly (Butrans) 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	Tier 1	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
butorphanol injection solution 1 mg/ml, 2 mg/ml	Tier 1	
butorphanol nasal spray,non-aerosol 10 mg/ml	Tier 1	
codeine sulfate oral tablet 15 mg, 30 mg	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
codeine sulfate oral tablet 60 mg	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML	Tier 3	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML	Tier 3	
DILAUDID (PF) INJECTION SYRINGE 1 (hydromorphone (pf)) MG/ML, 2 MG/ML, 4 MG/ML	Tier 3	
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	Tier 1	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 1	PA; ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	Tier 1	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg (Hysingla ER)	Tier 1	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)

Drug	Status	Notes
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	Tier 1	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	Tier 1	
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	Tier 1	PA; ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>hydromorphone rectal suppository 3 mg</i>	Tier 1	
HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT. REL. 24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 80 MG (hydrocodone bitartrate)	Tier 3	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>levorphanol tartrate oral tablet 2 mg</i>	Tier 1	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	Tier 1	
<i>meperidine oral solution 50 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day)
<i>meperidine oral tablet 50 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>methadone injection solution 10 mg/ml</i>	Tier 1	QL (4 ML per 1 day)
METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML (methadone)	Tier 1	QL (4 ML per 1 day)
<i>methadone oral concentrate 10 mg/ml</i> (Methadone Intensol)	Tier 1	QL (4 ML per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	Tier 1	QL (20 ML per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	Tier 1	QL (40 ML per 1 day)
<i>methadone oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>methadone oral tablet 5 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>methadone oral tablet, soluble 40 mg</i> (Methadose)	Tier 1	QL (1 EA per 1 day)
METHADOSE ORAL TABLET, SOLUBLE 40 MG (methadone)	Tier 1	QL (1 EA per 1 day)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Tier 1	PA
<i>morphine intramuscular pen injector 10 mg/0.7 ml</i>	Tier 1	
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	Tier 1	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	Tier 1	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)

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

Drug	Status	Notes
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG (oxycodone)	Tier 2	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i>	Tier 1	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	Tier 1	
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG, 5 MG	Tier 3	
<i>tramadol oral solution 5 mg/ml</i> (Qdolo)	Tier 1	PA
<i>tramadol oral tablet 50 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 100 mg</i>	Tier 1	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 200 mg, 300 mg</i>	Tier 1	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg</i>	Tier 1	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg</i>	Tier 1	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	Tier 3	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)

Drug	Status	Notes
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG	Tier 3	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	Tier 3	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day)
Antimigraine Preparations		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 2	PA
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	Tier 3	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	Tier 3	PA
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 1	ST; ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	Tier 1	QL (15 ML per 14 days)
<i>dihydroergotamine nasal spray,non- aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	Tier 1	ST; ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (8 ML per 28 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i> (Relpax)	Tier 1	ST; ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)	Tier 3	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	Tier 2	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 2	PA
ERGOMAR SUBLINGUAL TABLET 2 MG	Tier 3	QL (10 EA per 7 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 1	QL (10 EA per 7 days)

Drug	Status	Notes
<i>frovatriptan oral tablet 2.5 mg</i> (Frova)	Tier 1	ST; ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	Tier 1	QL (18 EA per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	Tier 2	PA
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	Tier 2	PA
REYVOW ORAL TABLET 100 MG, 50 MG	Tier 2	PA
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	Tier 1	QL (18 EA per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT)	Tier 1	QL (18 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	Tier 1	QL (6 EA per 15 days)
<i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)	Tier 1	QL (9 EA per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)	Tier 1	QL (3 EA per 5 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	Tier 1	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	Tier 1	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	Tier 1	QL (5 ML per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	Tier 1	QL (4 ML per 28 days)
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	Tier 3	ST; ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 ML per 28 days); Age (Min 18 Years)
UBRELVY ORAL TABLET 100 MG, 50 MG	Tier 2	PA
ZAVZPRET NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	Tier 3	PA
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i> (Zomig)	Tier 1	ST; ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (6 EA per 15 days)

Drug	Status	Notes
zolmitriptan oral tablet 2.5 mg, 5 mg (Zomig)	Tier 1	ST; ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg	Tier 1	ST; ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG (zolmitriptan)	Tier 1	ST; ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
Calcitonin Gene-Related Peptide (Cgrp) Inhibitors		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	Tier 2	PA
Narc. & Non-Sal. Analgesic, Barbiturate & Xanthine Cmb		
butalbital-acetaminop-caff-cod oral capsule 50-300-40-30 mg (Fioricet with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
butalbital-acetaminop-caff-cod oral capsule 50-325-40-30 mg	Tier 1	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-bitalbital-asa-caff)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
BUTALBITAL COMPOUND W/CODEINE ORAL CAPSULE 30-50-325-40 MG (codeine-bitalbital-asa-caff)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
codeine-bitalbital-asa-caff oral capsule 30-50-325-40 mg (Ascomp with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic Analgesic & Non-Salicylate Analgesic Comb		
acetaminophen-codeine oral solution 120-12 mg/5 ml	Tier 1	QL (150 ML per 1 day); Age (Min 12 Years)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
acetaminophen-codeine oral tablet 300-60 mg	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg (Apadaz)	Tier 1	ST; ST: Requires prior prescription for Hydrocodone/acetaminophen tablets within the past 120 days; QL (12 EA per 1 day)

Drug	Status	Notes
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (oxycodone-acetaminophen)	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Tier 1	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Tier 1	QL (13 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	Tier 1	QL (61 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> (Endocet)	Tier 1	QL (12 EA per 1 day)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (oxycodone-acetaminophen)	Tier 1	QL (12 EA per 1 day)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
Narcotic Withdrawal Therapy Agents		
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML	Tier 4	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.36 ML per 21 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 16 MG/0.32 ML	Tier 4	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.32 ML per 5 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 24 MG/0.48 ML	Tier 4	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.48 ML per 5 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 32 MG/0.64 ML	Tier 4	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.64 ML per 5 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 64 MG/0.18 ML	Tier 4	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.18 ML per 21 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 8 MG/0.16 ML	Tier 4	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.16 ML per 5 days)

Drug	Status	Notes
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 96 MG/0.27 ML	Tier 4	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.27 ML per 21 days)
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>buprenorphine-naloxone sublingual film 12-3 mg, 8-2 mg</i> (Suboxone)	Tier 3	QL (2 EA per 1 day)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg</i> (Suboxone)	Tier 3	QL (1 EA per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	Tier 1	QL (3 EA per 1 day)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	Tier 4	PA
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	Tier 2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	Tier 2	QL (2 EA per 1 day)
Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist		
LUCEMYRA ORAL TABLET 0.18 MG	Tier 3	PA
Skeletal Muscle Relaxant,Salicylate,Narc Analgesic		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
Parkinsons Disease		
Antiparkinsonism Drugs,Anticholinergic		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 1	
Antiparkinsonism Drugs,Other		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Tier 1	
<i>amantadine hcl oral tablet 100 mg</i>	Tier 1	
<i>apomorphine subcutaneous cartridge 10 mg/ml</i> (APOKYN)	Tier 4	PA; SP
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	Tier 1	
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	Tier 1	
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	Tier 1	
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	Tier 1	

Drug	Status	Notes
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	Tier 1	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	Tier 4	PA; SP
<i>entacapone oral tablet 200 mg</i>	Tier 1	
INBRIJA INHALATION CAPSULE 42 MG	Tier 4	PA; SP
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	Tier 4	PA; SP
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	Tier 2	ST; ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
NOURIANZ ORAL TABLET 20 MG, 40 MG	Tier 4	PA; SP
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Tier 3	PA
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 1	
<i>pramipexole oral tablet extended release (Mirapex ER) 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	Tier 1	ST; ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	Tier 1	QL (1 EA per 1 day)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 1	ST; ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; 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	Tier 3	ST; ST: Requires prior prescription for Carbidopa/levodopa within the past 120 days; QL (10 EA per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1	
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	
<i>tolcapone oral tablet 100 mg</i> (Tasmar)	Tier 1	ST; ST: Requires prior prescription for Entacapone within the past 120 days; QL (3 EA per 1 day)
XADAGO ORAL TABLET 100 MG, 50 MG	Tier 3	ST; ST: Requires prior prescription for Carbidopa/levodopa, Duopa, or Rytary within the past 120 days; QL (1 EA per 1 day)
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	Tier 3	ST; ST: Requires prior prescription for Selegiline capsules or tablets within the past 120 days; QL (2 EA per 1 day)
Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	Tier 1	
Seizure Disorder		
Anticonvulsant - Benzodiazepine Type		
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	Tier 1	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	Tier 1	QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Klonopin)	Tier 1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	Tier 1	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Tier 3	QL (10 EA per 30 days)
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	Tier 3	QL (10 EA per 30 days)
Anticonvulsant - Cannabinoid Type		
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 4	ST; SP; ST: At least 2 prior prescriptions for Clobazam, Lamotrigine, Levetiracetam, Topiramate, Valproic Acid (as Sodium Salt), or Valproic Acid within the past 365 days

Drug	Status	Notes
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG	Tier 3	ST; ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide within the past 365 days; QL (1 EA per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG	Tier 3	ST; ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide within the past 365 days; QL (2 EA per 1 day)
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 2	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 2	QL (2 EA per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	Tier 1	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	Tier 1	
<i>carbamazepine oral tablet 200 mg</i> (Epilex)	Tier 1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	Tier 1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	Tier 1	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	Tier 4	PA; SP
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	Tier 4	PA; SP
DILANTIN ORAL CAPSULE 30 MG	Tier 3	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	Tier 1	

Drug	Status	Notes
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	Tier 1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	Tier 1	
EPITOL ORAL TABLET 200 MG (carbamazepine)	Tier 1	
EPRONTIA ORAL SOLUTION 25 MG/ML	Tier 3	PA
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	Tier 1	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	Tier 1	
<i>felbamate oral suspension 600 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day)
<i>felbamate oral tablet 400 mg</i> (Felbatol)	Tier 1	QL (9 EA per 1 day)
<i>felbamate oral tablet 600 mg</i> (Felbatol)	Tier 1	QL (6 EA per 1 day)
FINTEPLA ORAL SOLUTION 2.2 MG/ML	Tier 4	PA; SP
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Tier 3	ST; ST: At least 3 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lacosamide, Lamictal XR, Lamotrigine. Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Vimpat, Zonisade, or Zonisamide within the past 365 days; QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	Tier 3	ST; ST: At least 3 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lacosamide, Lamictal XR, Lamotrigine. Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Vimpat, Zonisade, or Zonisamide within the past 365 days; QL (30 EA per 30 days)

Drug	Status	Notes
FYCOMPA ORAL TABLET 2 MG	Tier 3	ST; ST: At least 3 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lacosamide, Lamictal XR, Lamotrigine. Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Vimpat, Zonisade, or Zonisamide within the past 365 days; QL (120 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	Tier 3	ST; ST: At least 3 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lacosamide, Lamictal XR, Lamotrigine. Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Vimpat, Zonisade, or Zonisamide within the past 365 days; QL (60 EA per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	Tier 1	
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	Tier 1	
<i>gabapentin oral solution 300 mg/6 ml (6 ml)</i>	Tier 1	
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	Tier 1	
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	Tier 1	QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	Tier 1	QL (2 EA per 1 day)
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	Tier 3	ST; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	Tier 3	ST; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days

Drug	Status	Notes
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	Tier 3	ST; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)	Tier 1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)</i> (Lamictal ODT Starter (Blue))	Tier 1	ST; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter (Orange))	Tier 1	ST; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
<i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)</i> (Lamictal ODT Starter (Green))	Tier 1	ST; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
<i>lamotrigine oral tablet extended release 24hr 100 mg</i> (Lamictal XR)	Tier 1	ST; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (3 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg</i> (Lamictal XR)	Tier 1	ST; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (2 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr 25 mg, 50 mg</i> (Lamictal XR)	Tier 1	ST; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (6 EA per 1 day)
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	Tier 1	
<i>lamotrigine oral tablet, disintegrating 100 mg</i> (Lamictal ODT)	Tier 1	ST; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (3 EA per 1 day)
<i>lamotrigine oral tablet, disintegrating 200 mg</i> (Lamictal ODT)	Tier 1	ST; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (2 EA per 1 day)
<i>lamotrigine oral tablet, disintegrating 25 mg, 50 mg</i> (Lamictal ODT)	Tier 1	ST; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (6 EA per 1 day)
<i>lamotrigine oral tablets, dose pack 25 mg (35)</i> (Subvenite Starter (Blue) Kit)	Tier 1	

Drug	Status	Notes
<i>lamotrigine oral tablets,dose pack 25 mg (42) -100 mg (7)</i> (Subvenite Starter (Orange) Kit)	Tier 1	
<i>lamotrigine oral tablets,dose pack 25 mg (84) -100 mg (14)</i> (Subvenite Starter (Green) Kit)	Tier 1	
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	Tier 1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	Tier 1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	Tier 1	
<i>methsuximide oral capsule 300 mg</i> (Celontin)	Tier 1	
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	Tier 3	PA
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	Tier 1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	Tier 1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	Tier 3	ST; ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Valproic Acid, Zonisade, or Zonisamide within the past 365 days; QL (1 EA per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	Tier 3	ST; ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Valproic Acid, Zonisade, or Zonisamide within the past 365 days; QL (4 EA per 1 day)
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	Tier 1	
<i>phenytoin oral tablet,chewable 50 mg</i> (Dilantin Infatabs)	Tier 1	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	Tier 1	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	Tier 1	

Drug	Status	Notes
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> (Lyrica)	Tier 1	
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	Tier 1	
<i>primidone oral tablet 125 mg</i>	Tier 1	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	Tier 1	
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	Tier 1	ST; ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (80 ML per 1 day)
<i>rufinamide oral tablet 200 mg</i> (Banzel)	Tier 1	ST; ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (16 EA per 1 day)
<i>rufinamide oral tablet 400 mg</i> (Banzel)	Tier 1	ST; ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (8 EA per 1 day)
SABRIL ORAL TABLET 500 MG (vigabatrin)	Tier 4	PA; SP
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (lamotrigine)	Tier 3	
SUBVENITE STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35) (lamotrigine)	Tier 3	
SUBVENITE STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14) (lamotrigine)	Tier 3	
SUBVENITE STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7) (lamotrigine)	Tier 3	

Drug	Status	Notes
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>	Tier 1	ST; ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Valproic Acid, Zonisade, or Zonisamide within the past 365 days; QL (4 EA per 1 day)
<i>tiagabine oral tablet 16 mg</i>	Tier 1	ST; ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Valproic Acid, Zonisade, or Zonisamide within the past 365 days; QL (3 EA per 1 day)
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	Tier 1	
<i>topiramate oral capsule, extended release 24hr 100 mg, 200 mg</i> (Trokendi XR)	Tier 1	QL (2 EA per 1 day)
<i>topiramate oral capsule, extended release 24hr 25 mg</i> (Trokendi XR)	Tier 1	QL (8 EA per 1 day)
<i>topiramate oral capsule, extended release 24hr 50 mg</i> (Trokendi XR)	Tier 1	QL (4 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 25 mg, 50 mg</i> (Qudexy XR)	Tier 1	ST; ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (1 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr 150 mg, 200 mg</i> (Qudexy XR)	Tier 1	ST; ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (2 EA per 1 day)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	Tier 1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 1	
<i>valproic acid oral capsule 250 mg</i>	Tier 1	

Drug	Status	Notes
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	Tier 4	PA; SP
<i>vigabatrin oral tablet 500 mg</i> (Sabril)	Tier 4	PA; SP
VIGADRONE ORAL POWDER IN PACKET 500 MG (vigabatrin)	Tier 4	PA; SP
VIGADRONE ORAL TABLET 500 MG (vigabatrin)	Tier 4	PA; SP
VIGPODER ORAL POWDER IN PACKET 500 MG (vigabatrin)	Tier 4	PA; SP
VIMPAT ORAL TABLETS,DOSE PACK 50 MG (14)- 100 MG (14)	Tier 2	
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1)	Tier 2	ST; ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide wwithin the past 120 days; QL (2 EA per 1 day)
XCOPRI MAINTENANCE PACK ORAL TABLET 350 MG/DAY (200 MG X1-150MG X1)	Tier 2	ST; ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide wwithin the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG	Tier 2	ST; ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide wwithin the past 120 days; QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG	Tier 2	ST; ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide wwithin the past 120 days; QL (2 EA per 1 day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	Tier 2	ST; ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide wwithin the past 120 days; QL (1 EA per 1 day)
ZONISADE ORAL SUSPENSION 100 MG/5 ML	Tier 3	PA
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	Tier 1	
<i>zonisamide oral capsule 50 mg</i>	Tier 1	
Neuroactive Steroid Gaba-A Receptor Modulator		
ZTALMY ORAL SUSPENSION 50 MG/ML	Tier 4	PA; SP

Drug	Status	Notes
Skeletal Muscle Disorder		
Agents To Tx Periodic Paralysis - Carbon Anhyd Inh		
<i>dichlorphenamide oral tablet 50 mg</i> (Keveyis)	Tier 4	PA; SP
KEVEYIS ORAL TABLET 50 MG (dichlorphenamide)	Tier 4	PA; SP
Retinoic Acid Receptor (Rar) Agonists		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	Tier 4	PA; SP
Skeletal Muscle Relaxants		
<i>baclofen oral solution 10 mg/5 ml (2 mg/ml)</i> (Ozobax DS)	Tier 1	PA
<i>baclofen oral solution 5 mg/5 ml</i> (Ozobax)	Tier 1	PA
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i> (Fleqsuvy)	Tier 1	PA
<i>baclofen oral tablet 10 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>baclofen oral tablet 20 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>baclofen oral tablet 5 mg</i>	Tier 1	QL (16 EA per 1 day)
<i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)	Tier 1	QL (4 EA per 1 day)
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	Tier 1	
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>dantrolene oral capsule 100 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	Tier 1	QL (3 EA per 1 day)
<i>dantrolene oral capsule 50 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>metaxalone oral tablet 400 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>metaxalone oral tablet 800 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>methocarbamol oral tablet 500 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>methocarbamol oral tablet 750 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i> (Norgesic)	Tier 1	QL (8 EA per 1 day)
<i>tizanidine oral capsule 2 mg</i> (Zanaflex)	Tier 1	QL (18 EA per 1 day)
<i>tizanidine oral capsule 4 mg</i> (Zanaflex)	Tier 1	QL (9 EA per 1 day)
<i>tizanidine oral capsule 6 mg</i> (Zanaflex)	Tier 1	QL (6 EA per 1 day)
<i>tizanidine oral tablet 2 mg</i>	Tier 1	QL (18 EA per 1 day)
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	Tier 1	QL (9 EA per 1 day)
Smoking Cessation		
Smoking Deterrent Agents (Ganglionic Stim,Others)		

Drug	Status	Notes
<i>nicotine (polacrilex) buccal gum 2 mg</i> (Quit 2)	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal gum 4 mg</i> (Quit 4)	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal lozenge 2 mg</i> (Quit 2)	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal lozenge 4 mg</i> (Quit 4)	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i> (Nicorette)	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i> (Nicoderm CQ)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
NICOTROL INHALATION CARTRIDGE 10 MG	\$0	\$0 COPAY IF QUANTITY 168 IN 10 DAYS, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (168 EA per 10 days)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	\$0	\$0 COPAY IF QUANTITY 10 IN 2 DAYS, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (10 ML per 2 days)
QUIT 2 BUCCAL GUM 2 MG (nicotine (polacrilex))	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER

Drug	Status	Notes
QUIT 2 BUCCAL LOZENGE 2 MG (nicotine (polacrilex))	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL GUM 4 MG (nicotine (polacrilex))	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL LOZENGE 4 MG (nicotine (polacrilex))	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG (nicotine (polacrilex))	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
Smoking Deterrent-Nicotinic Recept.Partial Agonist		
<i>varenicline oral tablet 0.5 mg</i>	\$0	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
<i>varenicline oral tablet 1 mg</i> (Chantix)	\$0	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
<i>varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box)	\$0	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
Smoking Deterrents, Other		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	\$0	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
Upper Gastrointestinal Disorders - Digestive		
Gastric Enzymes		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Tier 4	PA; SP
Pancreatic Enzymes		

Drug	Status	Notes
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	Tier 2	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200-24,600 UNIT	Tier 3	
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	Tier 3	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300-78,300 UNIT	Tier 3	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	Tier 2	
Upper Gastrointestinal Disorders - Spastic Disease		
Anticholinergics/Antispasmodics		
<i>dicyclomine oral capsule 10 mg</i>	Tier 1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 1	
<i>dicyclomine oral tablet 20 mg</i>	Tier 1	
Belladonna Alkaloids		
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)	Tier 1	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i> (Hyosyne)	Tier 1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i> (Hyosyne)	Tier 1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i> (Oscimin)	Tier 1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i> (Levbid)	Tier 1	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i> (Ed-Spaz)	Tier 1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i> (Oscimin SL)	Tier 1	

Drug	Status	Notes
HYOSYNE ORAL DROPS 0.125 MG/ML (hyoscyamine sulfate)	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (hyoscyamine sulfate)	Tier 1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	Tier 1	
OSCIMIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	Tier 3	
Upper Gastrointestinal Disorders - Ulcer Disease		
Anticholinergics, Quaternary Ammonium		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i> (Librax (with clidinium))	Tier 1	
DARTISLA ORAL TABLET, DISINTEGRATING 1.7 MG	Tier 3	ST; ST: Requires prior prescription for Glycopyrrolate 2mg within the past 120 days; QL (4 EA per 1 day); Age (Min 18 Years)
<i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i> (Glyrx-PF)	Tier 1	
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i> (Cuvposa)	Tier 1	
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	Tier 1	
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	Tier 1	
GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML)	Tier 3	
Anti-Ulcer Preparations		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	Tier 1	
<i>sucralfate oral suspension 100 mg/ml</i> (Carafate)	Tier 1	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	Tier 1	
Anti-Ulcer-H.Pylori Agents		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	Tier 1	QL (112 EA per 10 days)
<i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i> (Pylera)	Tier 1	
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	Tier 3	
TALICIA ORAL CAPSULE, IR - DELAY REL, BIPHASE 10-250-12.5 MG	Tier 3	QL (168 EA per 14 days); Age (Min 18 Years)
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	Tier 3	PA

Drug	Status	Notes
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	Tier 3	PA
Histamine H2-Receptor Inhibitors		
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	Tier 1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Tier 1	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	Tier 1	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	Tier 1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 1	
Intestinal Motility Stimulants		
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY	Tier 4	PA; SP
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	Tier 1	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	Tier 3	ST; ST: Requires prior prescription for Linzess within the past 120 days; QL (1 EA per 1 day)
Potassium-Competitive Acid Blockers (Pcabs)		
VOQUEZNA ORAL TABLET 10 MG, 20 MG	Tier 3	PA
Proton-Pump Inhibitors		
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 5 MG	Tier 3	ST; ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 365 days; QL (1 EA per 1 day)
<i>dexlansoprazole oral capsule, biphase delayed releas 30 mg, 60 mg</i> (Dexilant)	Tier 1	ST; ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC within the past 120 days; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i> (Nexium)	Tier 1	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i> (Nexium)	Tier 1	QL (2 EA per 1 day)

Drug	Status	Notes
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> (Nexium Packet)	Tier 1	ST; ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC within the past 120 days; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)	Tier 1	ST; ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC within the past 120 days; QL (2 EA per 1 day)
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i> (Acid Reducer (lansoprazole))	Tier 1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i> (Prevacid)	Tier 1	
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg</i> (Prevacid SoluTab)	Tier 3	ST; ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 120 days
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	Tier 2	ST; ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC within the past 120 days; QL (1 EA per 1 day)
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i> (Zegerid)	Tier 1	ST; ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC within the past 120 days; QL (1 EA per 1 day)
<i>pantoprazole oral granules dr for susp in packet 40 mg</i> (Protonix)	Tier 1	ST; ST: Requires prior prescription for Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec within the past 120 days
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i> (Protonix)	Tier 1	

Drug	Status	Notes
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 10 MG, 2.5 MG	Tier 3	ST; ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC within the past 120 days
<i>rabeprazole oral capsule, delayed rel sprinkle 10 mg</i> (AcipHex Sprinkle)	Tier 1	ST; ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 365 days; QL (1 EA per 1 day)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex)	Tier 1	QL (1 EA per 1 day)
Urinary Tract - Functional Disorders		
Benign Prostatic Hypertrophy/Micturition Agents		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	Tier 1	
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	Tier 1	
<i>finasteride oral tablet 5 mg</i> (Proscar)	Tier 1	
<i>silodosin oral capsule 4 mg, 8 mg</i> (Rapaflo)	Tier 3	
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	Tier 1	
Bph Agent-5-Alpha-Reductase Inh And Pde5 Inh Comb		
ENTADFI ORAL CAPSULE 5-5 MG	Tier 3	PA
Bph Agents, 5-Alpha-Red Inh & Alpha-1-Adr Antg Cmb		
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	Tier 1	ST; ST: Requires prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Finasteride 5mg, Prazosin HCL, Silodosin, Tamsulosin HCL, or Terazosin HCL within the past 120 days
Cystine-Depleting Agents, Nephropathic Cystinosis		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 4	SP
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	Tier 4	PA; SP
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	Tier 4	PA; SP
Endothelin-Angiotensin Receptor Antagonist		
FILSPARI ORAL TABLET 200 MG, 400 MG	Tier 4	PA; SP
Kidney Stone Agents		

Drug	Status	Notes
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG (tiopronin)	Tier 4	SP
<i>tiopronin oral tablet 100 mg</i> (Thiola)	Tier 4	SP
<i>tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i> (Thiola EC)	Tier 4	SP
Overactive Bladder Agents, Beta-3 Adrenergic Recep		
GEMTESA ORAL TABLET 75 MG	Tier 3	ST; ST: Requires prior prescriptions for Myrbetriq and Oxybutynin Chloride within the past 365 days; QL (1 EA per 1 day)
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML	Tier 3	PA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	Tier 2	
Oxalosis Agent - Oxalate Inhibitor, Sirna Based		
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)	Tier 4	SP
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML	Tier 4	SP
Polycystic Kidney Disease Agent, Avp Recep. Antag		
JYNARQUE ORAL TABLET 15 MG, 30 MG	Tier 4	PA; SP
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	Tier 4	PA; SP
Urinary Ph Modifiers		
K-PHOS NO 2 ORAL TABLET 305-700 MG	Tier 3	
K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG	Tier 3	
ORACIT ORAL SOLUTION 490-640 MG/5 ML (sodium citrate-citric acid)	Tier 3	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	Tier 1	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	Tier 1	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5)	Tier 1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	Tier 3	
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i> (Oracit)	Tier 1	

Drug	Status	Notes
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	Tier 3	
Urinary Tract Analgesic Agents		
ELMIRON ORAL CAPSULE 100 MG	Tier 2	PA
Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i> (Pyridium)	Tier 1	
Urinary Tract Antispasmodic, M(3) Selective Antag.		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	Tier 1	
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	Tier 1	
VESICARE LS ORAL SUSPENSION 1 MG/ML	Tier 3	PA
Urinary Tract Antispasmodic/Antiincontinence Agent		
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (Toviaz)	Tier 1	
<i>flavoxate oral tablet 100 mg</i>	Tier 1	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	Tier 3	ST; ST: Requires prior prescriptions for Myrbetriq and Oxybutynin Chloride within the past 365 days
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 1	
<i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>	Tier 1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	Tier 3	ST; ST: Requires prior prescriptions for Myrbetriq and Oxybutynin Chloride within the past 365 days
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	Tier 1	
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	Tier 1	
<i>tropium oral capsule, extended release 24hr 60 mg</i>	Tier 1	
<i>tropium oral tablet 20 mg</i>	Tier 1	
Vaginal Disorders		
Vaginal Antibiotics		

Drug	Status	Notes
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Tier 3	ST; ST: At least 2 prior prescriptions for Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, or Tinidazole within the past 365 days; QL (3 EA per 30 days)
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	Tier 1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	Tier 3	ST; ST: Requires prior prescription for generic Clindamycin Phosphate vaginal cream within the past 120 days
<i>metronidazole vaginal gel 0.75 %</i> (Vandazole) (37.5mg/5 gram)	Tier 1	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	Tier 3	
Vaginal Antifungals		
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 2	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	Tier 1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	
Vaginal Antiseptics		
FEM PH VAGINAL GEL 0.9-0.025 %	Tier 3	
RELAGARD VAGINAL GEL 0.9-0.025 %	Tier 3	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	Tier 3	
Vaginal Estrogen Preparations		
<i>estradiol vaginal cream 0.01 %</i> (0.1 mg/gram) (Estrace)	Tier 1	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvafem)	Tier 1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	Tier 3	ST; ST: Requires prior prescriptions for Estradiol and Premarin within the past 365 days; QL (1 EA per 90 days)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	Tier 3	ST; ST: Requires prior prescriptions for Estradiol and Premarin within the past 365 days; QL (1 EA per 84 days)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	Tier 2	
YUVAFEM VAGINAL TABLET 10 MCG (estradiol)	Tier 1	

Drug	Status	Notes
Vitamin And/Or Mineral Deficiency		
Fluoride Preparations		
CLINPRO 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	
DENTAGEL DENTAL GEL 1.1 % (fluoride (sodium))	Tier 1	
<i>fluoride (sodium) dental cream 1.1 %</i> (Denta 5000 Plus)	Tier 1	
<i>fluoride (sodium) dental gel 1.1 %</i> (DentaGel)	Tier 1	
<i>fluoride (sodium) dental paste 1.1 %</i> (Sodium Fluoride 5000 Dry Mouth)	Tier 1	
<i>fluoride (sodium) dental solution 0.2 %</i> (PreviDent)	Tier 1	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	\$0	\$0 COPAY IF AGE 6 MONTHS TO 6 YEARS
<i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i> (Ludent Fluoride)	\$0	\$0 COPAY IF AGE 6 MONTHS TO 6 YEARS
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 3	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 3	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	
SF 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	
SF DENTAL GEL 1.1 % (fluoride (sodium))	Tier 1	
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 1	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i> (Fluoridex Sensitivity Relief)	Tier 1	
Folic Acid Preparations		
<i>folic acid injection solution 5 mg/ml</i>	Tier 1	
<i>folic acid oral tablet 1 mg</i>	Tier 1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	\$0	
Iron Replacement		
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON	Tier 3	
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML	Tier 3	
Multivitamin Preparations		

Drug	Status	Notes
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Tier 3	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Tier 3	
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG- 265 MG	Tier 1	
Prenatal Vitamin Preparations		
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG	Tier 3	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG	Tier 3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG	Tier 3	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG	Tier 3	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG - 50 MG-260 MG	Tier 3	
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG	Tier 1	
MYNATAL ORAL TABLET 90-1-50 MG	Tier 1	
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG	Tier 1	
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG	Tier 1	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG	Tier 1	
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG	Tier 3	
OBSTETRIX DHA ORAL COMBO PACK, TABLET AND CAP, DR 29 MG IRON-1 MG -50 MG	Tier 1	
OBSTETRIX DHA PRENATAL DUO ORAL COMB PACK, TABLET DR, CAPSULE DR 29 MG IRON- 1,700 MCG DFE	Tier 1	
OBSTETRIX EC ORAL TABLET, DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG	Tier 3	
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG	Tier 1	
PRENAISSANCE ORAL CAPSULE 29- 1.25-55-325 MG	Tier 1	
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG	Tier 1	

Drug	Status	Notes
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG	Tier 1	
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG - 50 MG-200 MG	Tier 3	
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG	Tier 1	
Vitamin B Preparations		
B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML	Tier 1	
B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML	Tier 1	
Vitamin B1 Preparations		
<i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>	Tier 1	
Vitamin B12 Preparations		
<i>cyanocobalamin (vitamin b-12) injection (Dodex) solution 1,000 mcg/ml</i>	Tier 1	
DODEX INJECTION SOLUTION 1,000 MCG/ML (cyanocobalamin (vitamin b-12))	Tier 1	
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<i>calcitriol oral solution 1 mcg/ml (Rocaltrol)</i>	Tier 1	
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