



MEDPERFORM[®] PREMIER

STANDARD FORMULARY

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What is the Standard Formulary?

The MedImpact formulary is a list of covered drugs selected by physician and pharmacist subject matter experts who collaboratively support MedImpact's Pharmacy and Therapeutics (P&T) Committee. The plan will cover drugs listed in the formulary if the drug is indicated for the clinical condition, is prescribed in the appropriate manner, the prescription is filled at a participating network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Drugs may be added or removed from the formulary during the year. The plan will notify affected members if a drug is removed from the formulary, moves to a higher cost-sharing tier, or when prior authorization, quantity limits and/or step therapy requirements are added. Members are notified before the change becomes effective. If the Food and Drug Administration (FDA) deems a drug on the formulary to be unsafe or the drug's manufacturer removes the drug from the market, the plan will immediately remove the drug from the formulary.

Is the member's medication included in the formulary?

There are 3 ways for a member to confirm their current medication is on their plan-specific formulary:

- **Drug Categories**

The drugs in this formulary are grouped into categories according to the types of medical conditions they are used to treat.

- **Alphabetical Index Listing**

If the member is not sure what category to look under, the member should look for the drug in the Index. The Index provides an alphabetical listing of all drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. First, look in the Index and find the drug. Next to the drug, there is a page number where the member can find coverage information. Turn to the page listed in the Index and find the name of the drug in the first column.

- **Website or Mobile App**

Drug search capability is on the MedImpact Consumer Portal (MedImpact.com), mobile app (available in Apple and Google apps store), or member plan's website.

What are generic drugs?

The plan covers both brand name and generic drugs provided they are prescribed per FDA approved indications and in accordance with the plan's benefit design. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs. Generic drugs appear in the formulary listing with all lower-case letters and italicized (i.e. *terbutaline oral tablet 2.5 mg*). Brand drugs appear in formulary listing with all upper-case letters (i.e. *DIPHEN ORAL ELIXIR 12.5 MG/5ML*).



Are there any restrictions on coverage of drugs on the formulary?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits are noted throughout the Formulary listing using the following symbols:

Symbol	Guideline	Description
AGE	Age Restriction	Coverage depends upon member age
PA	Prior Authorization	Requires specific physician request and clinical criteria be met for prescription to be covered
QL	Quantity Limit	Prescription quantity limits for specific drugs and/or time period needed for coverage
ST	Step Therapy	Coverage requires a trial of certain clinically appropriate alternative drug(s) before obtaining the prescribed drug
SP	Specialty Drug	Coverage may require dispensing from a specialty pharmacy. Specialty copay/coinsurance applies according to benefit plan

The member can ask the plan to make an exception to these restrictions or for a list of other, similar drugs that may treat their health condition. See the section: “How does a member request an exception to the formulary?”

Tier Benefit Design

A tier benefit design is where a member is responsible for a portion of the cost of a prescription drug based on the drug's tier and copayment or coinsurance. Specialty drugs may be covered at a higher copay or coinsurance. Per the Affordable Care Act (ACA), some medications qualify as preventive under the Essential Health Benefit (EHB). If available on the plan, EHB medications will be covered without cost share (\$0 copay for members). The following is an example of a formulary tier design:

- Tier 1: Generic medications
- Tier 2: Preferred brand medications (formulary agents)
- Tier 3: Non-preferred brand medications (non-formulary agents)

General Exclusions

Many plans have specific benefit inclusions, exclusions, copayments, or a lack of coverage, which are reflected in other Plan Benefit Documents.

The Formulary applies only to outpatient drugs provided to members and does not apply to medications used at inpatient settings. If a member has any specific questions regarding their coverage, they should contact their plan. Examples of benefit exclusions include:

- Over the Counter (OTC) medications
- Anti-Obesity drugs

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- Medical food/nutritional supplements
- Non-Diabetic supplies/Diagnostic supplies/Ostomy supplies/Devices
- Disposable Needles & Syringes (Non-Insulin related)
- Any drug products used for cosmetic purposes
- Experimental drug products or any drug product used in an experimental manner
- Repackaged drugs and institutional use drugs (e.g., hospital use)
- Lifestyle drugs (e.g., sexual dysfunction, infertility)
- Non self-administered injectable drug products

What if a drug is not on the Formulary?

If a drug is not included on the formulary, the member should contact the plan. If the member is informed the plan does not cover the drug, the member has two options:

1. The member can ask the plan for a list of similar drugs covered by the plan. When the member receives the list, they should show it to their doctor and ask the doctor to prescribe a similar drug that is covered by the plan that is determined by the doctor to be an appropriate alternative drug.
2. The member can ask the plan to make an exception and cover the drug.

How does a member request an exception to the Formulary?

The member will need to contact the plan for details on how to file an exception request.

For more information

MedImpact encourages members to review the Summary Benefit Design, Evidence of Coverage, MedImpact Consumer Portal, or plan's website for more detailed plan information.



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Drug	Status	Notes
Allergy		
2Nd Gen Antihistamine & Decongestant Combinations		
CLARINEX-D 12 HOUR	Tier 3	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days
Allergenic Extracts, Therapeutics		
GRASTEK	Tier 2	PA
ODACTRA	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	Tier 2	PA
PALFORZIA (LEVEL 0)	Tier 2	PA; SP
PALFORZIA (LEVEL 1)	Tier 2	PA; SP
PALFORZIA (LEVEL 2)	Tier 2	PA; SP
PALFORZIA (LEVEL 3)	Tier 2	PA; SP
PALFORZIA (LEVEL 4)	Tier 2	PA; SP
PALFORZIA (LEVEL 5)	Tier 2	PA; SP
PALFORZIA (LEVEL 6)	Tier 2	PA; SP
PALFORZIA (LEVEL 7)	Tier 2	PA; SP
PALFORZIA (LEVEL 8)	Tier 2	PA; SP
PALFORZIA (LEVEL 9)	Tier 2	PA; SP
PALFORZIA (LEVEL 10)	Tier 2	PA; SP
PALFORZIA (LEVEL 11 UP-DOSE)	Tier 2	PA; SP
PALFORZIA INITIAL (1-3 YRS)	Tier 2	PA; SP
PALFORZIA INITIAL (4-17 YRS)	Tier 2	PA; SP
PALFORZIA LEVEL 11 MAINTENANCE	Tier 2	PA; SP
RAGWITEK	Tier 2	PA
Antihistamines - 1St Generation		
<i>carbinoxamine maleate oral liquid</i> (Carbzah)	Tier 1	Age (Min 2 Years)
<i>carbinoxamine maleate oral suspension, extended rel 12 hr</i> (Karbinal ER)	Tier 1	ST: Requires prior prescription for immediate release Carbinoxamine Maleate oral solution within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	Age (Min 2 Years)
CARBZAH (carbinoxamine maleate)	Tier 1	Age (Min 2 Years)
<i>clemastine oral tablet</i> (Clemsza)	Tier 1	
CLEMASZ (clemastine)	Tier 1	
CLEMSZA (clemastine)	Tier 1	
<i>cypheptadine</i>	Tier 1	
DIPHEN ORAL ELIXIR (diphenhydramine hcl)	Tier 1	

Drug	Status	Notes
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet</i>	Tier 1	
<i>hydroxyzine pamoate</i>	Tier 1	
KARBINAL ER (carbinoxamine maleate)	Tier 3	ST: Requires prior prescription for immediate release Carbinoxamine Maleate oral solution within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
<i>promethazine injection solution</i> (Phenergan)	Tier 1	
<i>promethazine oral</i>	Tier 1	
Antihistamines - 2Nd Generation		
<i>cetirizine oral solution 1 mg/ml</i> (Allergy Relief (cetirizine))	Tier 1	
<i>desloratadine oral tablet</i> (Clarinet)	Tier 1	
<i>desloratadine oral tablet, disintegrating</i>	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days
<i>levocetirizine oral solution</i> (Xyzal)	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days
<i>levocetirizine oral tablet</i> (24HR Allergy Relief)	Tier 1	
Nasal Antihistamine		
<i>azelastine nasal</i> (Astepro Allergy)	Tier 1	
<i>olopatadine nasal</i>	Tier 1	
Nasal Antihistamine & Anti-Inflam. Steroid Comb.		
<i>azelastine-fluticasone</i> (Dymista)	Tier 1	ST: Requires prior prescription for Flunisolide (nasal formulation) or Fluticasone within the past 120 days; QL (23 GM per 30 days)
Nasal Anti-Inflammatory Steroids		
<i>flunisolide</i>	Tier 1	QL (25 ML per 30 days)
<i>fluticasone propionate nasal</i> (24 Hour Allergy Relief)	Tier 1	
<i>mometasone nasal</i> (Allergy Nasal (mometasone))	Tier 1	
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	Tier 2	ST: Requires prior prescription for nasal Flunisolide or Fluticasone within the past 120 days; QL (6.8 GM per 30 days)

Drug	Status	Notes
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 2	ST: Requires prior prescription for nasal Flunisolide or Fluticasone within the past 120 days; QL (10.6 GM per 30 days)
XHANCE	Tier 2	ST: Requires prior prescription for one of the following intranasal corticosteroids: Flunisolide, Fluticasone Propionate, or Mometasone within the past 120 days; QL (32 ML per 30 days)
Antiemesis/Antivertigo		
Antiemetic, Cannabinoid-Type		
<i>dronabinol</i> (Marinol)	Tier 1	ST: Requires prior prescription for a 5HT3 antagonist, corticosteroid, Emend, or Megestrol suspension within the past 120 days; QL (2 EA per 1 day)
SYNDROS	Tier 3	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)	Tier 2	QL (1 EA per 28 days)
<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</i> (Emend)	Tier 1	QL (3 EA per 21 days)
COMPRO (prochlorperazine)	Tier 1	
<i>doxylamine-pyridoxine (vit b6)</i> (Diclegis)	Tier 1	QL (120 EA per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION	Tier 2	QL (3 EA per 21 days)
<i>granisetron hcl oral</i>	Tier 1	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</i>	Tier 1	QL (50 ML per 15 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 1	

Drug	Status	Notes
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	Tier 1	
<i>prochlorperazine</i> (Compro)	Tier 1	
<i>prochlorperazine maleate</i> (Compazine)	Tier 1	
<i>promethazine rectal</i> (Promethegan)	Tier 1	
PROMETHEGAN (promethazine)	Tier 1	
SANCUSO	Tier 3	ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (1 EA per 7 days)
<i>scopolamine base</i> (Transderm-Scop)	Tier 1	
<i>trimethobenzamide oral</i>	Tier 1	
VARUBI	Tier 3	QL (2 EA per 14 days)
Asthma And Copd		
Anticholinergic, Orally Inhaled Short Acting		
ATROVENT HFA	Tier 2	QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation</i>	Tier 1	
Anticholinergics, Orally Inhaled Long Acting		
INCRUSE ELLIPTA	Tier 2	QL (30 EA per 30 days)
SPIRIVA RESPIMAT	Tier 2	QL (4 GM per 30 days)
<i>tiotropium bromide</i> (Spiriva with HandiHaler)	Tier 1	QL (30 EA per 30 days)
YUPELRI	Tier 3	QL (90 ML per 30 days)
Beta-Adrenergic Agents		
<i>albuterol sulfate oral</i>	Tier 1	
<i>terbutaline oral</i>	Tier 1	
Beta-Adrenergic Agents, Inhaled, Short Acting		
<i>albuterol sulfate inhalation</i> (Ventolin HFA)	Tier 1	
<i>levalbuterol hcl</i>	Tier 1	
<i>levalbuterol tartrate</i> (Xopenex HFA)	Tier 1	
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting		
STRIVERDI RESPIMAT	Tier 2	QL (4 GM per 30 days)
Beta-Adrenergic Agents, Orally Inhaled,Long Acting		
<i>arformoterol</i> (Brovana)	Tier 1	ST: Requires prior prescription for Perforomist, Serevent, or Striverdi within the past 120 days; QL (120 ML per 30 days)
<i>formoterol fumarate</i> (Perforomist)	Tier 1	QL (120 ML per 30 days)
SEREVENT DISKUS	Tier 2	QL (60 EA per 30 days)

Drug		Status	Notes
Beta-Adrenergic And Anticholinergic Combinations			
ANORO ELLIPTA	(umeclidinium-vilanterol)	Tier 2	QL (60 EA per 30 days)
COMBIVENT RESPIMAT		Tier 2	
<i>ipratropium-albuterol</i>		Tier 1	
STIOLTO RESPIMAT		Tier 2	QL (4 GM per 30 days)
Beta-Adrenergic And Glucocorticoid Combinations			
ADVAIR HFA	(fluticasone propion-salmeterol)	Tier 2	QL (12 GM per 30 days)
AIRSUPRA		Tier 2	QL (32.1 GM per 30 days)
BREO ELLIPTA	(fluticasone furoate-vilanterol)	Tier 2	QL (60 EA per 30 days)
BREYNA	(budesonide-formoterol)	Tier 1	QL (30.9 GM per 30 days)
<i>budesonide-formoterol</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 2	QL (39 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION		Tier 2	QL (13 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i>		Tier 1	QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	(Wixela Inhub)	Tier 1	QL (60 EA per 30 days)
WIXELA INHUB	(fluticasone propion-salmeterol)	Tier 1	QL (60 EA per 30 days)
Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled			
BREZTRI AEROSPHERE		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			
ARNUITY ELLIPTA	(fluticasone furoate)	Tier 2	QL (30 EA per 30 days)
ASMANEX HFA		Tier 2	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 2	QL (1 EA per 30 days)
<i>budesonide inhalation</i>	(Pulmicort)	Tier 1	QL (120 ML per 30 days)

Drug	Status	Notes
<i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation</i>	Tier 1	QL (60 EA per 30 days)
<i>fluticasone propionate inhalation blister with device 250 mcg/actuation</i>	Tier 1	QL (120 EA per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	Tier 1	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	Tier 1	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Tier 1	QL (21.2 GM per 30 days)
QVAR REDIHALER	Tier 2	QL (21.2 GM per 30 days)
Interleukin-4(IL-4) Receptor Alpha Antagonist, Mab		
DUPIXENT PEN	Tier 2	PA; SP
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	Tier 2	PA; SP
Interleukin-5(IL-5) Receptor Alpha Antagonist, Mab		
FASENRA	Tier 2	PA; SP
FASENRA PEN	Tier 2	PA; SP
Leukotriene Receptor Antagonists		
<i>montelukast</i> (Singulair)	Tier 1	
<i>zafirlukast</i> (Accolate)	Tier 1	
Mast Cell Stabilizers		
<i>cromolyn oral</i> (Gastrocrom)	Tier 1	
Mast Cell Stabilizers, Orally Inhaled		
<i>cromolyn inhalation</i>	Tier 1	
Monoclonal Antibodies To Immunoglobulin E(Ige)		
XOLAIR	Tier 2	PA; SP
Monoclonal Antibody - Interleukin-5 Antagonists		
NUCALA	Tier 2	PA; SP
Phosphodiesterase-4 (Pde4) Inhibitors		
OHTUVAYRE	Tier 3	PA; SP
<i>roflumilast</i> (Daliresp)	Tier 1	QL (1 EA per 1 day)
Respiratory Aids, Devices, Equipment		
ACE AEROSOL CLOUD ENHANCER (inhalational spacing device)	Tier 3	
AEROBIKA OSCILLATING PEP SYSTM	Tier 3	
AEROCHAMBER MECHANICAL VENT (inhalational spacing device)	Tier 3	
AEROCHAMBER MINI (inhalational spacing device)	Tier 3	

Drug		Status	Notes
AEROCHAMBER MV	(inhalational spacing device)	Tier 3	
AEROCHAMBER PLUS FLOW-VU	(inhalational spacing device)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,L MSK		Tier 3	
AEROCHAMBER PLUS FLOW-VU,M MSK		Tier 3	
AEROCHAMBER PLUS FLOW-VU,S MSK		Tier 3	
AEROCHAMBER PLUS Z STAT	(inhalational spacing device)	Tier 3	
AEROCHAMBER PLUS Z STAT LG MSK		Tier 3	
AEROCHAMBER PLUS Z STAT MD MSK		Tier 3	
AEROCHAMBER PLUS Z STAT SM MSK		Tier 3	
AEROCHAMBER Z-STAT PLUS-FLW SG	(inhalational spacing device)	Tier 3	
AEROCHAMBER2GO	(inhalational spacing device)	Tier 3	
AEROECLIPSE II NEBULIZER	(nebulizers)	Tier 3	
AEROECLIPSE XL NEBULIZER	(nebulizers)	Tier 3	
AERONEB GO NEBULIZER	(nebulizers)	Tier 3	
AEROTRACH PLUS	(inhalational spacing device)	Tier 3	
AEROVENT PLUS	(inhalational spacing device)	Tier 3	
AIRS DISPOSABLE NEBULIZER	(nebulizers)	Tier 3	
ALTERA NEBULIZER HANDSET	(nebulizers)	Tier 3	
ALTERA NEBULIZER SYSTEM	(nebulizers)	Tier 3	
ASTHMAPACK CHILDREN'S		Tier 3	
AURA PORTANEB	(nebulizers)	Tier 3	
BREATHERITE MDI SPACER	(inhalational spacing device)	Tier 3	
BREATHERITE SPACER-MASK, NEO.		Tier 3	
BREATHERITE SPACER-MASK,ADULT		Tier 3	
BREATHERITE SPACER-MASK,CHILD		Tier 3	
BREATHERITE SPACER-MASK,INFANT		Tier 3	
BREATHERITE SPACER-MASK,S.CHLD		Tier 3	
BREATHERITE VALVED MDI CHAMBER	(inhalational spacing device)	Tier 3	

Drug		Status	Notes
BREATHERITE VALVED MDI SPACER	(inhalational spacing device)	Tier 3	
CLEVER CHOICE CHAMBER-LRG MASK		Tier 3	
CLEVER CHOICE CHAMBER-MED MASK		Tier 3	
CLEVER CHOICE CHAMBER-SM MASK		Tier 3	
CLEVER CHOICE NEBULIZER	(nebulizer and compressor)	Tier 3	
CLEVER CHOICE WHISPER AIRE PED	(nebulizer and compressor)	Tier 3	
COMFORTSEAL LARGE MASK		Tier 3	
COMFORTSEAL MEDIUM MASK		Tier 3	
COMFORTSEAL SMALL MASK		Tier 3	
COMPACT SPACE CHAMBER	(inhalational spacing device)	Tier 3	
COMPACT SPACE CHAMBER-LRG MASK		Tier 3	
COMPACT SPACE CHAMBER-MED MASK		Tier 3	
COMPACT SPACE CHAMBER-SM MASK		Tier 3	
COMP-AIR NEBULIZER COMPRESSOR	(nebulizer and compressor)	Tier 3	
DEVILBISS DISPOSABLE NEBULIZER	(nebulizers)	Tier 3	
DEVILBISS PULMO-AIDE COMPRESSR		Tier 3	
DEVILBISS PULMOMATE COMPRESSOR		Tier 3	
DEVILBISS TRAVELER COMPRESSOR	(nebulizer and compressor)	Tier 3	
EASIVENT HOLDING CHAMBER	(inhalational spacing device)	Tier 3	
EASIVENT MASK LARGE		Tier 3	
EASIVENT MASK MEDIUM		Tier 3	
EASIVENT MASK SMALL		Tier 3	
EASY NEB COMPRESSOR NEBULIZER	(nebulizer and compressor)	Tier 3	
EBASE CONTROLLER		Tier 3	
FLEXICHAMBER	(inhalational spacing device)	Tier 3	
FLEXICHAMBER-LG CHILD MASK		Tier 3	
FLEXICHAMBER-SM ADULT MASK		Tier 3	
FLEXICHAMBER-SM CHILD MASK		Tier 3	

Drug		Status	Notes
HOME NEBULIZER PLUS SIDESTREAM	(nebulizer and compressor)	Tier 3	
INNOSPIRE DELUXE	(nebulizer and compressor)	Tier 3	
INNOSPIRE ELEGANCE	(nebulizer and compressor)	Tier 3	
INNOSPIRE ESSENCE	(nebulizer and compressor)	Tier 3	
INNOSPIRE GO NEBULIZER	(nebulizers)	Tier 3	
INNOSPIRE MINI	(nebulizer and compressor)	Tier 3	
INSPIRACHAMBER	(inhalational spacing device)	Tier 3	
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INSPIRACHAMBER WITH MASK-MED		Tier 3	
INSPIRACHAMBER WITH MASK- SMALL		Tier 3	
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LC PLUS NEBULIZER-PED MASK	(nebulizers)	Tier 3	
LITE TOUCH-MEDIUM MASK		Tier 3	
LITEAIRE MDI CHAMBER	(inhalational spacing device)	Tier 3	
LITETOUCH-LARGE MASK		Tier 3	
LITETOUCH-SMALL MASK		Tier 3	
MC 300 NEBULIZER W-MOUTHPIECE	(nebulizers)	Tier 3	
MC 300 NEBULIZER-UNVRSL TUBING	(nebulizers)	Tier 3	
MICROAIR MESH NEBULIZER	(nebulizers)	Tier 3	
MICROCHAMBER	(inhalational spacing device)	Tier 3	
MICROSPACER	(inhalational spacing device)	Tier 3	
MINI PLUS NEBULIZER	(nebulizers)	Tier 3	
MINI WRIGHT PEAK FLOW METER	(peak flow meter)	Tier 3	
<i>nebulizer and compressor</i>	(Clever Choice Nebulizer)	Tier 3	
OMBRA COMPRESSOR SYSTEM	(nebulizer and compressor)	Tier 3	
OPTICHAMBER ADULT MASK-LARGE		Tier 3	
OPTICHAMBER DIAMOND LG MASK		Tier 3	
OPTICHAMBER DIAMOND VHC	(inhalational spacing device)	Tier 3	
OPTICHAMBER DIAMOND-MED MSK		Tier 3	
OPTICHAMBER DIAMOND-SML MASK		Tier 3	
PARI LC SPRINT NEBULIZER SET	(nebulizers)	Tier 3	
PARI LC SPRINT SINUS	(nebulizers)	Tier 3	

Drug		Status	Notes
PARI TREK S COMBO PACK	(nebulizer and compressor)	Tier 3	
PARI TREK S COMPACT COMPRESSOR	(nebulizer and compressor)	Tier 3	
PEDIATRIC BEAR NEBULIZER	(nebulizer and compressor)	Tier 3	
PEDIATRIC COMP-AIR COMPRES NEB	(nebulizer and compressor)	Tier 3	
PFLEX INSPIRATORY TRAINER		Tier 3	
POCKET CHAMBER	(inhalational spacing device)	Tier 3	
PRIMEAIRE	(inhalational spacing device)	Tier 3	
PROCARE COMPRESSOR NEBULIZER	(nebulizer and compressor)	Tier 3	
PROCARE PEDIATRIC NEBULIZER	(nebulizer and compressor)	Tier 3	
PROCARE SPACER WITH ADULT MASK		Tier 3	
PROCARE SPACER WITH CHILD MASK		Tier 3	
PROCHAMBER	(inhalational spacing device)	Tier 3	
PRODIGY MINI-MIST NEBULIZER	(nebulizers)	Tier 3	
PRONEB MAX COMPRESSOR-LC PLUS	(nebulizer and compressor)	Tier 3	
PRONEB MAX COMPRESSOR-LC SPRINT	(nebulizer and compressor)	Tier 3	
PROVENT		Tier 3	
PROVENT STARTER		Tier 3	
PULMO-AIDE COMPRESSOR		Tier 3	
PULMONEB LT COMPRESSOR NEBUL	(nebulizer and compressor)	Tier 3	
PUREAIR MINI NEBULIZER	(nebulizer and compressor)	Tier 3	
QUAKE VIBRATORY PEP		Tier 3	
RITEFLO AEROCHAMBER	(inhalational spacing device)	Tier 3	
SAMI THE SEAL	(nebulizer and compressor)	Tier 3	
SIDESTREAM	(nebulizers)	Tier 3	
SIDESTREAM NEBULIZER	(nebulizers)	Tier 3	
SIDESTREAM PLUS	(nebulizers)	Tier 3	
SILICONE MASK - INFANT		Tier 3	
SINUSTAR NEBULIZER	(nebulizers)	Tier 3	

Drug		Status	Notes
SMARTNEB COMPRESSOR NEBULIZER	(nebulizer and compressor)	Tier 3	
SOOTHENEB COMPRESSOR NEBULIZER	(nebulizer and compressor)	Tier 3	
SOOTHENEB MESH NEBULIZER	(nebulizers)	Tier 3	
SPACE CHAMBER	(inhalational spacing device)	Tier 3	
SPACE CHAMBER WITH LARGE MASK		Tier 3	
SPACE CHAMBER WITH MEDIUM MASK		Tier 3	
SPACE CHAMBER WITH SMALL MASK		Tier 3	
SUNRISE COMPRESSOR-NEBULIZER		Tier 3	
THRESHOLD IMT TRAINER		Tier 3	
THRESHOLD PEP DEVICE		Tier 3	
TRUZONE PEAK FLOW METER	(peak flow meter)	Tier 3	
VIOS AEROSOL DELIVERY SYSTEM	(nebulizer and compressor)	Tier 3	
VORTEX HOLDING CHAMBER	(inhalational spacing device)	Tier 3	
VORTEX VHC PEDIATRIC MASK		Tier 3	
WILLIS THE WHALE COMPRESSOR NEB	(nebulizer and compressor)	Tier 3	
Thymic Stromal Lymphopoietin (Tslp) Inhibitors			
TEZSPIRE		Tier 2	PA; SP
Xanthines			
<i>caffeine citrate oral</i>		Tier 1	
ELIXOPHYLLIN	(theophylline)	Tier 1	
THEO-24		Tier 2	
<i>theophylline oral elixir</i>		Tier 1	
<i>theophylline oral solution</i>		Tier 1	
<i>theophylline oral tablet extended release 12 hr</i>		Tier 1	
<i>theophylline oral tablet extended release 24 hr</i>		Tier 1	
Autonomic Nervous System Disorders			
Alzheimer's Therapy, Nmda Receptor Antagonists			
<i>memantine oral capsule, sprinkle, er 24hr</i>	(Namenda XR)	Tier 1	ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (30 EA per 30 days)
<i>memantine oral solution</i>		Tier 1	QL (300 ML per 30 days)
<i>memantine oral tablet</i>		Tier 1	QL (60 EA per 30 days)

Drug	Status	Notes
<i>memantine oral tablets,dose pack</i> (Namenda Titration Pak)	Tier 1	QL (49 EA per 28 days)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	Tier 2	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		
<i>memantine-donepezil</i> (Namzaric)	Tier 1	ST: Requires prior prescriptions for Donepezil and Memantine within the past 365 days; QL (1 EA per 1 day)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 7-10 MG	Tier 2	ST: Requires prior prescriptions for Donepezil and Memantine within the past 365 days; QL (1 EA per 1 day)
Cholinesterase Inhibitors		
<i>donepezil</i> (Aricept)	Tier 1	
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	Tier 1	QL (30 EA per 30 days)
<i>galantamine oral solution</i>	Tier 1	QL (200 ML per 30 days)
<i>galantamine oral tablet</i>	Tier 1	QL (60 EA per 30 days)
<i>pyridostigmine bromide oral syrup</i> (Mestinon)	Tier 1	
<i>pyridostigmine bromide oral tablet</i> (Mestinon)	Tier 1	
<i>pyridostigmine bromide oral tablet extended release 105 mg</i>	Tier 3	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan)	Tier 1	
<i>rivastigmine</i> (Exelon Patch)	Tier 1	QL (30 EA per 30 days)
<i>rivastigmine tartrate</i>	Tier 1	
ZUNVEYL	Tier 3	ST: Requires prior prescription for generic Galantamine tablets or Galantamine ER capsules within the past 120 days; QL (2 EA per 1 day)
Neonatal Fc Receptor (FcRn) Inhibitors		
VYVGART HYTRULO SUBCUTANEOUS SYRINGE	Tier 3	PA; SP
Behavioral Health - Antidepressants		
Alpha-2 Receptor Antagonist Antidepressants		
<i>mirtazapine</i> (Remeron)	Tier 1	

Drug	Status	Notes
Antidepressant - Nmda Receptor Antagonist		
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	Tier 3	PA; SP
Antidepressant - Postpartum Depression (Ppd)		
ZURZUVAE	Tier 2	PA; SP
Maois - Non-Selective & Irreversible		
MARPLAN	Tier 3	
<i>phenelzine</i> (Nardil)	Tier 1	
<i>tranylcypromine</i> (Parnate)	Tier 1	
Monoamine Oxidase(Mao) Inhibitors		
EMSAM	Tier 3	ST: Requires prior prescription for Marplan, Phenelzine, or Tranylcypromine within the past 120 days; QL (1 EA per 1 day)
Ndma Receptor Antagonist And Ndri Comb		
AUVELITY	Tier 3	ST: Requires prior prescription for Bupropion, Citalopram, Desvenlafaxine, Duloxetine, Escitalopram, Fluoxetine, Fluvoxamine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine within the past 120 days
Norepinephrine And Dopamine Reuptake Inhib (Ndris)		
<i>bupropion hcl oral tablet</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</i> (Wellbutrin SR)	Tier 1	
Selective Serotonin Reuptake Inhibitor (Ssris)		
<i>citalopram oral solution</i>	Tier 1	
<i>citalopram oral tablet</i> (Celexa)	Tier 1	
<i>escitalopram oxalate</i> (Lexapro)	Tier 1	
<i>fluoxetine</i> (Prozac)	Tier 1	

Drug	Status	Notes
<i>fluvoxamine oral capsule,extended release 24hr</i>	Tier 1	ST: Requires prior prescription for Citalopram, Escitalopram, Fluoxetine, Fluvoxamine IR, Paroxetine, or Sertraline within the past 120 days; QL (2 EA per 1 day)
<i>fluvoxamine oral tablet</i>	Tier 1	
<i>paroxetine hcl</i> (Paxil)	Tier 1	
<i>sertraline oral concentrate</i> (Zoloft)	Tier 1	
<i>sertraline oral tablet</i> (Zoloft)	Tier 1	
Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)		
<i>nefazodone</i>	Tier 1	
RALDESY	Tier 3	PA
<i>trazodone</i>	Tier 1	
Serotonin-Norepinephrine Reuptake-Inhib (Snris)		
<i>desvenlafaxine</i>	Tier 1	ST: At least 2 prior prescriptions for generic Paroxetine HCL, Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Sertraline, or Venlafaxine ER/IR within the past 365 days; QL (1 EA per 1 day)
<i>desvenlafaxine succinate</i> (Pristiq)	Tier 1	
<i>duloxetine oral capsule,delayed release(drlec) 20 mg, 30 mg, 60 mg</i>	Tier 1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	Tier 2	QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	Tier 2	QL (1 EA per 1 day)
<i>venlafaxine</i> (Effexor XR)	Tier 1	
Ssri & 5Ht1a Partial Agonist Antidepressant		
<i>vilazodone</i> (Viibryd)	Tier 1	ST: Requires prior prescription for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine IR/ER within the past 120 days
Ssri & Serotonin Receptor Modulator Antidepressant		
TRINTELLIX	Tier 2	QL (1 EA per 1 day)

Drug	Status	Notes
Tricyclic Antidepressant/Benzodiazepine Combinations		
<i>amitriptyline-chlordiazepoxide</i>	Tier 1	
Tricyclic Antidepressant/Phenothiazine Combinations		
<i>perphenazine-amitriptyline</i>	Tier 1	
Tricyclic Antidepressants & Rel. Non-Sel. Ru-Inhib		
<i>amitriptyline</i>	Tier 1	
<i>amoxapine</i>	Tier 1	
<i>clomipramine</i> (Anafranil)	Tier 1	
<i>desipramine</i> (Norpramin)	Tier 1	
<i>doxepin oral capsule</i>	Tier 1	
<i>doxepin oral concentrate</i>	Tier 1	
<i>imipramine hcl</i>	Tier 1	
<i>imipramine pamoate</i>	Tier 1	
<i>nortriptyline</i> (Pamelor)	Tier 1	
<i>protriptyline</i>	Tier 1	
<i>trimipramine</i>	Tier 1	
Behavioral Health - Other		
Adrenergics, Aromatic, Non-Catecholamine		
<i>amphetamine sulfate</i> (Evekeo)	Tier 1	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule)	Tier 1	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i> (Dexedrine Spansule)	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</i> (ProCentra)	Tier 1	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i> (Zenzedi)	Tier 1	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 7.5 mg</i> (Zenzedi)	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 20 mg</i> (Zenzedi)	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)

Drug	Status	Notes
<i>dextroamphetamine sulfate oral tablet 30 mg</i> (Zenzedi)	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr</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</i> (Adderall)	Tier 1	QL (2 EA per 1 day)
<i>lisdexamfetamine</i> (Vyvanse)	Tier 1	QL (1 EA per 1 day)
<i>methamphetamine</i> (Desoxyn)	Tier 1	QL (150 EA per 30 days)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (dextroamphetamine sulfate)	Tier 3	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (4 EA per 1 day)
Anti-Alcoholic Preparations		
<i>acamprosate</i>	Tier 1	
<i>disulfiram</i>	Tier 1	
VIVITROL	Tier 3	
Anti-Anxiety - Benzodiazepines		
<i>alprazolam</i> (Xanax)	Tier 1	
ALPRAZOLAM INTENSOL	Tier 2	
<i>chlordiazepoxide hcl</i>	Tier 1	
<i>clorazepate dipotassium</i>	Tier 1	
DIAZEPAM INTENSOL (diazepam)	Tier 1	
<i>diazepam oral concentrate</i> (Diazepam Intensol)	Tier 1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Tier 1	
<i>diazepam oral tablet</i> (Valium)	Tier 1	
LORAZEPAM INTENSOL (lorazepam)	Tier 1	
<i>lorazepam oral</i> (Ativan)	Tier 1	
<i>oxazepam</i>	Tier 1	
Anti-Anxiety Drugs		
<i>buspirone</i>	Tier 1	
<i>meprobamate</i>	Tier 1	

Drug	Status	Notes
Anti-Mania Drugs		
EQUETRO	Tier 3	
<i>lithium carbonate</i> (Lithobid)	Tier 1	
<i>lithium citrate</i>	Tier 1	
Anti-Narcolepsy & Anti-Cataplexy, Sedative-Type Agt		
LUMRYZ	Tier 3	PA; SP
LUMRYZ STARTER PACK	Tier 3	PA; SP
<i>sodium oxybate</i> (Xyrem)	Tier 3	PA; SP
XYWAV	Tier 3	PA; SP
Antipsych, Dopamine Antag., Diphenylbutylpiperidines		
<i>pimozide</i>	Tier 1	
Antipsychotic-Atypical, D3/D2 Partial Ag-5Ht Mixed		
VRAYLAR ORAL CAPSULE	Tier 2	QL (1 EA per 1 day)
Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML	Tier 2	QL (2.4 ML per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 960 MG/3.2 ML	Tier 2	QL (3.2 ML per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG	Tier 2	QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 400 MG	Tier 2	QL (2 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG	Tier 2	QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 400 MG	Tier 2	QL (2 EA per 26 days)
<i>aripiprazole oral solution</i>	Tier 1	ST: At least 2 prior prescriptions for generic SSRIs, SNRIs, or atypical antipsychotics within the past 365 days
<i>aripiprazole oral tablet</i> (Abilify)	Tier 1	
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	Tier 1	ST: At least 2 prior prescriptions for generic SSRIs, SNRIs, or atypical antipsychotics within the past 365 days; QL (3 EA per 1 day)

Drug	Status	Notes
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	Tier 1	ST: At least 2 prior prescriptions for generic SSRIs, SNRIs, or atypical antipsychotics within the past 365 days; QL (2 EA per 1 day)
ARISTADA INITIO	Tier 3	
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	Tier 2	QL (3.9 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	Tier 2	QL (1.6 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	Tier 2	QL (2.4 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	Tier 2	QL (3.2 ML per 14 days)
OPIPZA	Tier 3	ST: Requires prior prescription for generic Aripiprazole tablets within the past 120 days
REXULTI ORAL TABLET	Tier 2	QL (1 EA per 1 day)
Antipsychotics, Dopamine & Serotonin Antagonists		
ADASUVE	Tier 2	SP
<i>loxapine succinate</i>	Tier 1	
Antipsychotics, Atypical, Dopamine, & Serotonin Antag		
<i>asenapine maleate</i> (Saphris)	Tier 1	QL (2 EA per 1 day)
CAPLYTA	Tier 2	QL (1 EA per 1 day)
<i>clozapine oral tablet</i> (Clozaril)	Tier 1	
<i>clozapine oral tablet, disintegrating</i>	Tier 1	QL (3 EA per 1 day)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	Tier 3	QL (1.5 ML per 21 days)
FANAPT	Tier 3	ST: Requires prior prescriptions for two generic atypical antipsychotics within the past 365 days; QL (2 EA per 1 day)
FANAPT TITRATION PACK A	Tier 3	ST: Requires prior prescriptions for two generic atypical antipsychotics within the past 365 days; QL (8 EA per 28 days)

Drug	Status	Notes
FANAPT TITRATION PACK B	Tier 3	ST: Requires prior prescriptions for two generic atypical antipsychotics within the past 365 days; QL (12 EA per 28 days)
FANAPT TITRATION PACK C	Tier 3	ST: Requires prior prescriptions for two generic atypical antipsychotics within the past 365 days; QL (8 EA per 28 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	Tier 2	QL (3.5 ML per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	Tier 2	QL (5 ML per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	Tier 2	QL (0.75 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	Tier 2	QL (1 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	Tier 2	QL (1.5 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	Tier 2	QL (0.25 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	Tier 2	QL (0.5 ML per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	Tier 2	QL (88 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	Tier 2	QL (1.32 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	Tier 2	QL (1.75 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	Tier 2	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	Tier 3	ST: Requires prior prescription for a generic atypical antipsychotic within the past 365 days; QL (1 EA per 1 day)
<i>olanzapine oral</i> (Zyprexa)	Tier 1	

Drug	Status	Notes
<i>paliperidone oral tablet extended release</i> 24hr 1.5 mg	Tier 1	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release</i> (Invega) 24hr 3 mg, 9 mg	Tier 1	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release</i> (Invega) 24hr 6 mg	Tier 1	QL (2 EA per 1 day)
PERSERIS	Tier 3	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 150 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>quetiapine oral tablet extended release</i> (Seroquel XR) 24 hr	Tier 1	
<i>risperidone microspheres</i> (Risperdal Consta)	Tier 1	QL (1 EA per 14 days)
<i>risperidone oral solution</i> (Risperdal)	Tier 1	
<i>risperidone oral tablet</i> (Risperdal)	Tier 1	
<i>risperidone oral tablet,disintegrating</i>	Tier 1	
RYKINDO (risperidone microspheres)	Tier 2	QL (1 EA per 14 days)
SECUADO	Tier 3	ST: Requires prior prescriptions for two generic atypical antipsychotics within the past 365 days; QL (1 EA per 1 day)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	Tier 2	QL (0.28 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	Tier 2	QL (0.35 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	Tier 2	QL (0.42 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	Tier 2	QL (0.56 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	Tier 2	QL (0.7 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	Tier 2	QL (0.14 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	Tier 2	QL (0.21 ML per 28 days)

Drug	Status	Notes
VERSACLOZ	Tier 3	ST: Requires prior prescriptions for two generic atypical antipsychotics within the past 365 days; QL (18 ML per 1 day)
<i>ziprasidone hcl</i> (Geodon)	Tier 1	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	Tier 3	QL (1 EA per 14 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	Tier 3	QL (1 EA per 28 days)
Antipsychotics,Dopamine Antagonists, Thioxanthenes		
<i>thiothixene</i>	Tier 1	
Antipsychotics,Dopamine Antagonists,Butyrophenones		
<i>haloperidol</i>	Tier 1	
<i>haloperidol lactate oral</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</i>	Tier 1	
<i>fluphenazine hcl oral</i>	Tier 1	
<i>perphenazine</i>	Tier 1	
<i>thioridazine</i>	Tier 1	
<i>trifluoperazine</i>	Tier 1	
Barbiturates		
<i>phenobarbital</i>	Tier 1	
Hsdd Agents-Mixed Serotonin Agonist/Antagonists		
ADDYI	Tier 3	PA
VYLEESI	Tier 3	PA
Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists		
HETLIOZ LQ	Tier 3	PA; SP
<i>ramelteon</i> (Rozerem)	Tier 1	ST: Requires prior prescription for Eszopiclone (Lunesta), Zaleplon (Sonata), or Zolpidem IR (Ambien) within the past 120 days

Drug	Status	Notes
<i>tasimelteon</i> (Hetlioz)	Tier 1	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</i> (Provigil)	Tier 1	QL (2 EA per 1 day)
SUNOSI	Tier 2	PA
Narcolepsy Tx-H3-Recept.Antagonist/Inverse Agonist		
WAKIX	Tier 3	PA; SP
Narcotic Antagonists		
KLOXXADO	Tier 2	QL (4 EA per 30 days)
LOTREXONE	Tier 3	
<i>naloxone injection syringe</i>	Tier 1	
NALTREX	Tier 3	
<i>naltrexone</i>	Tier 1	
OPVEE	Tier 3	QL (4 EA per 30 days)
ZIMHI	Tier 3	QL (2 ML per 30 days)
Sedative-Hypnotics - Benzodiazepines		
<i>estazolam</i>	Tier 1	
<i>flurazepam</i>	Tier 1	
<i>midazolam oral syrup 2 mg/ml</i>	Tier 1	
<i>quazepam</i> (Doral)	Tier 1	ST: Requires prior prescription for one of the following generics: Eszopiclone, Flurazepam, Temazepam, Zaleplon, or Zolpidem tablets within the past 120 days
<i>temazepam</i> (Restoril)	Tier 1	
<i>triazolam</i> (Halcion)	Tier 1	
Sedative-Hypnotics,Non-Barbiturate		
BELSOMRA	Tier 2	ST: Requires prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 130 days; QL (1 EA per 1 day)
DAYVIGO	Tier 2	ST: Requires prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 130 days; QL (1 EA per 1 day)

Drug	Status	Notes
<i>doxepin oral tablet</i> (Silenor)	Tier 1	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</i> (Lunesta)	Tier 1	QL (1 EA per 1 day)
QUVIVIQ	Tier 3	ST: Requires prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 130 days; QL (1 EA per 1 day)
<i>zaleplon</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral tablet</i> (Ambien)	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral tablet,ext release multiphase</i> (Ambien CR)	Tier 1	QL (1 EA per 1 day)
<i>zolpidem sublingual</i>	Tier 1	QL (1 EA per 1 day)
Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)		
NUPLAZID	Tier 3	PA; SP
Ssri &Antipsych,Atyp,Dopamine&Serotonin Antag Comb		
<i>olanzapine-fluoxetine</i>	Tier 1	QL (1 EA per 1 day)
Tx For Adhd - Selective Alpha-2A Receptor Agonist		
<i>clonidine hcl oral tablet extended release 12 hr</i>	Tier 1	
<i>guanfacine oral tablet extended release 24 hr</i> (Intuniv ER)	Tier 1	
ONYDA XR	Tier 3	ST: Requires prior prescription for Clonidine 0.1mg ER tablets within the past 120 days; QL (4 ML per 1 day)
Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy		
AZSTARYS	Tier 2	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day)

Drug		Status	Notes
<i>dexmethylphenidate oral capsule, er biphasic 50-50</i>	(Focalin XR)	Tier 1	QL (1 EA per 1 day)
<i>dexmethylphenidate oral tablet</i>	(Focalin)	Tier 1	QL (2 EA per 1 day)
JORNAY PM		Tier 2	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day)
<i>methylphenidate</i>	(Daytrana)	Tier 1	ST: Requires prior prescription for oral Methylphenidate CD/ER/LA formulation or Methylphenidate suspension/solution within the past 120 days; QL (1 EA per 1 day)
<i>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</i>	(Methylin)	Tier 1	
<i>methylphenidate hcl oral tablet</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</i>		Tier 1	QL (6 EA per 1 day)
<i>methylphenidate hcl oral tablet, chewable 2.5 mg, 5 mg</i>		Tier 1	QL (90 EA per 30 days)

Drug	Status	Notes
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	Tier 3	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	Tier 3	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (2 EA per 1 day)
QUILLIVANT XR 25 MG/5 ML SUSP	Tier 3	120mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (240 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP	Tier 3	150mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (300 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP	Tier 3	180mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (360 ML per 30 days)

Drug	Status	Notes
QUILLIVANT XR 25 MG/5 ML SUSP	Tier 3	60mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (60 ML per 30 days)
Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type		
<i>atomoxetine</i>	Tier 1	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	Tier 3	ST: Requires prior prescription for Atomoxetine, Clonidine ER (Kapvay), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (INTUNIV), or generic IR Methylphenidate within the past 120 days; QL (1 EA per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	Tier 3	ST: Requires prior prescription for Atomoxetine, Clonidine ER (Kapvay), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (INTUNIV), or generic IR Methylphenidate within the past 120 days; QL (2 EA per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	Tier 3	ST: Requires prior prescription for Atomoxetine, Clonidine ER (Kapvay), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (INTUNIV), or generic IR Methylphenidate within the past 120 days; QL (3 EA per 1 day)
Cardiovascular Disease - Arrhythmia		
Antiarrhythmics		
<i>amiodarone oral</i> (Pacerone)	Tier 1	
<i>disopyramide phosphate oral capsule</i> (Norpace)	Tier 1	
<i>dofetilide</i> (Tikosyn)	Tier 1	

Drug	Status	Notes
<i>flecainide</i>	Tier 1	
<i>mexiletine</i>	Tier 1	
MULTAQ	Tier 2	
NORPACE CR (disopyramide phosphate)	Tier 2	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG (amiodarone)	Tier 1	
<i>propafenone</i>	Tier 1	
<i>quinidine gluconate oral</i>	Tier 1	
<i>quinidine sulfate oral tablet</i>	Tier 1	
Cardiovascular Disease - Cardiac Stimulant		
Adrenergic Agents,Catecholamines		
<i>epinephrine injection syringe 0.1 mg/ml</i>	Tier 1	
Digitalis Glycosides		
DIGITEK (digoxin)	Tier 1	
<i>digoxin oral solution</i>	Tier 3	
<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
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)	Tier 3	
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG) (digoxin)	Tier 3	PA
Cardiovascular Disease - Hypertension		
Ace Inhibitor/Calcium Channel Blocker Combination		
<i>amlodipine-benazepril</i> (Lotrel)	Tier 1	
<i>trandolapril-verapamil</i>	Tier 1	
Ace Inhibitor/Thiazide & Thiazide-Like Diuretic		
<i>benazepril-hydrochlorothiazide</i> (Lotensin HCT)	Tier 1	
<i>captopril-hydrochlorothiazide</i>	Tier 1	
<i>enalapril-hydrochlorothiazide</i> (Vaseretic)	Tier 1	
<i>fosinopril-hydrochlorothiazide</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide</i> (Zestoretic)	Tier 1	
<i>quinapril-hydrochlorothiazide</i> (Accuretic)	Tier 1	
Alpha/Beta-Adrenergic Blocking Agents		
<i>carvedilol</i> (Coreg)	Tier 1	
<i>carvedilol phosphate</i> (Coreg CR)	Tier 1	QL (1 EA per 1 day)
<i>labetalol oral</i>	Tier 1	
Alpha-Adrenergic Blocking Agents		
CARDURA XL	Tier 3	
<i>doxazosin</i> (Cardura)	Tier 1	

Drug		Status	Notes
<i>phenoxybenzamine</i>	(Dibenzylamine)	Tier 1	PA; SP
<i>prazosin</i>		Tier 1	
<i>terazosin</i>		Tier 1	
TEZRULY		Tier 3	PA
Angioten.Receptr Antag./Calc.Chanl Blkr/Thiazide Cb			
<i>amlodipine-valsartan-hcthiiazid</i>	(Exforge HCT)	Tier 1	
<i>olmesartan-amlodipin-hcthiiazid</i>	(Tribenzor)	Tier 1	
Angiotensin Receptor Antag./Thiazide Diuretic Comb			
<i>candesartan-hydrochlorothiazid</i>	(Atacand HCT)	Tier 1	
<i>irbesartan-hydrochlorothiazide</i>	(Avalide)	Tier 1	
<i>losartan-hydrochlorothiazide</i>	(Hyzaar)	Tier 1	
<i>olmesartan-hydrochlorothiazide</i>	(Benicar HCT)	Tier 1	
<i>telmisartan-hydrochlorothiazid</i>	(Micardis HCT)	Tier 1	
<i>valsartan-hydrochlorothiazide</i>	(Diovan HCT)	Tier 1	
Angiotensin Receptor Antgnst & Calc.Channel Blockr			
<i>amlodipine-olmesartan</i>	(Azor)	Tier 1	
<i>amlodipine-valsartan</i>	(Exforge)	Tier 1	
<i>telmisartan-amlodipine</i>		Tier 1	
Antihypertensives, Ace Inhibitors			
<i>benazepril</i>	(Lotensin)	Tier 1	
<i>captopril</i>		Tier 1	
<i>enalapril maleate oral solution</i>	(Epaned)	Tier 1	PA
<i>enalapril maleate oral tablet</i>	(Vasotec)	Tier 1	
<i>fosinopril</i>		Tier 1	
<i>lisinopril</i>	(Zestril)	Tier 1	
<i>moexipril</i>		Tier 1	
<i>perindopril erbumine</i>		Tier 1	
QBRELIS		Tier 3	PA
<i>quinapril</i>	(Accupril)	Tier 1	
<i>ramipril</i>	(Altace)	Tier 1	
<i>trandolapril</i>		Tier 1	
Antihypertensives, Angiotensin Receptor Antagonist			
ARB LI		Tier 3	PA
<i>candesartan</i>	(Atacand)	Tier 1	
<i>eprosartan</i>		Tier 1	
<i>irbesartan</i>	(Avapro)	Tier 1	
<i>losartan</i>	(Cozaar)	Tier 1	
<i>olmesartan</i>	(Benicar)	Tier 1	
<i>telmisartan</i>	(Micardis)	Tier 1	

Drug	Status	Notes
<i>valsartan oral tablet</i> (Diovan)	Tier 1	
Antihypertensives, Ganglionic Blockers		
VECAMEYL	Tier 3	PA; SP
Antihypertensives, Miscellaneous		
<i>metyrosine</i> (Demser)	Tier 1	PA; SP
Antihypertensives, Sympatholytic		
<i>clonidine</i> (Catapres-TTS-1)	Tier 1	
<i>clonidine hcl oral tablet</i>	Tier 1	
<i>guanfacine oral tablet</i>	Tier 1	
<i>methyldopa</i>	Tier 1	
<i>methyldopa-hydrochlorothiazide</i>	Tier 1	
Antihypertensives, Vasodilators		
<i>hydralazine oral</i>	Tier 1	
<i>minoxidil oral</i>	Tier 1	
Antihypertensives, Endothelin Receptor Antagonists		
TRYVIO	Tier 3	PA; SP
VANRAFIA	Tier 3	PA; SP
Beta-Adrenergic Blocking Agents		
<i>acebutolol</i>	Tier 1	
<i>atenolol</i> (Tenormin)	Tier 1	
<i>betaxolol oral</i>	Tier 1	
<i>bisoprolol fumarate</i>	Tier 1	
HEMANGEOL	Tier 3	ST: Requires prior prescription for generic Propranolol oral solution within the past 120 days if 1 year of age and older; QL (360 ML per 30 days)
KAPSPARGO SPRINKLE	Tier 3	
LOPRESSOR ORAL SOLUTION	Tier 3	PA
<i>metoprolol succinate</i> (Toprol XL)	Tier 1	
<i>metoprolol tartrate oral</i> (Lopressor)	Tier 1	
<i>nadolol</i>	Tier 1	
<i>nebivolol</i> (Bystolic)	Tier 1	
<i>pindolol</i>	Tier 1	
<i>propranolol oral</i> (Inderal LA)	Tier 1	
SOTALOL AF (sotalol)	Tier 1	
<i>sotalol oral</i> (Betapace)	Tier 1	
SOTYLIZE	Tier 3	QL: 8 BOTTLES IN 30 DAYS; ST: Requires prior prescription for Sotalol tablets within the past 120 days
<i>timolol maleate oral</i>	Tier 1	

Drug	Status	Notes
Beta-Adrenergic Blocking Agents/Thiazide & Related		
<i>atenolol-chlorthalidone</i> (Tenoretic 100)	Tier 1	
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz</i>	Tier 1	
<i>propranolol-hydrochlorothiazid</i>	Tier 1	
Calcium Channel Blocking Agents		
<i>amlodipine</i> (Norvasc)	Tier 1	
CARTIA XT (diltiazem hcl)	Tier 1	
CONJUPRI ORAL TABLET 2.5 MG (levamlodipine)	Tier 3	PA
<i>diltiazem hcl oral</i> (Cardizem)	Tier 1	
DILT-XR (diltiazem hcl)	Tier 1	
<i>felodipine</i>	Tier 1	
<i>isradipine</i>	Tier 1	
<i>levamlodipine</i> (Conjupri)	Tier 1	PA
MATZIM LA (diltiazem hcl)	Tier 1	
<i>nicardipine oral</i>	Tier 1	
<i>nifedipine</i> (Procardia XL)	Tier 1	
<i>nimodipine oral capsule</i>	Tier 1	
<i>nimodipine oral solution</i>	Tier 1	PA; SP
<i>nisoldipine</i> (Sular)	Tier 1	
NORLIQVA	Tier 3	PA
NYMALIZE	Tier 3	PA
TIADYLT ER (diltiazem hcl)	Tier 1	
<i>verapamil oral</i>	Tier 1	
Loop Diuretics		
<i>bumetanide oral</i>	Tier 1	
<i>ethacrynic acid</i> (Edecrin)	Tier 1	PA
FUROSCIX	Tier 3	PA; SP
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>furosemide oral tablet</i> (Lasix)	Tier 1	
<i>torsemide oral</i>	Tier 1	
Potassium Sparing Diuretics		
<i>amiloride</i>	Tier 1	
<i>eplerenone</i> (Inspra)	Tier 1	
KERENDIA	Tier 3	PA
<i>spironolactone oral suspension</i> (CaroSpir)	Tier 1	PA
<i>spironolactone oral tablet</i> (Aldactone)	Tier 1	
<i>triamterene</i> (Dyrenium)	Tier 1	
Potassium Sparing Diuretics In Combination		
<i>amiloride-hydrochlorothiazide</i>	Tier 1	

Drug		Status	Notes
<i>spironolacton-hydrochlorothiaz</i>		Tier 1	
<i>triamterene-hydrochlorothiazid</i>		Tier 1	
Pulm Anti-Htn,Soluble Guanylate Cyclase Stimulator			
ADEMPAS		Tier 2	PA; SP
Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib			
ALYQ	(tadalafil (pulm. hypertension))	Tier 1	PA; SP; QL (2 EA per 1 day)
LIQREV		Tier 3	PA; SP
<i>sildenafil (pulm.hypertension) oral</i>	(Revatio)	Tier 1	PA
<i>tadalafil (pulm. hypertension)</i>	(Alyq)	Tier 1	PA; SP; QL (2 EA per 1 day)
Pulmonary Anti-Htn, Endothelin Receptor Antagonist			
<i>ambrisentan</i>	(Letairis)	Tier 1	PA; SP
<i>bosentan</i>	(Tracleer)	Tier 1	PA; SP
OPSUMIT		Tier 2	PA; SP
TRACLEER ORAL TABLET FOR SUSPENSION	(bosentan)	Tier 2	PA; SP
Pulmonary Antihyper Agent, Actriia-Fc			
WINREVAIR		Tier 2	PA; SP
Pulmonary Antihypertensives, Prostacyclin-Type			
ORENITRAM		Tier 2	PA; SP
ORENITRAM MONTH 1 TITRATION KT		Tier 2	PA; SP
ORENITRAM MONTH 2 TITRATION KT		Tier 2	PA; SP
ORENITRAM MONTH 3 TITRATION KT		Tier 2	PA; SP
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	(treprostinil sodium)	Tier 3	PA; SP
<i>treprostinil sodium</i>	(Remodulin)	Tier 1	PA; SP
TYVASO		Tier 2	PA; SP
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG		Tier 2	PA; SP
TYVASO INSTITUTIONAL START KIT		Tier 2	PA; SP
TYVASO REFILL KIT		Tier 2	PA; SP
TYVASO STARTER KIT		Tier 2	PA; SP
UPTRAVI ORAL		Tier 2	PA; SP
VENTAVIS		Tier 3	PA; SP
Pulmonary Htn-Endothelin Recept Antg-Cgmp Pde5 Inh			
OPSYNVI		Tier 2	PA; SP

Drug	Status	Notes
Renin Inhibitor, Direct		
<i>aliskiren</i> (Tekturna)	Tier 1	
Thiazide And Related Diuretics		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	
DIURIL	Tier 3	
HEMICLOR	Tier 3	
<i>hydrochlorothiazide</i>	Tier 1	
<i>indapamide</i>	Tier 1	
INZIRQO	Tier 3	PA
<i>metolazone</i>	Tier 1	
THALITONE	Tier 3	
Vasodilators, Combination		
<i>isosorbide-hydralazine</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 - Apo B-100 Synthesis Inhibitor		
TRYNGOLZA	Tier 3	PA; SP
Antihyperlipidemic - Atp Citrate Lyase Inhibitor		
NEXLETOL	Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days
Antihyperlipidemic - Hmg Coa Reductase Inhibitors		
ALTOPREV	Tier 3	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; QL (1 EA per 1 day)
ATORVALIQ	Tier 3	PA

Drug	Status	Notes
<i>atorvastatin oral tablet 10 mg, 20 mg</i> (Lipitor)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, 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	Tier 3	ST: Requires prior prescription for generic Rosuvastatin within the past 120 days; QL (1 EA per 1 day)
FLOLIPID (simvastatin)	Tier 3	PA
<i>fluvastatin oral capsule 20 mg</i>	\$0	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>fluvastatin oral capsule 40 mg</i>	\$0	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; \$0 COPAY IF QUANTITY 2 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)

Drug	Status	Notes
<i>fluvastatin oral tablet extended release 24 hr</i> (Lescol XL)	\$0	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>lovastatin</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>pitavastatin calcium</i> (Livalo)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>pravastatin</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i> (Crestor)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 20 mg, 40 mg</i> (Crestor)	Tier 1	QL (1 EA per 1 day)

Drug	Status	Notes
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin oral tablet 5 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin oral tablet 80 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
Antihyperlipidemic - Mtp Inhibitor		
JUXTAPID	Tier 2	PA; SP
Antihyperlipidemic - Pcsk9 Inhibitors		
REPATHA PUSHTRONEX	Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days
REPATHA SURECLICK	Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days
REPATHA SYRINGE	Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days
Antihyperlipidemic-Acly And Choles Absorp Inhib		
NEXLIZET	Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days
Bile Salt Sequestrants		
<i>cholestyramine (with sugar)</i> (Questran)	Tier 1	
CHOLESTYRAMINE LIGHT	Tier 1	
<i>colesevelam</i> (WelChol)	Tier 1	
<i>colestipol</i> (Colestid)	Tier 1	
PREVALITE	Tier 1	
Lipotropics		
<i>ezetimibe</i> (Zetia)	Tier 1	QL (1 EA per 1 day)
<i>fenofibrate</i> (Lipofen)	Tier 1	

Drug		Status	Notes
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>		Tier 1	
<i>fenofibrate nanocrystallized</i>	(Tricor)	Tier 1	
<i>fenofibric acid</i>	(Fibricor)	Tier 1	
<i>fenofibric acid (choline)</i>		Tier 1	
<i>gemfibrozil</i>	(Lopid)	Tier 1	
<i>icosapent ethyl oral capsule 0.5 gram</i>	(Vascepa)	Tier 1	QL (8 EA per 1 day)
<i>icosapent ethyl oral capsule 1 gram</i>	(Vascepa)	Tier 1	QL (4 EA per 1 day)
<i>niacin oral tablet extended release 24 hr</i>		Tier 1	
NIACOR	(niacin)	Tier 1	
<i>omega-3 acid ethyl esters</i>	(Lovaza)	Tier 1	ST: Requires prior prescription for generic Fenofibrate within the past 120 days; QL (4 EA per 1 day)
Niacin Preparations			
<i>niacin oral tablet 500 mg</i>	(Niacor)	Tier 1	
Cardiovascular Disease - Miscellaneous Agents			
Adrenergic Vasopressor Agents			
<i>droxidopa</i>	(Northera)	Tier 1	PA; SP
<i>midodrine</i>		Tier 1	
Angiotensin Recept-Neprilysin Inhibitor Comb(Arni)			
ENTRESTO ORAL TABLET 24-26 MG	(sacubitril-valsartan)	Tier 2	QL (6 EA per 1 day)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	(sacubitril-valsartan)	Tier 2	QL (2 EA per 1 day)
ENTRESTO SPRINKLE		Tier 3	QL (8 EA per 1 day)
<i>sacubitril-valsartan oral tablet 24-26 mg</i>	(Entresto)	Tier 1	QL (6 EA per 1 day)
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i>	(Entresto)	Tier 1	QL (2 EA per 1 day)
Antianginal & Anti-Ischemic Agents, Non-Hemodynamic			
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>		Tier 1	QL (60 EA per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>		Tier 1	QL (120 EA per 30 days)
Antianginal, Heart Rate Reducing, I(F) Inhibitor			
CORLANOR ORAL SOLUTION		Tier 2	QL (20 ML per 1 day)
<i>ivabradine</i>	(Corlanor)	Tier 1	ST: Requires prior prescription for Bisoprolol, Carvedilol, or Metoprolol Succinate within the past 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
Antihyperlip - Hmg-Coa&Calcium Channel Blocker Cb		
<i>amlodipine-atorvastatin</i> (Caduet)	Tier 1	QL (1 EA per 1 day)
Cardiac Myosin Inhibitor		
CAMZYOS	Tier 3	PA; SP
Protein Stabilizers		
ATTRUBY	Tier 3	PA; SP
VYNDAMAX	Tier 3	PA; SP
VYNDAQEL	Tier 3	PA; SP
Soluble Guanylate Cyclase (Sgc) Stimulator		
VERQUVO	Tier 3	PA
Cardiovascular Disease - Vasodilation		
Vasodilators, Coronary		
<i>isosorbide dinitrate oral tablet</i> (Isordil)	Tier 1	
<i>isosorbide mononitrate</i>	Tier 1	
NITRO-BID (nitroglycerin)	Tier 2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 2	
<i>nitroglycerin sublingual</i> (Nitrostat)	Tier 1	
<i>nitroglycerin transdermal patch 24 hour</i> (Nitro-Dur)	Tier 1	
<i>nitroglycerin translingual</i> (Nitrolingual)	Tier 1	
NITROMIST (nitroglycerin)	Tier 3	
NITRO-TIME (nitroglycerin)	Tier 1	
Vasodilators, Peripheral		
<i>ergoloid</i>	Tier 1	
<i>papaverine injection solution</i>	Tier 1	
Contraception/Oxytocics		
Contraceptives, Intravaginal, Systemic		
ANNOVERA	\$0	
ELURYNG (etonogestrel-ethinyl estradiol)	\$0	
ENILLORING (etonogestrel-ethinyl estradiol)	\$0	
<i>etonogestrel-ethinyl estradiol</i> (EluRyng)	\$0	
HALOETTE (etonogestrel-ethinyl estradiol)	\$0	
Contraceptives, Implantable		
NEXPLANON	\$0	\$0 COPAY IF LIMITED TO 1 IN 365 DAYS
Contraceptives, Injectable		
DEPO-SUBQ PROVERA 104	\$0	\$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (0.65 ML per 84 days)

Drug		Status	Notes
<i>medroxyprogesterone intramuscular</i>	(Depo-Provera)	\$0	\$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
Contraceptives,Intravaginal			
PHEXXI		\$0	
VAGINAL CONTRACEPTIVE FILM		\$0	
VCF CONTRACEPTIVE FILM		\$0	
VCF CONTRACEPTIVE GEL		\$0	
Contraceptives,Oral			
AFIRMELLE	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AFTER PILL	(levonorgestrel)	\$0	
AFTERA	(levonorgestrel)	\$0	
ALTAVERA (28)	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ALYACEN 1/35 (28)	(norethindrone-ethin estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ALYACEN 7/7/7 (28)		\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AMETHIA	(l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
AMETHYST (28)	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
APRI	(desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ARANELLE (28)		\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ASHLYNA	(l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
AUBRA	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUBRA EQ	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUROVELA 1.5/30 (21)	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUROVELA 1/20 (21)	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUROVELA 24 FE	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUROVELA FE 1.5/30 (28)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUROVELA FE 1-20 (28)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AVERI		\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS

Drug		Status	Notes
AVIANE	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AYUNA	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AZURETTE (28)	(desog-e.estradiol/e.estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
BALZIVA (28)		\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
BLISOVI 24 FE	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
BLISOVI FE 1.5/30 (28)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
BLISOVI FE 1/20 (28)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
BRIELLYN		\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
CAMILA	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
CAMRESE	(l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
CAMRESE LO	(l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
CAZIAN (28)		\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
CHARLOTTE 24 FE	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
CHATEAL EQ (28)	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
CRYSELLE (28)	(norgestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
CYRED	(desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
CYRED EQ	(desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
DASETTA 1/35 (28)	(norethindrone-ethin estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
DASETTA 7/7/7 (28)		\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
DAYSEE	(l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
DEBLITANE	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>desog-e.estradiol/e.estradiol</i>	(Azurette (28))	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS

Drug		Status	Notes
DOLISHALE	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>drospirenone-e.estradiol-lm.fa</i>	(Beyaz)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>drospirenone-ethinyl estradiol</i>	(Jasmiel (28))	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ECONTRA EZ	(levonorgestrel)	\$0	
ECONTRA ONE-STEP	(levonorgestrel)	\$0	
ELINEST	(norgestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ELLA		\$0	
EMZAHH	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ENPRESSE	(levonorg-eth estrad triphasic)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ENSKYCE	(desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ERRIN	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ESTARYLLA	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>ethynodiol diac-eth estradiol</i>	(Kelnor 1/35 (28))	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
FALMINA (28)	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
FEIRZA	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
FEMLYV		\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
FINZALA	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
GALBRIELA	(noreth-ethinyl estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
GEMMILY	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
HAILEY	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
HAILEY 24 FE	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
HAILEY FE 1.5/30 (28)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
HAILEY FE 1/20 (28)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
HEATHER	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
HER STYLE	(levonorgestrel)	\$0	

Drug		Status	Notes
ICLEVIA	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
INCASSIA	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
INTROVALE	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
ISIBLOOM	(desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
JAIMIESS	(l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
JASMIEL (28)	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
JENCYCLA	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
JOLESSA	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
JOYEAUX	(levonorgest-eth.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (28 EA per 28 days)
JULEBER	(desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
JUNEL 1.5/30 (21)	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
JUNEL 1/20 (21)	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
JUNEL FE 1.5/30 (28)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
JUNEL FE 1/20 (28)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
JUNEL FE 24	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
KAITLIB FE	(noreth-ethinyl estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
KALLIGA	(desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
KARIVA (28)	(desog-e.estradiol/e.estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
KELNOR 1/35 (28)	(ethynodiol diac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
KELNOR 1/50 (28)	(ethynodiol diac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
KURVELO (28)	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS

Drug		Status	Notes
<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	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; 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	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<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	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
LARIN 1.5/30 (21)	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LARIN 1/20 (21)	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LARIN 24 FE	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LARIN FE 1.5/30 (28)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LARIN FE 1/20 (28)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LAYOLIS FE	(noreth-ethinyl estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LEENA 28		\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LESSINA	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LEVONEST (28)	(levonorg-eth estrad triphasic)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>levonorgest-eth.estradiol-iron</i>	(Joyeaux)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (28 EA per 28 days)
<i>levonorgestrel</i>	(After Pill)	\$0	
<i>levonorgestrel-ethinyl estrad oral tablet</i>	(Afirmelle)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	(Iclevia)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
<i>levonorg-eth estrad triphasic</i>	(Enpresse)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LEVORA-28	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LO LOESTRIN FE		\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LOJAIMIESS	(l norgest/e.estradiol-e.estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
LORYNA (28)	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS

Drug		Status	Notes
LOW-OGESTREL (28)	(norgestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LO-ZUMANDIMINE (28)	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LUTERA (28)	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LYLEQ	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LYZA	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MARLISSA (28)	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MELEYA	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MERZEE	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MIBELAS 24 FE	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MICROGESTIN 1.5/30 (21)	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MICROGESTIN 1/20 (21)	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MICROGESTIN FE 1.5/30 (28)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MICROGESTIN FE 1/20 (28)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MILI	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MINZOYA	(levonorgest-eth.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (28 EA per 28 days)
MONO-LINYAH	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MY CHOICE	(levonorgestrel)	\$0	
MY WAY	(levonorgestrel)	\$0	
NATAZIA		\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
NECON 0.5/35 (28)		\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
NEW DAY	(levonorgestrel)	\$0	
NEXTSTELLIS		\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (1 EA per 1 day)
NIKKI (28)	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
NORA-BE	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS

Drug		Status	Notes
noreth-ethinyl estradiol-iron	(Galbriela)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
norethindrone (contraceptive)	(Camila)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	(Aurovela 1.5/30 (21))	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	(Aurovela 1/20 (21))	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
norethindrone-e.estradiol-iron oral capsule	(Gemmily)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Aurovela Fe 1.5/30 (28))	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
norethindrone-e.estradiol-iron oral tablet, chewable	(Charlotte 24 Fe)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
norgestimate-ethinyl estradiol	(Estarylla)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
NORTREL 0.5/35 (28)		\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
NORTREL 1/35 (21)		\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
NORTREL 1/35 (28)	(norethindrone-ethin estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
NORTREL 7/7/7 (28)		\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
NYLIA 1/35 (28)	(norethindrone-ethin estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
NYLIA 7/7/7 (28)		\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
OCELLA	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
OPCICON ONE-STEP	(levonorgestrel)	\$0	
OPILL		\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
OPTION-2	(levonorgestrel)	\$0	
ORQUIDEA	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
PHILITH		\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
PIMTREA (28)	(desog-e.estradiol/e.estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
PORTIA 28	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
RECLIPSEN (28)	(desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
RIVELSA	(l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS

Drug		Status	Notes
ROSYRAH	(l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
SETLAKIN	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
SHAROBEL	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
SIMLIYA (28)	(desog-e.estradiol/e.estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
SIMPESSE	(l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
SLYND		\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (28 EA per 28 days)
SPRINTEC (28)	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
SRONYX	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
SYEDA	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TAKE ACTION	(levonorgestrel)	\$0	
TARINA 24 FE	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TARINA FE 1/20 (28)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TARINA FE 1-20 EQ (28)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TILIA FE	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-ESTARYLLA	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LEGEST FE	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LINYAH	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LO-ESTARYLLA	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LO-MARZIA	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LO-MILI	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LO-SPRINTEC	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-MILI	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS

Drug		Status	Notes
TRI-SPRINTEC (28)	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRIVORA (28)	(levonorg-eth estrad triphasic)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-VYLIBRA	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-VYLIBRA LO	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TULANA	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TURQOZ (28)	(norgestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TYBLUME		\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TYDEMY	(drospirenone-e.estradiol-lm.fa)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
VALTYA	(ethynodiol diac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
VELIVET TRIPHASIC REGIMEN (28)		\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
VESTURA (28)	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
VIENVA	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
VIORELE (28)	(desog-e.estradiol/e.estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
VOLNEA (28)	(desog-e.estradiol/e.estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
VYFEMLA (28)		\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
VYLIBRA	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
WERA (28)		\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
WYMZYA FE	(noreth-ethinyl estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
XARAH FE	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
XELRIA FE	(noreth-ethinyl estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ZARAH	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ZOVIA 1-35 (28)	(ethynodiol diac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ZUMANDIMINE (28)	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS

Drug		Status	Notes
Contraceptives, Transdermal			
<i>norelgestromin-ethin.estradiol</i>	(Xulane)	\$0	
TWIRLA		\$0	
XULANE	(norelgestromin-ethin.estradiol)	\$0	
ZAFEMY	(norelgestromin-ethin.estradiol)	\$0	
Diaphragms/Cervical Cap			
CAYA CONTOURED		\$0	
FEMCAP		\$0	
WIDE-SEAL DIAPHRAGM 60		\$0	
WIDE-SEAL DIAPHRAGM 65		\$0	
WIDE-SEAL DIAPHRAGM 70		\$0	
WIDE-SEAL DIAPHRAGM 75		\$0	
WIDE-SEAL DIAPHRAGM 80		\$0	
WIDE-SEAL DIAPHRAGM 85		\$0	
WIDE-SEAL DIAPHRAGM 90		\$0	
WIDE-SEAL DIAPHRAGM 95		\$0	
Intra-Uterine Devices (IUD's)			
KYLEENA		\$0	
LILETTA		\$0	
MIRENA		\$0	
MIUDELLA		\$0	
PARAGARD T 380A		\$0	
PARAGARD T380A (SINGLE HAND)		\$0	
SKYLA		\$0	
Oxytocics			
CERVIDIL		Tier 3	
<i>methylergonovine oral</i>		Tier 1	QL (28 EA per 30 days)
PREPIDIL		Tier 3	
Cough And Cold			
1st Gen Antihistamine & Decongestant Combinations			
<i>promethazine-phenylephrine</i>	(Promethazine VC)	Tier 1	
1st Gen Antihist-Decongest-Anticholinergic Comb			
RESPA-AR		Tier 1	
Antitussives, Non-Narcotic			
<i>benzonatate</i>		Tier 1	
Narcotic Antituss-1st Gen. Antihistamine-Decongest			
HISTEX-AC		Tier 3	Age (Min 12 Years)
MAR-COF BP		Tier 1	Age (Min 12 Years)
MAXI-TUSS CD		Tier 3	Age (Min 12 Years)

Drug		Status	Notes
POLY-TUSSIN AC		Tier 3	Age (Min 12 Years)
RYDEX		Tier 1	Age (Min 12 Years)
Narcotic Antituss-Decongestant-Expectorant Comb			
CODITUSSIN DAC		Tier 3	Age (Min 12 Years)
GUAIFENESIN DAC		Tier 1	Age (Min 12 Years)
Narcotic Antitussive-1St Generation Antihistamine			
<i>hydrocodone-chlorpheniramine</i>		Tier 1	QL (10 ML per 1 day); Age (Min 18 Years)
<i>promethazine-codeine</i>		Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
TUXARIN ER		Tier 3	ST: Requires prior prescription for Promethazine/Codeine within the past 120 days; QL (2 EA per 1 day); Age (Min 18 Years)
Narcotic Antitussive-Anticholinergic Comb.			
<i>hydrocodone-homatropine oral solution 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</i>	(Hycodan (with homatropine))	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
HYDROMET	(hydrocodone-homatropine)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
Narcotic Antitussive-Expectorant Combination			
<i>codeine-guaifenesin</i>	(G Tussin AC)	Tier 1	Age (Min 12 Years)
CODITUSSIN AC	(codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
G TUSSIN AC	(codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
GUAIFENESIN AC	(codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
MAR-COF CG		Tier 1	Age (Min 12 Years)
MAXI-TUSS AC	(codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
NINJACOF-XG		Tier 1	Age (Min 12 Years)
Non-Narc Antituss-1St Gen. Antihistamine-Decongest			
BROMFED DM	(brompheniramine-pseudoeph-dm)	Tier 1	
<i>brompheniramine-pseudoeph-dm</i>	(Bromfed DM)	Tier 1	
Non-Narc Antitussive-1St Gen Antihistamine Comb.			
<i>promethazine-dm</i>		Tier 1	
Dermatology - Acne			
Acne Agents, Systemic			
ACCUTANE	(isotretinoin)	Tier 1	

Drug		Status	Notes
AMNESTEEM	(isotretinoin)	Tier 1	
CLARAVIS	(isotretinoin)	Tier 1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	(Accutane)	Tier 1	
ZENATANE	(isotretinoin)	Tier 1	
Acne Agents, Topical			
ACIOXIAY	(azelaic acid-niacinamide)	Tier 3	
ADAINZOXIA	(adapalene-benzoyl perox-niacin)	Tier 3	
ADALINA	(spironolactone-niacinamide)	Tier 3	
<i>adapalene-benzoyl peroxide</i>	(Epiduo)	Tier 1	
ADEINZDE		Tier 3	
ADERMICA	(tretinoin-benzoyl-clinda-niac)	Tier 3	
ADERMICA HP		Tier 3	
ADMIRAZOL		Tier 3	
ADMIRAZOL HP		Tier 3	
ALIXI		Tier 3	
ALIXI HP		Tier 3	
ALOMIRA	(tretinoin-benzoyl-clinda-niac)	Tier 3	
ALOMIRA HP		Tier 3	
ALOMIRA LP	(tretinoin-benzoyl-clinda-niac)	Tier 3	
ALURIS	(tretinoin-niacinamide)	Tier 3	
ALURIS HP		Tier 3	
ALURIS HP PLUS	(tretinoin-hyaluronate-niacin)	Tier 3	
ALURIS LP	(tretinoin-niacinamide)	Tier 3	
ALURIS LP PLUS	(tretinoin-hyaluronate-niacin)	Tier 3	
ALURIS PLUS	(tretinoin-hyaluronate-niacin)	Tier 3	
ALUXOF		Tier 3	
ALUXOF HP		Tier 3	
APEXOL	(salicylic acid-sulfacetamide)	Tier 3	
APEXOL HP	(salicylic acid-sulfacetamide)	Tier 3	
APHORIA	(adapalene-benzoyl perox-niacin)	Tier 3	
APORIX	(clindamycin-niacinamide)	Tier 3	
ARTILIS	(benzoyl per-clindamycin-niacin)	Tier 1	

Drug		Status	Notes
ARTILIS HP	(benzoyl per-clindamycin-niacin)	Tier 3	
AUGUSTIL	(tretinoin-clinda-spiron-niacin)	Tier 3	
AVIDORA	(tretinoin-clindamycin-niacin)	Tier 3	
AVIDORA HP		Tier 3	
AWANIS		Tier 3	
AZALTA	(tretinoin-spironolact-niacin)	Tier 3	
AZALTA HP	(tretinoin-spironolact-niacin)	Tier 3	
CABTREO		Tier 3	PA
<i>clindamycin-benzoyl peroxide topical gel</i>	(Neuac)	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 %</i>	(Onexton)	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	(Acanya)	Tier 1	ST: Requires prior prescription for generic Clindamycin/Benzoyl Peroxide gel within the past 120 days
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>		Tier 1	
<i>dapsone topical gel 5 %</i>	(Aczone)	Tier 1	
<i>dapsone topical gel with pump</i>	(Aczone)	Tier 1	
DEOXIA	(clindamycin-niacinamide)	Tier 3	
DEOXIADEMTAR	(tretinoin-clinda-spiron-niacin)	Tier 3	
DEOXIATAR		Tier 3	
DEOXIAVAR		Tier 3	
DIADIMAXIA	(dapsone-spironolactone-niacin)	Tier 3	
DIAOXIA	(dapsone-niacinamide)	Tier 3	
DIASAXIATAR		Tier 3	
DIASDIMAXIA	(dapsone-spironolactone-niacin)	Tier 3	
DIASOXIA	(dapsone-niacinamide)	Tier 3	
DIMOXIA	(spironolactone-niacinamide)	Tier 3	
DRAXACE	(salicylic acid-sulfacetamide)	Tier 3	
DRAXACEY	(salicylic acid-sulfacetamide)	Tier 3	
DRIXECE	(salicylic acid-sulfacetamide)	Tier 3	
IDYYXIATAR		Tier 3	

Drug		Status	Notes
INZDEAXIATAR	(tretinoin-benzoyl-clinda-niac)	Tier 3	
INZDEAXIAR		Tier 3	
INZDEOXIA	(benzoyl per-clindamycin-niacin)	Tier 3	
LOUNZDOMDIOXIATAR		Tier 3	
NEUAC	(clindamycin-benzoyl peroxide)	Tier 1	
ONZDEAXIADEMTAR		Tier 3	
ONZDEAXIADEMVAR		Tier 3	
ONZDEAXIATAR	(tretinoin-benzoyl-clinda-niac)	Tier 3	
ONZDEAXIAR	(tretinoin-benzoyl-clinda-niac)	Tier 3	
ONZDEAXIAZAR		Tier 3	
ONZDEOXIA	(benzoyl per-clindamycin-niacin)	Tier 3	
OXIATAR	(tretinoin-hyaluronate-niacin)	Tier 3	
OXIAVARRY	(tretinoin-hyaluronate-niacin)	Tier 3	
OXIAVARY		Tier 3	
OXIAZAR	(tretinoin-hyaluronate-niacin)	Tier 3	
RUMILO	(azelaic acid-niacinamide)	Tier 3	
SAROXIA	(tretinoin-niacinamide)	Tier 3	
SIRVANA		Tier 3	
SORIXIA	(tretinoin-niacinamide)	Tier 3	
<i>sulfacetamide sodium (acne)</i>	(Klaron)	Tier 1	
TARDEOXIA	(tretinoin-clindamycin-niacin)	Tier 3	
TARDIMAXIA	(tretinoin-spironolact-niacin)	Tier 3	
TAROXIA	(tretinoin-niacinamide)	Tier 3	
UNZDOMDIOXIAZAR		Tier 3	
VARDIMAXIA	(tretinoin-spironolact-niacin)	Tier 3	
VAROXIA	(tretinoin-niacinamide)	Tier 3	
Keratolytic-Glucocorticoid Combinations			
VANOXIDE-HC		Tier 2	
Rosacea Agents, Topical			
AVEIDA		Tier 3	
AVEIDAOXIA	(ivermectin-metronidazol-niacin)	Tier 3	

Drug	Status	Notes
<i>azelaic acid</i>	Tier 1	
BAXONIL	Tier 3	
<i>brimonidine topical</i> (Mirvaso)	Tier 1	
DAZAVEIDAOXIA	Tier 3	
DAZOMON	Tier 3	
FINACEA TOPICAL FOAM	Tier 2	
IDARAN	Tier 3	
<i>ivermectin topical cream</i> (Soolantra)	Tier 1	ST: Requires prior prescription for Finacea gel or foam within the past 120 days
<i>metronidazole topical</i> (Metrogel)	Tier 1	
REMYDA	Tier 3	
RESTIMO	Tier 3	
ROSADAN TOPICAL CREAM (metronidazole)	Tier 1	
ROSITARA (ivermectin-metronidazol-niacin)	Tier 3	
ROVIS	Tier 3	
Topical Antiandrogenic Agents		
WINLEVI	Tier 3	PA; QL (60 GM per 30 days)
Topical Preparations, Antibacterials		
BASADROX	Tier 3	
DERMAZENE	Tier 3	
<i>hydrocortisone-iodoquinol</i> (Corti-Sav)	Tier 1	
<i>hydrocortisone-iodoquinol-aloe</i> (Vytone)	Tier 1	
IODOFLEX	Tier 3	
IODOSORB	Tier 3	
LUGOLS TOPICAL (iodine-potassium iodide)	Tier 1	
NORMLGEL AG	Tier 3	
<i>silver nitrate topical solution 0.5 %, 25 %, 50 %</i>	Tier 1	
STRONG IODINE TOPICAL (iodine-potassium iodide)	Tier 1	
Vitamin A Derivatives		
<i>adapalene topical cream</i> (Differin)	Tier 1	
<i>adapalene topical gel 0.3 %</i>	Tier 1	
<i>adapalene topical gel with pump</i> (Differin)	Tier 1	
<i>adapalene topical lotion</i> (Differin)	Tier 1	Age (Max 39 Years)
ALTRENO	Tier 3	
AVITA (tretinoin)	Tier 1	
<i>tretinoin</i> (Atralin)	Tier 1	
<i>tretinoin microspheres topical gel</i> (Retin-A Micro)	Tier 1	Age (Max 39 Years)
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i> (Retin-A Micro Pump)	Tier 1	Age (Max 39 Years)

Drug		Status	Notes
<i>tretinoin microspheres topical gel with pump 0.08 %</i>	(Retin-A Micro Pump)	Tier 1	ST: Requires prior prescriptions for generic Tretinoin Microspheres 0.04% and 0.10% within the past 365 days; Age (Max 39 Years)
Vitamin A Derivatives, Topical Acne Agents			
ALVOX	(tazarotene-niacinamide)	Tier 3	
ALVOX HP	(tazarotene-niacinamide)	Tier 3	
ETHOXIA	(tazarotene-niacinamide)	Tier 3	
ITHOXIA	(tazarotene-niacinamide)	Tier 3	
Dermatology - Antiinfective			
Topical Antibiotics			
BATIZIA	(mupirocin-lidocaine)	Tier 3	
CENTANY AT		Tier 3	
<i>clindamycin phosphate topical foam</i>	(Clindacin)	Tier 1	
<i>clindamycin phosphate topical gel</i>		Tier 1	
<i>clindamycin phosphate topical gel, once daily</i>	(Clindagel)	Tier 1	ST: Requires prior prescription for generic Cleocin 1% gel within the past 120 days
<i>clindamycin phosphate topical lotion</i>	(Cleocin T)	Tier 1	
<i>clindamycin phosphate topical solution</i>		Tier 1	QL (180 ML per 1 FILL)
<i>clindamycin phosphate topical swab</i>	(Clindacin ETZ)	Tier 1	
ERY PADS	(erythromycin with ethanol)	Tier 1	
<i>erythromycin with ethanol topical gel</i>	(Erygel)	Tier 1	
<i>erythromycin with ethanol topical solution</i>		Tier 1	QL (180 ML per 1 FILL)
<i>erythromycin-benzoyl peroxide</i>	(Benzamycin)	Tier 1	
<i>gentamicin topical</i>		Tier 1	QL (90 GM per 1 FILL)
<i>mupirocin</i>	(Centany)	Tier 1	QL (90 GM per 1 FILL)
<i>mupirocin calcium</i>		Tier 1	QL (90 GM per 1 FILL)
NANRAN	(mupirocin-lidocaine)	Tier 3	
XEPI		Tier 3	ST: Requires prior prescription for Mupirocin ointment within the past 120 days
Topical Antifungal/Antiinflammatory, Steroid Agent			
<i>clotrimazole-betamethasone</i>		Tier 1	
DELIBON	(ketoconazole-hydrocortisone)	Tier 3	
DIONARIS	(ciclopirox-clobetasol-salicyl)	Tier 3	

Drug		Status	Notes
DIVENDO	(ciclopirox-clobetasol)	Tier 3	
HAXCHLO	(ciclopirox-clobetasol)	Tier 3	
HAXCHLODREX	(ciclopirox-clobetasol-salicyl)	Tier 3	
PHEYO	(ketoconazole-hydrocortisone)	Tier 3	
Topical Antifungal-Antibiotic-Anti-Inflamm Steroid			
DAZINIA	(ketoconazole-iodoquinol-hc)	Tier 3	
PHEODOYO	(ketoconazole-iodoquinol-hc)	Tier 3	
Topical Antifungals			
CICLODAN KIT TOPICAL COMBO PACK		Tier 3	
<i>ciclopirox topical cream</i>	(Ciclodan)	Tier 1	QL (180 GM per 1 FILL)
<i>ciclopirox topical gel</i>		Tier 1	
<i>ciclopirox topical shampoo</i>		Tier 1	
<i>ciclopirox topical solution</i>	(Ciclodan)	Tier 1	QL (19.8 ML per 1 FILL)
<i>ciclopirox topical suspension</i>	(Loprox (as olamine))	Tier 1	QL (180 ML per 1 FILL)
<i>ciclopirox-ure-camph-menth-euc</i>	(Ciclodan Kit)	Tier 1	QL (19.8 ML per 1 FILL)
<i>clotrimazole topical</i>	(Antifungal (clotrimazole))	Tier 1	
DAFILOR	(ciclopirox-salicylic acid)	Tier 3	
DENVITA	(ketoconazole-niacinamide)	Tier 3	
DIFMETIOXRIME	(flucona-ibuprof-itracon-terbin)	Tier 3	
<i>econazole nitrate topical cream</i>		Tier 1	QL (170 GM per 1 FILL)
ECOZA	(econazole nitrate)	Tier 3	
EXELDERM	(sulconazole)	Tier 2	
EXODERM		Tier 1	
FENOVIA	(flucona-ibuprof-itracon-terbin)	Tier 3	
FERVINA		Tier 3	
FIDILA		Tier 3	
FILOMA		Tier 3	
FRIVO	(econazole-niacinamide)	Tier 3	
HAXDRAX	(ciclopirox-salicylic acid)	Tier 3	
HEXIOUNYL		Tier 3	
HIXDEFRIMA		Tier 3	
IMIOXIA	(econazole-niacinamide)	Tier 3	
<i>ketoconazole topical cream</i>		Tier 1	QL (180 GM per 1 FILL)
<i>ketoconazole topical shampoo</i>		Tier 1	QL (360 ML per 1 FILL)
KETODAN KIT		Tier 3	

Drug		Status	Notes
KLAYESTA	(nystatin)	Tier 1	
<i>luliconazole</i>	(Luzu)	Tier 1	ST: Requires prior prescriptions for Ketoconazole and Clotrimazole cream within the past 365 days; QL (60 GM per 28 days)
<i>miconazole nitrate-zinc ox-pet</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</i>	(Naftin)	Tier 1	
NYAMYC	(nystatin)	Tier 1	
<i>nystatin topical cream</i>		Tier 1	
<i>nystatin topical ointment</i>		Tier 1	QL (90 GM per 1 FILL)
<i>nystatin topical powder</i>	(Klayesta)	Tier 1	
<i>nystatin-triamcinolone topical cream</i>		Tier 1	
<i>nystatin-triamcinolone topical ointment</i>		Tier 1	QL (180 GM per 1 FILL)
NYSTOP	(nystatin)	Tier 1	
<i>oxiconazole</i>		Tier 1	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION		Tier 3	
PHEDRAX		Tier 3	
PHEOXIA	(ketoconazole-niacinamide)	Tier 3	
<i>sulconazole</i>	(Exelderm)	Tier 1	
<i>tavaborole</i>		Tier 1	PA
Topical Antiparasitics			
<i>malathion</i>	(Ovide)	Tier 1	
<i>permethrin</i>	(Elimite)	Tier 1	
<i>spinosad</i>	(Natroba)	Tier 1	
ULESFIA		Tier 3	
Topical Antivirals			
<i>acyclovir topical ointment</i>	(Zovirax)	Tier 1	
Topical Pleuromutilin Derivatives			
ALTABAX		Tier 3	ST: Requires prior prescription for Mupirocin ointment within the past 120 days
Topical Sulfonamides			
ABENOR	(sulfacetamide-niacinamide)	Tier 3	
ABENOR HP		Tier 3	
CLEANSING WASH TOPICAL CLEANSER	(sulfacetamide sod-sulfur-urea)	Tier 1	
ECEOXIA	(sulfacetamide-niacinamide)	Tier 3	

Drug		Status	Notes
<i>mafenide acetate</i>	(Sulfamylon)	Tier 1	
OXIAICE		Tier 3	
ROSULA		Tier 3	
<i>silver sulfadiazine</i>	(SSD)	Tier 1	
SSD	(silver sulfadiazine)	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 8-4 %</i>		Tier 1	
<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 cleanser 9-4.5 %</i>	(Sumadan)	Tier 1	
<i>sulfacetamide sod-sulfur-urea</i>		Tier 1	QL (1419 ML per 1 FILL)
SULFAMYLON	(mafenide acetate)	Tier 3	
SUMADAN XLT	(sulfact na-sul-avobnz-otn-ocsa)	Tier 3	
Dermatology - Antiinflammatory			
Interleukin-13 (IL-13) Inhibitors, Mab			
ADBRY		Tier 2	PA; SP
EBGLYSS PEN		Tier 2	PA; SP
EBGLYSS SYRINGE		Tier 2	PA; SP
Top. Anti-Inflam., Phosphodiesterase-4 (Pde4) Inhib			
EUCRISA		Tier 2	PA; QL (100 GM per 30 days)
ZORYVE TOPICAL CREAM 0.15 %		Tier 2	PA; QL (60 GM per 30 days)
ZORYVE TOPICAL FOAM		Tier 2	PA; QL (60 GM per 30 days)
Topical Antibiotics/Antiinflammatory, Steroidal			
NEO-SYNALAR		Tier 3	ST: Requires prior prescription for generic Fluocinolone Acetonide (cream, oil, ointment or solution) within the past 120 days

Drug	Status	Notes
NEO-SYNALAR KIT	Tier 3	ST: Requires prior prescription for generic Fluocinolone Acetonide (cream, oil, ointment or solution) within the past 120 days
Topical Anti-Inflammatory Steroidal		
ACIOXIA	Tier 3	
ADVANCED ALLERGY COLLECT KIT	Tier 1	
ALA-CORT TOPICAL CREAM 1 % (hydrocortisone)	Tier 1	
ALA-SCALP (hydrocortisone)	Tier 1	ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days
<i>alclometasone</i>	Tier 1	
<i>amcinonide topical cream</i>	Tier 1	ST: Requires prior prescription for Betamethasone 0.1% ointment, Fluticasone 0.005% ointment, Mometasone 0.1% ointment, or Triamcinolone 0.5% ointment or cream within the past 120 days
<i>betamethasone dipropionate</i>	Tier 1	
<i>betamethasone valerate</i> (Luxiq)	Tier 1	
<i>betamethasone, augmented</i> (Diprolene (augmented))	Tier 1	
CAPEX	Tier 3	
CHLOHUX (clobetasol-levocetirizine)	Tier 3	
CHLOOXIA (clobetasol-niacinamide)	Tier 3	
<i>clobetasol scalp</i>	Tier 1	
<i>clobetasol topical cream 0.05 %</i>	Tier 1	
<i>clobetasol topical foam</i> (Olux)	Tier 1	
<i>clobetasol topical gel</i>	Tier 1	
<i>clobetasol topical lotion</i> (Clobex)	Tier 1	
<i>clobetasol topical ointment</i>	Tier 1	
<i>clobetasol topical shampoo</i> (Clobex)	Tier 1	
<i>clobetasol topical spray,non-aerosol</i> (Clobex)	Tier 1	
<i>clobetasol-emollient</i> (Olux-E)	Tier 1	
<i>clocortolone pivalate</i>	Tier 1	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
CLODAN KIT	Tier 3	

Drug	Status	Notes
CORDRAN TAPE LARGE ROLL	Tier 3	ST: Requires prior prescription for Betamethasone augmented (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, Halobetasol 0.05% (cream, ointment) within the past 120 days; QL (2 EA per 30 days)
CORDRAN TOPICAL CREAM 0.025 %	Tier 3	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
<i>desonide topical cream</i>	Tier 1	
<i>desonide topical gel</i>	Tier 1	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</i>	Tier 1	
<i>desonide topical ointment</i>	Tier 1	
<i>desoximetasone topical cream</i> (Topicort)	Tier 1	
<i>desoximetasone topical gel</i> (Topicort)	Tier 1	
<i>desoximetasone topical ointment</i> (Topicort)	Tier 1	
<i>desoximetasone topical spray,non-aerosol</i> (Topicort)	Tier 1	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam/shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days
DIVINIX (clobetasol-niacinamide)	Tier 3	
DOMELA (fluocinolone-niacinamide)	Tier 3	
DYNOMA	Tier 3	
<i>fluocinolone</i> (Derma-Smoothe/FS Body Oil)	Tier 1	

Drug		Status	Notes
<i>fluocinolone and shower cap</i>	(Derma-Smoothe/FS Scalp Oil)	Tier 1	
<i>fluocinonide</i>	(Vanos)	Tier 1	
FLUOCINONIDE-E	(fluocinonide-emollient)	Tier 1	
<i>fluocinonide-emollient</i>	(Fluocinonide-E)	Tier 1	
FLUOXIA		Tier 3	
<i>flurandrenolide topical cream</i>		Tier 1	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</i>		Tier 1	
<i>flurandrenolide topical ointment</i>		Tier 1	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</i>	(Beser)	Tier 1	
<i>halcinonide</i>	(Halog)	Tier 1	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</i>		Tier 1	
<i>halobetasol propionate topical ointment</i>		Tier 1	
HALOG TOPICAL OINTMENT		Tier 3	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

Drug		Status	Notes
HALOG TOPICAL SOLUTION	(halcinonide)	Tier 3	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</i>		Tier 1	
<i>hydrocortisone butyrate topical lotion</i>		Tier 1	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</i>		Tier 1	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</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</i>	(Procto-Med HC)	Tier 1	
<i>hydrocortisone topical lotion 2 %</i>	(Ala-Scalp)	Tier 1	ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days
<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 topical solution</i>	(Texacort)	Tier 1	ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days
<i>hydrocortisone valerate topical cream</i>		Tier 1	

Drug		Status	Notes
<i>hydrocortisone valerate topical ointment</i>		Tier 1	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
ILEXOR	(clobetasol-levocetirizine)	Tier 3	
<i>mometasone topical</i>		Tier 1	
NUCORT	(hydrocortisone acet-aloe vera)	Tier 3	
PANDEL		Tier 3	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (160 GM per 30 days)
<i>prednicarbate</i>		Tier 1	
PROCTO-MED HC	(hydrocortisone)	Tier 1	
PROCTOSOL HC TOPICAL	(hydrocortisone)	Tier 1	
PROCTOZONE-HC	(hydrocortisone)	Tier 1	
SCALACORT DK		Tier 2	
SERNIVO		Tier 3	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
SYNALAR CREAM KIT		Tier 3	QL (375 GM per 30 days)
SYNALAR OINTMENT KIT		Tier 3	QL (375 GM per 30 days)
SYNALAR TS		Tier 3	
TELIORA		Tier 3	
TETOXIA	(fluocinolone-niacinamide)	Tier 3	
TEXACORT	(hydrocortisone)	Tier 3	ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days
<i>triamcinolone acetonide topical aerosol</i>	(Kenalog)	Tier 1	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %</i>		Tier 1	

Drug		Status	Notes
<i>triamcinolone acetonide topical cream</i> 0.5 %	(Triderm)	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion</i>		Tier 1	
<i>triamcinolone acetonide topical ointment</i> 0.025 %, 0.1 %, 0.5 %		Tier 1	
TRIDERM TOPICAL CREAM 0.5 %	(triamcinolone acetonide)	Tier 1	QL (454 GM per 30 days)
Topical Anti-Inflammatory, Nsaids			
<i>diclofenac epolamine</i>	(Flector)	Tier 1	
<i>diclofenac sodium topical drops</i>		Tier 1	
<i>diclofenac sodium topical gel</i> 1 %	(Arthritis Pain (diclofenac))	Tier 1	
KERAXA	(diclofenac-hyaluronate-niacin)	Tier 3	
LICART		Tier 3	ST: Requires prior prescription for generic Flector patch within the past 120 days; QL (1 EA per 1 day)
ROAOXIA	(diclofenac-hyaluronate-niacin)	Tier 3	
Topical Janus Kinase (Jak) Inhibitors			
OPZELURA		Tier 2	PA; QL (60 GM per 30 days)
Dermatology - Miscellaneous			
Antiperspirants			
DRYSOL	(aluminum chloride)	Tier 2	
DRYSOL DAB-O-MATIC	(aluminum chloride)	Tier 2	
Antiseborrheic Agents			
OVACE PLUS SHAMPOO	(sulfacetamide sodium)	Tier 2	
OVACE PLUS TOPICAL CREAM		Tier 3	
OVACE PLUS TOPICAL LOTION		Tier 3	ST: Requires prior prescription for Ciclopirox(shampoo/gel) or Ketoconazole (shampoo/cream) within the past 120 days
PLEXION NS	(sulfacetamide sodium)	Tier 3	
<i>selenium sulfide topical lotion</i>		Tier 1	
<i>selenium sulfide topical shampoo</i> 2.25 %, 2.3 %		Tier 1	
<i>sulfacetamide sodium topical</i>	(Ovace)	Tier 1	
TERSI FOAM		Tier 3	
Antiseptics,Miscellaneous			
<i>guaiacol</i>		Tier 3	
Emollients			
<i>ammonium lactate</i>	(AmLactin)	Tier 1	
ATRAPRO CP		Tier 3	

Drug		Status	Notes
KERASTAT		Tier 3	
MB HYDROGEL		Tier 1	
PRESERA		Tier 3	
XCLAIR		Tier 3	
Iodine Antiseptics			
BETADINE OPHTHALMIC PREP	(povidone-iodine)	Tier 3	
<i>povidone-iodine ophthalmic (eye)</i>	(Betadine Ophthalmic Prep)	Tier 1	
Irrigants			
<i>acetic acid irrigation</i>		Tier 1	
<i>lactated ringers irrigation</i>		Tier 3	
<i>neomycin-polymyxin b gu</i>		Tier 1	
PHYSIOLYTE		Tier 3	
PHYSIOSOL IRRIGATION		Tier 3	
<i>ringer's irrigation</i>		Tier 1	
<i>sodium chloride irrigation</i>	(Sterile Saline)	Tier 1	
<i>sorbitol irrigation</i>		Tier 1	
<i>sorbitol-mannitol</i>		Tier 1	
VASHE		Tier 3	
<i>water for irrigation, sterile</i>	(Curity Sterile Water)	Tier 1	
Irritants/Counter-Irritants			
<i>cantharidin in acetone</i>		Tier 1	
<i>methyl salicylate</i>	(Wintergreen Oil)	Tier 1	
<i>methyl salicylate topical liquid</i>		Tier 1	
QUTENZA		Tier 3	PA
WINTERGREEN OIL	(methyl salicylate)	Tier 1	
YCANTH		Tier 3	PA
Keratolytics			
<i>benzoyl peroxide topical foam</i>	(BenzePrO)	Tier 1	
BPO TOPICAL GEL 8 %	(benzoyl peroxide)	Tier 1	
CEM-UREA	(urea)	Tier 1	
HYDRO 35	(urea)	Tier 3	
METDRAY		Tier 3	
NENDRUX		Tier 3	
PACNEX HP		Tier 3	
PACNEX LP		Tier 3	
PODOCON		Tier 1	
<i>podofilox topical gel</i>	(Condylox)	Tier 1	ST: Requires prior prescription for Podofilox 0.5% solution within the past 120 days; QL (0.5 GM per 1 day)
<i>podofilox topical solution</i>		Tier 1	QL (0.5 ML per 1 day)
PR BENZOYL PEROXIDE		Tier 1	

Drug	Status	Notes
PRONAL	Tier 3	
salicylic acid topical cream (Salimez)	Tier 1	
salicylic acid topical cream,extended release	Tier 1	
salicylic acid topical film forming liquid w/appl (Virasal)	Tier 1	
salicylic acid topical film-forming soln er w/ appl (UltraSal-ER)	Tier 1	
salicylic acid topical foam (Salvax)	Tier 1	
salicylic acid topical liquid	Tier 1	
salicylic acid topical lotion	Tier 1	
salicylic acid topical lotion,extended release	Tier 1	
salicylic acid topical ointment	Tier 1	
salicylic acid topical shampoo (Keralyt)	Tier 1	
SALIMEZ FORTE	Tier 3	
SALVAX (salicylic acid)	Tier 1	
SALVAX DUO PLUS	Tier 3	
silver nitrate applicators	Tier 1	
silver nitrate topical solution 10 %	Tier 1	
ULTRASAL-ER (salicylic acid)	Tier 3	
URAMAXIN GT TOPICAL KIT,CREAM AND GEL	Tier 3	
URAMAXIN TOPICAL FOAM	Tier 3	
URAMAXIN TOPICAL LOTION (urea)	Tier 3	
UREA NAIL STICK (urea)	Tier 1	
urea topical cream 39 % (Uredeb)	Tier 1	
urea topical cream 40 %, 47 %	Tier 1	
urea topical cream 45 % (Uramaxin)	Tier 1	
urea topical cream 50 % (Ure-K)	Tier 1	
urea topical foam (Hydro 35)	Tier 1	
urea topical gel (CEM-Urea)	Tier 1	
urea topical lotion 40 %	Tier 1	
WAYZEN	Tier 3	
WELERIS	Tier 3	
XALIX	Tier 3	
XIRUN	Tier 3	
Oxidizing Agents		
HYPOCYN ANTIPRURITIC	Tier 3	
RENOVAR	Tier 3	
Protectives		
GENADUR (WITH LEXINAL)	Tier 3	
PHARMABASE BARRIER	Tier 1	
PR CREAM	Tier 1	

Drug	Status	Notes
RECEDO	Tier 3	
VASELINE WHITE PETROLEUM (white petrolatum)	Tier 1	
WOUNDGELHA MATRIX	Tier 3	
<i>zinc oxide topical ointment 20 %</i> (Endit (zinc oxide))	Tier 1	
<i>zinc oxide topical paste</i>	Tier 1	
Topical Anti-Inflammatory Steroid-Local Anesthetic		
ANALPRAM-HC TOPICAL	Tier 2	
EPIFOAM	Tier 3	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac topical</i> (Lidocort)	Tier 1	
PRAMOSONE TOPICAL CREAM 1-1 % (hydrocortisone-pramoxine)	Tier 2	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
PRAMOSONE TOPICAL LOTION	Tier 2	
PRAMOSONE TOPICAL OINTMENT 1-1 %	Tier 2	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
PRAMOSONE TOPICAL OINTMENT 2.5-1 % (hydrocortisone-pramoxine)	Tier 2	
Topical Antineoplastic & Premalignant Lesion Agnts		
<i>bexarotene topical</i> (Targretin)	Tier 1	PA; SP
<i>diclofenac sodium topical gel 3 %</i>	Tier 1	QL (100 GM per 1 FILL)
<i>fluorouracil topical cream 0.5 %</i> (Carac)	Tier 1	PA
<i>fluorouracil topical cream 5 %</i> (Efudex)	Tier 1	
<i>fluorouracil topical solution</i>	Tier 1	
KLISYRI (250 MG)	Tier 3	QL (5 EA per 1 FILL)
KLISYRI (350 MG)	Tier 3	QL (5 EA per 1 FILL)
PANRETIN	Tier 3	SP; QL (60 GM per 28 days)
TOLAK	Tier 2	
VALCHLOR	Tier 2	PA; SP
Topical Local Anesthetics		
ANACAINE	Tier 3	
ANASTIA	Tier 3	
CETACAINE	Tier 3	

Drug	Status	Notes
CRYODOSE TA MEDIUM STREAM SPR	Tier 3	
CRYODOSE TA MIST SPRAY	Tier 3	
DERMACINRX LIDOCAN (lidocaine)	Tier 1	QL (90 EA per 30 days)
DERMACINRX LIDOGEL	Tier 3	
DERMACINRX LIDOREX	Tier 3	
ENZNONUTY	Tier 3	
<i>ethyl chloride</i>	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) (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</i>	Tier 1	
<i>lidocaine hcl topical cream 3 %</i> (Dermacinrx Lidocaine)	Tier 1	
<i>lidocaine topical adhesive patch,medicated 5 %</i> (DermacinRx Lidocan)	Tier 1	QL (90 EA per 30 days)
<i>lidocaine topical ointment</i>	Tier 1	QL (240 GM per 30 days)
<i>lidocaine-prilocaine topical cream</i>	Tier 1	
<i>lidocaine-racepinep-tetracaine</i> (L.E.T. (lido-epineph-tetra))	Tier 1	
LIDOCAN III (lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOCAN IV (lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOCAN V (lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOPIN TOPICAL CREAM 3.25 %	Tier 3	
LIDTOPIC	Tier 3	
LIDTOPIC MAX	Tier 3	
NOBELA	Tier 3	
NOLIRA	Tier 3	
NUMBONEX	Tier 3	
NYNUTEY	Tier 3	
PRAKETAMIDE	Tier 3	
REGENECARE	Tier 3	
SPRAY AND STRETCH	Tier 3	
TRANZAREL	Tier 3	
Topical Preparations,Miscellaneous		
KEFUNOVA	Tier 3	
Topical/Mucous Membr./Subcut. Enzymes		
NEXOBRID	Tier 3	
SANTYL	Tier 3	PA
Dermatology - Psoriasis/Eczema		
Antipsoriatic Agents,Systemic		
<i>acitretin</i>	Tier 1	SP

Drug	Status	Notes
BIMZELX	Tier 2	PA; SP
BIMZELX AUTOINJECTOR	Tier 2	PA; SP
<i>methoxsalen</i>	Tier 1	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	Tier 2	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE	Tier 2	PA; SP
SOTYKTU	Tier 2	PA; SP
SPEVIGO SUBCUTANEOUS	Tier 3	PA; SP
TALTZ AUTOINJECTOR	Tier 2	PA; SP
TALTZ AUTOINJECTOR (2 PACK)	Tier 2	PA; SP
TALTZ AUTOINJECTOR (3 PACK)	Tier 2	PA; SP
TALTZ SYRINGE	Tier 2	PA; SP
Antipsoriatics Agents		
<i>calcipotriene scalp</i>	Tier 1	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
<i>calcipotriene topical cream</i>	Tier 1	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
<i>calcipotriene topical ointment</i>	Tier 1	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
<i>calcitriol topical</i> (Vectical)	Tier 1	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
DIOOXIA	Tier 3	
DRITHOCREME HP	Tier 2	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
PURAZIL	Tier 3	
<i>tazarotene topical cream 0.05 %</i> (Tazorac)	Tier 1	Age (Max 39 Years)
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	Tier 1	
<i>tazarotene topical gel</i> (Tazorac)	Tier 1	Age (Max 39 Years)
VTAMA	Tier 2	PA; QL (60 GM per 30 days)
ZITHRANOL	Tier 3	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
ZORYVE TOPICAL CREAM 0.3 %	Tier 2	PA; QL (60 GM per 30 days)

Drug	Status	Notes
II-23 Receptor Antagonist, Monoclonal Antibody		
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML)	Tier 2	PA; SP
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML)	Tier 2	PA; SP
SKYRIZI INTRAVENOUS	Tier 2	PA; SP
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR	Tier 2	PA; SP
TREMFYA INTRAVENOUS	Tier 2	PA; SP
TREMFYA ONE-PRESS	Tier 2	PA; SP
TREMFYA PEN	Tier 2	PA; SP
TREMFYA PEN INDUCTION PK-CROHN	Tier 2	PA; SP
TREMFYA SUBCUTANEOUS SYRINGE	Tier 2	PA; SP
Topical Agents,Miscellaneous		
L-MESITRAN SOFT	Tier 3	
MUSCUSOLICE	Tier 3	
NEURAPTINE	Tier 3	
OCM	Tier 3	
OMEZA	Tier 3	
<i>urea topical cream 20 %</i> (Gormel)	Tier 1	
Topical Immunosuppressive Agents		
ELYZIA (tacrolimus-niacinamide)	Tier 3	
ELYZIA (WITH HYALURONATE) (tacrolimus-hyaluronate-niacin)	Tier 3	
HOVYN	Tier 3	
HYFTOR	Tier 3	PA; SP
NUJO	Tier 3	
NUJU (tacrolimus-vehicle base no.238)	Tier 3	
OXIANUJO (tacrolimus-niacinamide)	Tier 3	
OXIANUJO (WITH HYALURONATE) (tacrolimus-hyaluronate-niacin)	Tier 3	

Drug		Status	Notes
<i>pimecrolimus</i>	(Elidel)	Tier 1	ST: Requires prior prescription for Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), generic Mometasone (cream or ointment), or Triamcinolone (0.1% or 0.5% cream or ointment) within the past 120 days
<i>tacrolimus topical</i>		Tier 1	ST: Requires prior prescription for Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), generic Mometasone (cream or ointment), or Triamcinolone (0.1% or 0.5% cream or ointment) within the past 120 days
VEVEN	(tacrolimus-vehicle base no.238)	Tier 3	
Topical Vit D Analog/Antiinflammatory, Steroidal			
<i>calcipotriene-betamethasone</i>	(Taclonex)	Tier 1	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
DIOCHLOY	(clobetasol-calcipotriene)	Tier 3	
ENSTILAR		Tier 2	
PLENURA	(clobetasol-calcipotriene)	Tier 3	
WYNZORA		Tier 3	ST: Requires prior prescription for generic Taclonex ointment within the past 120 days
Diabetes			
Antihypergly, (Dpp-4) Inhibitor & Biguanide Comb.			
JANUMET		Tier 2	QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG		Tier 2	QL (1 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG		Tier 2	QL (2 EA per 1 day)

Drug	Status	Notes
Antihyperglycemic-Incretin Mimetic(Glp-1 Receptor Agonist)		
<i>exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml</i>	Tier 1	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (2.4 ML per 30 days)
<i>exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml</i>	Tier 1	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (1.2 ML per 30 days)
<i>liraglutide</i> (Victoza 2-Pak)	Tier 3	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (9 ML per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (3 ML per 28 days)
RYBELSUS	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (1 EA per 1 day)
TRULICITY	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (2 ML per 28 days)
Antihyperglycemic-Sodium/Glucose Cotransporter 2(SGLT2)Inhibitor		
FARXIGA (dapagliflozin propanediol)	Tier 2	QL (1 EA per 1 day)
JARDIANCE	Tier 2	QL (1 EA per 1 day)

Drug	Status	Notes
Antihyperglycemic - Dopamine Receptor Agonists		
CYCLOSET	Tier 3	ST: Requires prior prescription for Metformin (Glucophage), Metformin ER, Glyburide/Metformin (Glucovance), or Glipizide/Metformin (Metaglip) within the past 180 days
Antihyperglycemic - Incretin Mimetics Combination		
MOUNJARO	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (0.5 ML per 7 days)
Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)		
<i>acarbose</i> (Precose)	Tier 1	
<i>miglitol</i>	Tier 1	
Antihyperglycemic, Dpp-4 Inhibitors		
JANUVIA	Tier 2	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</i>	Tier 1	
<i>glyburide</i>	Tier 1	
<i>glyburide micronized</i>	Tier 1	
<i>nateglinide</i>	Tier 1	
<i>repaglinide</i>	Tier 1	
Antihyperglycemic, Insulin-Response Enhancer (N-S)		
<i>pioglitazone</i> (Actos)	Tier 1	
Antihyperglycemic, Sglt-2 & Dpp-4 Inhibitor Comb.		
GLYXAMBI	Tier 2	QL (1 EA per 1 day)
Antihyperglycemic, Biguanide Type (Non-Sulfonylurea)		
<i>metformin oral solution</i> (Riomet)	Tier 1	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 1	

Drug	Status	Notes
<i>metformin oral tablet extended release 24 hr</i>	Tier 1	
Antihyperglycemic, Insulin & Glp-1 Receptor Agonist		
SOLQUA 100/33	Tier 2	QL (30 ML per 28 days)
XULTOPHY 100/3.6	Tier 2	QL (15 ML per 28 days)
Antihyperglycemic, Insulin-Rel Stim.& Biguanide Cmb		
<i>glipizide-metformin</i>	Tier 1	
<i>glyburide-metformin</i>	Tier 1	
Antihyperglycemic, Insulin-Response & Release Comb.		
<i>pioglitazone-glimepiride</i> (DUETACT)	Tier 1	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
Antihyperglycemic-Glucocorticoid Receptor Blocker		
KORLYM (mifepristone)	Tier 2	PA; SP
<i>mifepristone oral tablet 300 mg</i> (Korlym)	Tier 1	PA; SP
Antihyperglycemic-SglT2 Inhibitor & Biguanide Comb		
SYNJARDY	Tier 2	QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	Tier 2	QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	Tier 2	QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG (dapaglifloz propaned-metformin)	Tier 2	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 5-500 MG	Tier 2	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	Tier 2	QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (dapaglifloz propaned-metformin)	Tier 2	QL (2 EA per 1 day)

Drug		Status	Notes
Antihyperglycm,Insul-Resp.Enhancer & Biguanide Cmb			
<i>pioglitazone-metformin</i>	(Actoplus MET)	Tier 1	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
Antihypergly-Sglt-2 Inhib,Dpp-4 Inhib,Biguanide Cb			
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG		Tier 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			
CONTOUR NEXT TEST STRIPS	(blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
CONTOUR PLUS TEST STRIP	(blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
CONTOUR TEST STRIPS	(blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE INSULINX STRIP	(blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS	(blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE LITE STRIPS	(blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS	(blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE TEST	(blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
PRECISION XTRA TEST	(blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
Diabetic Supplies			
AUTOJECT 2 INJECTION DEVICE		Tier 3	
AUTOPEN 1 TO 21 UNITS		Tier 3	
AUTOPEN 2 TO 42 UNITS		Tier 3	
AUTOSOFT 30		Tier 3	
AUTOSOFT 90		Tier 3	
AUTOSOFT XC INFUSION SET 23"		Tier 3	
AUTOSOFT XC INFUSION SET 32"		Tier 3	
AUTOSOFT XC INFUSION SET 43"		Tier 3	
BIGFOOT UNITY		Tier 3	
BIGFOOT UNITY PEN CAP-ADMELOG		Tier 3	
BIGFOOT UNITY PEN CAP-APIDRA		Tier 3	
BIGFOOT UNITY PEN CAP-ASPART		Tier 3	
BIGFOOT UNITY PEN CAP-BASAGLAR		Tier 3	
BIGFOOT UNITY PEN CAP-FIASP		Tier 3	
BIGFOOT UNITY PEN CAP-HUMALOG		Tier 3	
BIGFOOT UNITY PEN CAP-LANTUS		Tier 3	
BIGFOOT UNITY PEN CAP-LISPRO		Tier 3	

Drug	Status	Notes
BIGFOOT UNITY PEN CAP-LYUMJEV	Tier 3	
BIGFOOT UNITY PEN CAP-NOVOLOG	Tier 3	
BIGFOOT UNITY PEN CAP-TOUJEO	Tier 3	
BIGFOOT UNITY PEN CAP-TOUJEOMX	Tier 3	
BIGFOOT UNITY PEN CAP-TRESIBA	Tier 3	
CEQUR SIMPLICITY	Tier 2	QL (10 EA per 30 days)
CEQUR SIMPLICITY INSERTER	Tier 2	QL (1 EA per 365 days)
DEXCOM G6 RECEIVER	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
DEXCOM G6 SENSOR	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER	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	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (3 EA per 30 days)
EVERSENSE 365 SENSOR	Tier 3	PA
EVERSENSE 365 TRANSMITTER	Tier 3	PA
EVERSENSE E3 SENSOR-HOLDER	Tier 3	PA
EVERSENSE E3 SMART TRANSMITTER	Tier 3	PA
FREESTYLE LIBRE 14 DAY READER	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)

Drug	Status	Notes
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	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR	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	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
GLUCOCOM AUTOLINK	Tier 3	
GUARDIAN 4 GLUCOSE SENSOR	Tier 3	PA
GUARDIAN 4 TRANSMITTER	Tier 3	PA
GUARDIAN LINK 3 TRANSMITTER	Tier 3	PA
GUARDIAN SENSOR 3	Tier 3	PA
ILET INFUSION KIT-INSET 23"	Tier 3	
ILET INFUSION KIT-INSET 32"	Tier 3	
ILET INFUSION-CONTACT DTCH 23"	Tier 3	
ILET INSULIN PUMP	Tier 3	PA
ILET STARTER KIT CONTACT	Tier 3	
ILET STARTER KIT-INSET	Tier 3	
INPEN (FOR HUMALOG) BLUE	Tier 2	
INPEN (FOR HUMALOG) GREY	Tier 2	
INPEN (FOR HUMALOG) PINK	Tier 2	
INPEN (NOVOLOG OR FIASP) BLUE	Tier 2	
INPEN (NOVOLOG OR FIASP) GREY	Tier 2	
INPEN (NOVOLOG OR FIASP) PINK	Tier 2	
MEDTRONIC EXT INFUSION SET 23"	Tier 3	
MEDTRONIC EXT INFUSION SET 32"	Tier 3	
MINIMED 630G INSULIN PUMP	Tier 3	PA
MINIMED 770G INSULIN PUMP	Tier 3	PA
MINIMED 780G INSULIN PUMP	Tier 3	PA
MINIMED MIO ADVANCE INF SET23"	Tier 3	
MINIMED MIO ADVANCE INF SET43"	Tier 3	
MINIMED QUICK SET 18"	Tier 3	

Drug	Status	Notes
MINIMED QUICK SET 23"	Tier 3	
MINIMED QUICK SET 32"	Tier 3	
MINIMED QUICK SET 43"	Tier 3	
MINIMED SILHOUETTE 18"	Tier 3	
MINIMED SILHOUETTE 23"	Tier 3	
MINIMED SILHOUETTE 32"	Tier 3	
MINIMED SILHOUETTE 43"	Tier 3	
MINIMED SURE T 18"	Tier 3	
MINIMED SURE T 23"	Tier 3	
MINIMED SURE T 32"	Tier 3	
NOVOPEN ECHO	Tier 3	
OMNIPOD 5 (G6/LIBRE 2 PLUS)	Tier 2	
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	Tier 2	QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	Tier 2	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS)	Tier 2	QL (1 EA per 365 days)
OMNIPOD DASH INTRO KIT (GEN 4)	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)	Tier 2	
SIMPLERA SENSOR	Tier 3	PA
SIMPLERA SYNC SENSOR	Tier 3	PA
T:FLEX	Tier 3	
T:SLIM X2	Tier 3	
T:SLIM X2 BASAL-IQ INSULIN PMP	Tier 3	PA
T:SLIM X2 CONTROL-IQ	Tier 3	PA
TANDEM MOBI AUTOSOFT 30 KT 23"	Tier 3	
TANDEM MOBI AUTOSOFT XC KIT 5"	Tier 3	
TANDEM MOBI AUTOSOFT XC KT 23"	Tier 3	
TANDEM MOBI AUTOSOFT30 14PK 23	Tier 3	
TANDEM MOBI AUTOSOFTXC 14PK 23	Tier 3	
TANDEM MOBI AUTOSOFTXC 14PK 5"	Tier 3	
TANDEM MOBI SYSTEM	Tier 3	PA
TANDEM MOBI TRUSTEEL KIT 23"	Tier 3	
TANDEM T:SLIM ASFT 30 PK10 23"	Tier 3	
TANDEM T:SLIM ASFT 30 PK14 23"	Tier 3	
TANDEM T:SLIM ASFT XC PK10 23"	Tier 3	
TANDEM T:SLIM ASFT XC PK14 23"	Tier 3	
TANDEM T:SLIM TRUSTL PK10 23"	Tier 3	
TEMPO SMART BUTTON	Tier 3	
TEMPO WELCOME KIT	Tier 3	
TRUSTEEL INFUSION SET 23"	Tier 3	
TRUSTEEL INFUSION SET 32"	Tier 3	
UNISTIK 2 EXTRA LANCET (lancets)	Tier 2	

Drug	Status	Notes
UNISTIK 2 NORMAL LANCET (lancets)	Tier 2	
VARISOFT INFUSION SET 23"	Tier 3	
VARISOFT INFUSION SET 32"	Tier 3	
VARISOFT INFUSION SET 43"	Tier 3	
V-GO 20	Tier 2	
V-GO 30	Tier 2	
V-GO 40	Tier 2	
Diabetic Ulcer Preparations, Topical		
REGRANEX	Tier 2	
Hyperglycemics		
BAQSIMI	Tier 2	QL (4 EA per 1 FILL)
diazoxide (Proglycem)	Tier 1	
GLUCAGON EMERGENCY KIT (HUMAN)	Tier 1	ST: Requires prior prescription for Baqsimi or Gvoke within the past 120 days; QL (4 EA per 1 FILL)
GVOKE	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
Insulins		
AFREZZA	Tier 3	PA
FIASP FLEXTOUCH U-100 INSULIN	Tier 2	QL (30 ML per 28 days)
FIASP PENFILL U-100 INSULIN	Tier 2	QL (30 ML per 28 days)
FIASP PUMPCART	Tier 2	QL (40 ML per 28 days)
FIASP U-100 INSULIN	Tier 2	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 KWIKPEN	Tier 2	QL (30 ML per 28 days)
HUMALOG MIX 75-25(U-100)INSULN	Tier 2	QL (40 ML per 28 days)

Drug		Status	Notes
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE		Tier 2	QL (30 ML per 28 days)
HUMULIN 70/30 U-100 INSULIN		Tier 2	QL (40 ML per 28 days)
HUMULIN 70/30 U-100 KWIKPEN		Tier 2	QL (30 ML per 28 days)
HUMULIN N NPH INSULIN KWIKPEN		Tier 2	QL (30 ML per 28 days)
HUMULIN N NPH U-100 INSULIN		Tier 2	QL (40 ML per 28 days)
HUMULIN R REGULAR U-100 INSULN		Tier 2	QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) INSULIN		Tier 2	QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN		Tier 2	QL (24 ML per 28 days)
<i>insulin glargine-yfgn subcutaneous insulin pen</i>	(Semglee(insulin glarg-yfgn)Pen)	Tier 2	QL (30 ML per 28 days)
<i>insulin glargine-yfgn subcutaneous solution</i>	(Semglee(insulin glargine-yfgn))	Tier 2	QL (40 ML per 28 days)
<i>insulin lispro protamin-lispro</i>	(Humalog Mix 75-25 KwikPen)	Tier 1	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen</i>	(Admelog SoloStar U-100 Insulin)	Tier 1	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen, half-unit</i>	(Humalog Junior KwikPen U-100)	Tier 1	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous solution</i>	(Admelog U-100 Insulin lispro)	Tier 1	QL (40 ML per 28 days)
LYUMJEV KWIKPEN U-100 INSULIN		Tier 2	QL (30 ML per 28 days)
LYUMJEV KWIKPEN U-200 INSULIN		Tier 2	QL (12 ML per 28 days)
LYUMJEV U-100 INSULIN		Tier 2	QL (40 ML per 28 days)
NOVOLIN 70/30 U-100 INSULIN		Tier 2	QL (40 ML per 28 days)
NOVOLIN 70-30 FLEXPEN U-100		Tier 2	QL (30 ML per 28 days)
NOVOLIN N FLEXPEN		Tier 2	QL (30 ML per 28 days)
NOVOLIN N NPH U-100 INSULIN		Tier 2	QL (40 ML per 28 days)
NOVOLIN R FLEXPEN		Tier 2	QL (30 ML per 28 days)
NOVOLIN R REGULAR U100 INSULIN		Tier 2	QL (40 ML per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN	(insulin aspart u-100)	Tier 2	QL (30 ML per 28 days)
NOVOLOG MIX 70-30 U-100 INSULN	(insulin asp prt-insulin aspart)	Tier 2	QL (40 ML per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100	(insulin asp prt-insulin aspart)	Tier 2	QL (30 ML per 28 days)
NOVOLOG PENFILL U-100 INSULIN	(insulin aspart u-100)	Tier 2	QL (30 ML per 28 days)
NOVOLOG U-100 INSULIN ASPART	(insulin aspart u-100)	Tier 2	QL (40 ML per 28 days)
TOUJEO MAX U-300 SOLOSTAR	(insulin glargine u-300 conc)	Tier 2	QL (18 ML per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN	(insulin glargine u-300 conc)	Tier 2	QL (13.5 ML per 28 days)
TRESIBA FLEXTOUCH U-100	(insulin degludec)	Tier 2	QL (30 ML per 28 days)
TRESIBA FLEXTOUCH U-200	(insulin degludec)	Tier 2	QL (18 ML per 28 days)
TRESIBA U-100 INSULIN	(insulin degludec)	Tier 2	QL (40 ML per 28 days)

Drug	Status	Notes
Ear - General Disorders		
Ear Preparations Anti-Inflammatory		
<i>fluocinolone acetonide oil</i> (DermOtic Oil)	Tier 1	
Ear Preparations, Misc. Anti-Infectives		
<i>acetic acid otic (ear)</i>	Tier 1	
CORTANE-B	Tier 3	
<i>hydrocortisone-acetic acid</i>	Tier 1	
Ear Preparations, Antibiotics		
<i>ciprofloxacin hcl otic (ear)</i> (Cetraxal)	Tier 1	
CORTISPORIN-TC	Tier 3	
<i>neomycin-polymyxin-hc otic (ear)</i>	Tier 1	
<i>ofloxacin otic (ear)</i>	Tier 1	
Otic Preparations, Anti-Inflammatory-Antibiotics		
<i>ciprofloxacin-dexamethasone</i>	Tier 1	
<i>ciprofloxacin-fluocinolone</i> (Otovel)	Tier 1	
Electrolyte Regulation		
Arginine Vasopressin (Avp) Receptor Antagonists		
<i>tolvaptan oral tablet 15 mg</i> (Samsca)	Tier 1	SP; QL (30 EA per 365 days)
<i>tolvaptan oral tablet 30 mg</i> (Samsca)	Tier 1	SP; QL (60 EA per 365 days)
Electrolyte Depleters		
<i>calcium acetate(phosphat bind)</i>	Tier 1	
<i>ferric citrate</i> (Auryxia)	Tier 1	ST: Requires prior prescriptions for Velphoro and one of the following: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (12 EA per 1 day)
FOSRENOL ORAL POWDER IN PACKET	Tier 3	ST: Requires prior prescriptions for Velphoro and one of the following: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (3 EA per 1 day)
KIONEX (WITH SORBITOL)	Tier 1	
<i>lanthanum</i> (Fosrenol)	Tier 1	
LOKELMA	Tier 2	
<i>sevelamer carbonate</i> (Renvela)	Tier 1	

Drug	Status	Notes
<i>sevelamer hcl</i>	Tier 1	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	
SPS (WITH SORBITOL) ORAL	Tier 1	
SPS (WITH SORBITOL) RECTAL	Tier 3	
VELPHORO	Tier 2	QL (6 EA per 1 day)
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM	Tier 3	PA
XPHOZAH	Tier 3	ST: Requires prior prescriptions for Velporo and one of the following: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (2 EA per 1 day)
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 (potassium chloride)	Tier 1	
KLOR-CON M15 (potassium chloride)	Tier 1	
KLOR-CON M20 (potassium chloride)	Tier 1	
<i>potassium chloride oral</i> (Klor-Con)	Tier 1	
Sodium/Saline Preparations		
BD POSIFLUSH NORMAL SALINE 0.9 (sodium chloride 0.9 % (flush))	Tier 1	
NORMAL SALINE FLUSH (sodium chloride 0.9 % (flush))	Tier 1	
<i>sodium chlor 0.9% bacteriostat</i>	Tier 1	
<i>sodium chloride 0.45 % intravenous</i>	Tier 1	
<i>sodium chloride 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 injection</i>	Tier 1	
Endocrine Disorder - Fertility		
Drugs To Treat Impotency		
<i>avanafil</i> (Stendra)	Tier 1	ST: Requires prior prescription for generic Viagra within the past 120 days; QL (1 EA per 5 days)
CAVERJECT	Tier 3	QL (1 EA per 5 days)
CAVERJECT IMPULSE	Tier 3	QL (1 EA per 5 days)

Drug	Status	Notes
EDEX	Tier 3	QL: 6 INJECTIONS IN 30 DAYS
IFE-BIMIX 30/1 (papav-phentolamine in water)	Tier 1	
<i>sildenafil</i> (Viagra)	Tier 1	QL (1 EA per 5 days)
<i>tadalafil oral tablet 10 mg, 20 mg</i> (Cialis)	Tier 1	QL (1 EA per 5 days)
<i>tadalafil oral tablet 2.5 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
<i>tadalafil oral tablet 5 mg</i> (Cialis)	Tier 1	PA; QL (1 EA per 1 day)
TRI-MIX (PAPAVRN-PHNTLMN-PGE1)	Tier 3	
Fertility Stimulating Preparations,Non-Fsh		
CLOMID (clomiphene citrate)	Tier 3	
<i>clomiphene citrate</i> (Clomid)	Tier 1	
Follicle Stim./Luteinizing Hormones		
MENOPUR	Tier 2	SP
Follicle-Stimulating Hormone (Fsh)		
FOLLISTIM AQ	Tier 3	SP; ST: Requires prior prescription for Gonal-F or Gonal-F-RFF within the past 120 days
GONAL-F	Tier 2	SP
GONAL-F RFF	Tier 2	SP
GONAL-F RFF REDI-JECT	Tier 2	SP
Human Chorionic Gonadotropin (Hcg)		
<i>chorionic gonadotropin, human intramuscular</i> (Pregnyl)	Tier 3	ST: Requires prior prescription for Novarel or Ovidrel within the past 120 days
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	Tier 2	
OVIDREL	Tier 2	
PREGNYL (chorionic gonadotropin, human)	Tier 3	ST: Requires prior prescription for Novarel or Ovidrel within the past 120 days
Pregnancy Facilitating/Maintaining Agent,Hormonal		
CRINONE VAGINAL GEL 8 %	Tier 2	
ENDOMETRIN	Tier 2	
Endocrine Disorder - Other		
Adrenal Steroid Inhibitors		
ISTURISA ORAL TABLET 1 MG, 5 MG	Tier 3	PA; SP
RECORLEV	Tier 3	PA; SP
Adrenocorticotrophic Hormones		
ACTHAR	Tier 3	PA; SP

Drug	Status	Notes
ACTHAR SELFJECT	Tier 3	PA; SP
CORTROPHIN GEL	Tier 3	PA; SP
Antidiuretic And Vasopressor Hormones		
<i>desmopressin injection</i> (DDAVP)	Tier 1	
<i>desmopressin nasal spray with pump</i>	Tier 1	
<i>desmopressin nasal spray,non-aerosol</i>	Tier 1	
<i>desmopressin oral</i> (DDAVP)	Tier 1	
NOCDURNA (MEN)	Tier 3	QL (1 EA per 1 day)
NOCDURNA (WOMEN)	Tier 3	QL (1 EA per 1 day)
Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.		
ELIGARD	Tier 2	PA; SP
ELIGARD (4 MONTH)	Tier 2	PA; SP
<i>leuprolide subcutaneous kit</i>	Tier 1	PA; SP
Bone Formation Stim. Agents - Parathyroid Hormone		
<i>teriparatide subcutaneous pen injector</i> (Bonsity) 20 mcg/dose (560mcg/2.24ml)	Tier 1	PA; SP
Bone Formation Stimulating Agts - Pth Rel Peptides		
TYMLOS	Tier 2	PA; SP
Bone Resorption Inhibitor & Vitamin D Combinations		
FOSAMAX PLUS D	Tier 2	
Bone Resorption Inhibitors		
<i>alendronate oral solution</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	
<i>calcitonin (salmon)</i> (Miacalcin)	Tier 1	
<i>ibandronate oral</i>	Tier 1	
OSENVELT	Tier 2	PA; SP
<i>raloxifene</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: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 30 days)

Drug	Status	Notes
<i>risedronate oral tablet 30 mg, 5 mg</i>	Tier 1	ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 1 day)
<i>risedronate oral tablet 35 mg</i> (Actonel)	Tier 1	ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i> (Atelvia)	Tier 1	ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)
STOBOCLO	Tier 2	PA; SP
Calcimimetic, Parathyroid Calcium Enhancer		
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	Tier 1	SP; QL (2 EA per 1 day)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	Tier 1	SP; QL (4 EA per 1 day)
Growth Hormone Receptor Antagonists		
SOMAVERT	Tier 2	SP
Growth Hormone Releasing Hormone (Ghrh) & Analogs		
EGRIFTA SV	Tier 3	PA; SP
EGRIFTA WR	Tier 3	PA; SP
Growth Hormones		
GENOTROPIN	Tier 2	PA; SP
GENOTROPIN MINIQUEL	Tier 2	PA; SP
NORDITROPIN FLEXPRO	Tier 2	PA; SP
OMNITROPE	Tier 3	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 2	PA; SP
SOGROYA	Tier 2	PA; SP
Hyperparathyroid Tx Agents - Vitamin D Analog-Type		
<i>doxercalciferol oral</i>	Tier 1	
<i>paricalcitol oral</i> (Zemlar)	Tier 1	
RAYALDEE	Tier 2	QL (2 EA per 1 day)
Insulin-Like Growth Factor-1 (Igf-1) Hormones		
INCRELEX	Tier 3	PA; SP

Drug	Status	Notes
Leptin Hormone Analogs		
MYALEPT	Tier 3	PA; SP
Lhrh (Gnrh) Antagonist,Estrogen And Progestin Comb		
MYFEMBREE	Tier 2	PA
ORIAHNN	Tier 2	PA
Lhrh(Gnrh) Agonist Analog Pituitary Suppressants		
SYNAREL	Tier 3	PA; SP
Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents		
<i>cetrotirelix</i> (Cetrotide)	Tier 1	SP
FYREMADEL (ganirelix)	Tier 1	SP
<i>ganirelix</i> (Fyremadel)	Tier 1	SP
ORILISSA	Tier 2	PA
Natriuretic Peptides		
VOXZOGO	Tier 3	PA; SP
Parathyroid Hormones		
YORVIPATH	Tier 3	PA; SP
Pituitary Suppressive Agents		
<i>cabergoline</i>	Tier 1	
CRENESSITY	Tier 3	PA; SP
<i>danazol</i>	Tier 1	
Endocrine Disorder - Thyroid		
Antithyroid Preparations		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>propylthiouracil</i>	Tier 1	
Iodine Containing Agents		
LUGOLS ORAL	Tier 3	
<i>potassium iodide oral solution</i> (SSKI)	Tier 1	
SSKI (potassium iodide)	Tier 1	
STRONG IODINE ORAL	Tier 1	
Thyroid Hormones		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	Tier 3	
ERMEZA	Tier 1	PA
EUTHYROX (levothyroxine)	Tier 1	QL (2 EA per 1 day)
<i>levothyroxine oral capsule</i> (Tirosint)	Tier 1	PA
<i>levothyroxine oral tablet</i> (Euthyrox)	Tier 1	QL (2 EA per 1 day)
LIOMNY (liothyronine)	Tier 1	
<i>liothyronine oral</i> (Liomny)	Tier 1	
NP THYROID (thyroid (pork))	Tier 1	

Drug	Status	Notes
THYQUIDITY	Tier 3	ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days; QL (20 ML per 1 day)
<i>thyroid (pork)</i> (NP Thyroid)	Tier 1	
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG	Tier 3	PA
TIROSINT-SOL	Tier 3	PA
Eye - General Disorders		
Eye Antibiotic, Glucocorticoid And Nsaid Comb.		
<i>prednisoln sp-moxiflox-bromfen</i>	Tier 1	
<i>prednisolon-moxiflox-ketorolac</i>	Tier 1	
Eye Antibiotic-Corticoid Combinations		
<i>neomycin-bacitracin-poly-hc</i> (Neo-Polycin HC)	Tier 1	
<i>neomycin-polymyxin b-dexameth</i> (Maxitrol)	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	Tier 1	
NEO-POLYCIN HC (neomycin-bacitracin-poly-hc)	Tier 1	
PRED-G S.O.P.	Tier 3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	Tier 2	
<i>tobramycin-dexamethasone</i>	Tier 1	
Eye Antihistamines		
<i>azelastine ophthalmic (eye)</i>	Tier 1	QL (12 ML per 30 days)
<i>epinastine</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> (Advanced Eye Relief (olopatad))	Tier 1	QL (3 ML per 30 days)
Eye Antiinflammatory Agents		
ACUVAIL (PF)	Tier 3	ST: Requires prior prescriptions for Ilevro 0.3% and one of the following: Diclofenac 0.1% or Ketorolac 0.5% within the past 365 days; QL (60 EA per 15 days)
<i>bromfenac ophthalmic (eye) drops 0.07 %</i> (Prolensa)	Tier 1	ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (3 ML per 16 days)

Drug	Status	Notes
<i>bromfenac ophthalmic (eye) drops 0.075 %</i> (BromSite)	Tier 1	ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (5 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	Tier 1	ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (3.4 ML per 16 days)
<i>clobetasol ophthalmic (eye)</i>	Tier 1	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (3.5 ML per 14 days)
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	Tier 1	QL (15 ML per 14 days)
DEXTENZA	Tier 3	
<i>diclofenac sodium ophthalmic (eye)</i>	Tier 1	QL (10 ML per 14 days)
<i>difluprednate</i> (Durezol)	Tier 1	QL (10 ML per 14 days)
<i>fluorometholone</i> (FML Liquifilm)	Tier 1	QL (10 ML per 14 days)
<i>flurbiprofen sodium</i>	Tier 1	
ILEVRO	Tier 2	QL (3.4 ML per 16 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)
LOTEMAX OPHTHALMIC (EYE) OINTMENT	Tier 2	QL (7 GM per 14 days)
LOTEMAX SM	Tier 2	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i> (Lotemax)	Tier 1	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i> (Alrex)	Tier 1	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	Tier 1	QL (20 ML per 14 days)

Drug	Status	Notes
MAXIDEX	Tier 3	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (25 ML per 14 days)
<i>prednisolone acetate</i> (Pred Forte)	Tier 1	QL (20 ML per 14 days)
<i>prednisolone sod ph-bromfenac</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	Tier 1	QL (20 ML per 14 days)
Eye Antivirals		
<i>trifluridine</i>	Tier 1	
Eye Local Anesthetics		
AKTEN (PF)	Tier 3	
ALCAINE (proparacaine)	Tier 1	
ALTACAIN (tetracaine hcl)	Tier 1	
ALTAFLUOR BENOX (fluorescein-benoxinate)	Tier 1	
<i>fluorescein-benoxinate</i>	Tier 1	
<i>fluorescein-proparacaine</i>	Tier 1	
IHEEZO (PF)	Tier 3	
<i>proparacaine</i> (Alcaine)	Tier 1	
<i>tetracaine hcl</i> (Altacaine)	Tier 1	
<i>tetracaine hcl (pf) ophthalmic (eye)</i>	Tier 1	
Eye Sulfonamides		
BLEPHAMIDE S.O.P.	Tier 2	
<i>sulfacetamide sodium ophthalmic (eye)</i>	Tier 1	
<i>sulfacetamide-prednisolone</i>	Tier 1	
Eye Vasoconstrictors (Rx Only)		
<i>phenylephrine hcl ophthalmic (eye)</i>	Tier 1	
UPNEEQ (PF)	Tier 3	PA
Nicotinic Recept.Partial Agonist, Alpha4beta2 Spec		
TYRVAYA	Tier 2	PA
Ophthalmic (Eye) Antiparasitics		
XDEMY	Tier 3	PA; SP
Ophthalmic Antibiotics		
<i>bacitracin ophthalmic (eye)</i>	Tier 1	
<i>bacitracin-polymyxin b</i> (Polycin)	Tier 1	
BESIVANCE	Tier 2	
CILOXAN OPHTHALMIC (EYE) OINTMENT	Tier 2	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	Tier 1	
<i>erythromycin ophthalmic (eye)</i>	Tier 1	

Drug		Status	Notes
gatifloxacin		Tier 1	
gentamicin ophthalmic (eye) drops		Tier 1	
levofloxacin ophthalmic (eye)		Tier 1	
moxifloxacin ophthalmic (eye)	(Vigamox)	Tier 1	
neomycin-bacitracin-polymyxin	(Neo-Polycin)	Tier 1	
neomycin-polymyxin-gramicidin		Tier 1	
NEO-POLYCIN	(neomycin-bacitracin-polymyxin)	Tier 1	
ofloxacin ophthalmic (eye)	(Ocuflox)	Tier 1	
POLYCIN	(bacitracin-polymyxin b)	Tier 1	
polymyxin b sulf-trimethoprim		Tier 1	
tobramycin ophthalmic (eye)		Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT		Tier 2	
Ophthalmic Antifungal Agents			
NATACYN		Tier 3	
Ophthalmic Anti-Inflammatory Immunomodulator-Type			
cyclosporine ophthalmic (eye)	(Restasis)	Tier 1	QL (60 EA per 30 days)
RESTASIS	(cyclosporine)	Tier 1	QL (60 EA per 30 days)
RESTASIS MULTIDOSE		Tier 2	QL (5.5 ML per 30 days)
VERKAZIA		Tier 3	PA
XIIDRA		Tier 2	QL (60 EA per 30 days)
Ophthalmic Human Nerve Growth Factor (Hngf)			
OXERVATE		Tier 3	PA; SP
Ophthalmic Mast Cell Stabilizers			
cromolyn ophthalmic (eye)		Tier 1	QL (50 ML per 30 days)
Eye - Glaucoma			
Carbonic Anhydrase Inhibitors			
acetazolamide		Tier 1	
methazolamide		Tier 1	
Miotics/Other Intraoc. Pressure Reducers			
apraclonidine		Tier 1	
betaxolol ophthalmic (eye)		Tier 1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.5 %	(timolol)	Tier 3	
BETOPTIC S		Tier 3	
bimatoprost ophthalmic (eye)		Tier 1	QL (1 ML per 12 days)
brimonidine ophthalmic (eye)	(Alphagan P)	Tier 1	
brimonidine-dorzolamide		Tier 1	
brimonidine-timolol	(Combigan)	Tier 1	
brinzolamide	(Azopt)	Tier 1	

Drug	Status	Notes
<i>carteolol</i>	Tier 1	
<i>dorzolamide</i>	Tier 1	
<i>dorzolamide-timolol</i> (Cosopt)	Tier 1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i> (Cosopt (PF))	Tier 1	ST: Requires prior prescription for Dorzolamide/Timolol within the past 120 days; QL (2 EA per 1 day)
IOPIDINE OPTHALMIC (EYE) DROPPERETTE	Tier 3	
<i>latanoprost</i> (Xalatan)	Tier 1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	Tier 2	QL (2.5 ML per 25 days)
PHOSPHOLINE IODIDE	Tier 3	SP
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	Tier 1	
<i>pilocarpine hcl ophthalmic (eye) drops 1.25 %</i> (Vuity)	Tier 1	QL (10 ML per 30 days)
QLOSI	Tier 3	ST: Requires prior prescription for generic Pilocarpine ophthalmic solution within the past 120 days; QL (2 EA per 1 day)
RHOPRESSA	Tier 3	ST: Requires prior prescriptions for Latanoprost and one of the following: Alphagan P 0.1%, Azopt, Combigan, Lumigan 0.01%, Travatan Z, or Simbrinza within the past 365 days; QL (2.5 ML per 30 days)
ROCKLATAN	Tier 3	ST: Requires prior prescriptions for Latanoprost and one of the following: Alphagan P 0.1%, Azopt, Brimonidine 0.2%, Combigan, Lumigan 0.01%, Simbrinza, or Travatan Z within the past 365 days; QL (2.5 ML per 25 days)
SIMBRINZA	Tier 2	
<i>tafluprost (pf)</i> (Zioptan (PF))	Tier 1	QL (1 EA per 1 day)
<i>timolol</i> (Betimol)	Tier 1	
<i>timolol maleate (pf)</i> (Timoptic Ocudose (PF))	Tier 1	QL (2 EA per 1 day)

Drug		Status	Notes
<i>timolol maleate ophthalmic (eye)</i>	(Istalol)	Tier 1	
<i>timolol-bimatoprost</i>		Tier 1	
<i>timolol-brimon-dorzol-bimatop</i>		Tier 1	
<i>timolol-brimonidine-dorzolamid</i>		Tier 1	
<i>travoprost</i>	(Travatan Z)	Tier 1	QL (2.5 ML per 25 days)
VIZZ		Tier 3	QL (1 EA per 1 day)
VYZULTA		Tier 3	ST: Requires prior prescriptions for a generic prostaglandin analog and Lumigan within the past 365 days; QL (2.5 ML per 30 days)
XELPROS		Tier 3	ST: Requires prior prescriptions for a generic prostaglandin analog and Lumigan within the past 365 days; QL (2.5 ML per 25 days)
Mydriatics			
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %</i>		Tier 1	
<i>atropine ophthalmic (eye) drops 1 %</i>	(Isopto Atropine)	Tier 1	
<i>atropine sulfate (pf)</i>		Tier 1	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %	(cyclopentolate)	Tier 3	
CYCLOMYDRIL		Tier 3	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	(Cyclogyl)	Tier 1	
<i>cyclophen-tropic-phenyleph-watr</i>		Tier 1	
<i>cyclopent-tropic-phen-ketr-wat</i>		Tier 1	
<i>cyclop-trop-propa-phen-ket-wat</i>		Tier 1	
HOMATROPAIRE	(homatropine hbr)	Tier 1	
MYDCOMBI		Tier 3	
<i>phenyleph-tropicamide in water</i>		Tier 1	
<i>tropicamide</i>	(Mydriacyl)	Tier 1	
Ophthalmic Antifibrotic Agents			
<i>mitomycin (pf) in water</i>		Tier 1	SP
MITOSOL		Tier 3	
Eye - Miscellaneous			
Agents For Corneal Collagen Cross-Linking			
PHOTREXA CROSS-LINKING KIT		Tier 3	SP
Artificial Tears			
MIEBO (PF)		Tier 2	

Drug	Status	Notes
Eye Preparations, Miscellaneous (Otc)		
GELFILM OPHTHALMIC (EYE)	Tier 3	
Ophthalmic Cystine Depleting Agents		
CYSTADROPS	Tier 2	PA; SP
CYSTARAN	Tier 2	PA; SP
Fluid Replacement		
Nucleic Acid/Nucleotide Supplements		
XURIDEN	Tier 2	PA; SP
Gout And Related Diseases		
Colchicine		
<i>colchicine oral capsule</i> (Mitigare)	Tier 1	QL (2 EA per 1 day)
<i>colchicine oral tablet</i> (Colcrys)	Tier 1	QL (4 EA per 1 day)
GLOPERBA	Tier 3	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</i> (Uloric)	Tier 1	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (30 EA per 30 days)
Uricosuric Agents		
<i>probenecid</i>	Tier 1	
<i>probenecid-colchicine</i>	Tier 1	
Hematological Disorders		
Agents To Tx Thrombotic Thrombocytopenic Purpura		
CABLIVI INJECTION KIT	Tier 3	PA; SP
Anticoagulants,Coumarin Type		
JANTOVEN (warfarin)	Tier 1	
<i>warfarin</i> (Jantoven)	Tier 1	
Antifibrinolytic Agents		
<i>aminocaproic acid oral</i> (Amicar)	Tier 1	
<i>tranexamic acid oral</i>	Tier 1	
Antihemophilic Factors		
ADVATE	Tier 2	SP
ADYNOVATE	Tier 2	SP
AFSTYLA	Tier 2	SP
ALPHANATE	Tier 3	SP
ALTUVIIIIO	Tier 2	SP
ELOCTATE	Tier 2	SP

Drug	Status	Notes
ESPEROCT	Tier 2	SP
FEIBA NF	Tier 3	SP
HEMOFIL M HIGH	Tier 3	SP
HEMOFIL M LOW	Tier 3	SP
HEMOFIL M MID	Tier 3	SP
HEMOFIL M SUPER HIGH	Tier 3	SP
HUMATE-P	Tier 3	SP
JIVI	Tier 2	SP
KOATE INTRAVENOUS RECON SOLN 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
KOGENATE FS	Tier 2	SP
KOVALTRY	Tier 2	SP
NOVOEIGHT	Tier 2	SP
NOVOSEVEN RT	Tier 3	SP
NUWIQ INTRAVENOUS RECON SOLN 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 3	SP
OBIZUR	Tier 3	SP
RECOMBINATE	Tier 3	SP
SEVENFACT	Tier 3	SP
WILATE	Tier 3	SP
XYNTHA	Tier 2	SP
XYNTHA SOLOFUSE	Tier 2	SP
Blood Factors,Miscellaneous		
VONVENDI	Tier 3	SP
Citrates As Anticoagulants		
ACD SOLUTION A	Tier 3	
ACD-A	Tier 3	
<i>anticoag citrate phos dextrose</i>	Tier 1	
<i>sodium citrate</i>	Tier 1	
<i>sodium citrate in 0.9 % nacl</i>	Tier 1	
Complement (C3) Inhibitors		
EMPAVELI	Tier 3	PA; SP
Direct Factor Xa Inhibitors		
ELIQUIS DVT-PE TREAT 30D START	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)
<i>rivaroxaban oral suspension for reconstitution</i> (Xarelto)	Tier 1	QL (20 ML per 1 day)
<i>rivaroxaban oral tablet</i> (Xarelto)	Tier 1	QL (2 EA per 1 day)
XARELTO DVT-PE TREAT 30D START	Tier 2	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION (rivaroxaban)	Tier 2	QL (20 ML per 1 day)

Drug	Status	Notes
XARELTO ORAL TABLET 10 MG, 20 MG (rivaroxaban)	Tier 2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG (rivaroxaban)	Tier 2	QL (2 EA per 1 day)
Factor Ix Complex (Pcc) Preparations		
PROFILNINE	Tier 3	SP
Factor Ix Preparations		
ALPHANINE SD	Tier 3	SP
ALPROLIX	Tier 3	SP
BENEFIX	Tier 3	SP
IDELVION	Tier 3	SP
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 3,000 UNIT, 500 UNIT	Tier 3	SP
REBINYN	Tier 3	SP
RIXUBIS	Tier 3	SP
Factor X Preparations		
COAGADEX	Tier 3	SP
Factor Xiii Preparations		
CORIFACT	Tier 3	SP
TRETEN	Tier 3	SP
Hematinics, Other		
MIRCERA	Tier 3	PA; SP
RETACRIT	Tier 2	PA; SP
Hemophilia Treatment Agents, Non-Factor Replacement		
ALHEMO PEN	Tier 3	PA; SP
HEMLIBRA	Tier 3	PA; SP
HYMPAVZI PEN	Tier 3	PA; SP
QFITLIA	Tier 3	PA; SP
QFITLIA PEN	Tier 3	PA; SP
Hemorrhologic Agents		
<i>pentoxifylline</i>	Tier 1	
Heparin And Related Preparations		
<i>enoxaparin subcutaneous solution</i> (Lovenox)	Tier 1	QL (30 ML per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox)	Tier 1	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	Tier 1	QL (24 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	Tier 1	QL (15 ML per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	Tier 1	QL (12 ML per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	Tier 1	QL (18 ML per 30 days)

Drug	Status	Notes
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML	Tier 3	QL (8 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	Tier 3	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	Tier 3	QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	Tier 3	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	Tier 3	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	Tier 3	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 3	QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	Tier 3	QL (18 ML per 30 days)
HEP FLUSH-10 (PF)	Tier 1	
<i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)</i>	Tier 1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	Tier 1	
<i>heparin (porcine) injection cartridge</i>	Tier 1	
<i>heparin (porcine) injection solution</i>	Tier 1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Tier 1	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml</i>	Tier 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) (heparin, porcine (pf))	Tier 1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) injection syringe</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe</i> (Heparin LockFlush(Porcine)(PF))	Tier 1	
Human Monoclonal Antibody Complement(C5) Inhibitor		
FABHALTA	Tier 2	PA; SP
TAVNEOS	Tier 3	PA; SP
VOYDEYA	Tier 3	PA; SP
ZILBRYSQ	Tier 3	PA; SP
Hypoxia Inducible Factor Prolyl Hydroxylase Inh.		
VAFSEO	Tier 3	PA

Drug	Status	Notes
Leukocyte (Wbc) Stimulants		
LEUKINE INJECTION RECON SOLN	Tier 3	PA; SP
NIVESTYM	Tier 2	PA; SP
UDENYCA ONBODY	Tier 3	PA; SP
ZIEXTENZO	Tier 2	PA; SP
Plasma Proteins		
RYPLAZIM	Tier 3	PA; SP
Platelet Aggregation Inhibitors		
ADULT ASPIRIN REGIMEN (aspirin)	\$0	
ADULT LOW DOSE ASPIRIN (aspirin)	\$0	
ASPIRIN CHILDRENS (aspirin)	\$0	
<i>aspirin oral tablet, chewable</i> (Aspirin Childrens)	\$0	
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i> (Adult Aspirin Regimen)	\$0	
<i>aspirin-dipyridamole</i>	Tier 1	
BAYER LOW DOSE ASPIRIN (aspirin)	\$0	
CHILDREN'S ASPIRIN (aspirin)	\$0	
<i>cilostazol</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</i>	Tier 1	
<i>prasugrel hcl</i> (Effient)	Tier 1	QL (1 EA per 1 day)
ST JOSEPH ASPIRIN (aspirin)	\$0	
ST. JOSEPH ASPIRIN (aspirin)	\$0	
<i>ticagrelor</i> (Brilinta)	Tier 1	QL (2 EA per 1 day)
ZONTIVITY	Tier 3	QL (1 EA per 1 day)
Platelet Reducing Agents		
<i>anagrelide</i> (Agrylin)	Tier 1	
Pyruvate Kinase Activators		
PYRUKYND	Tier 3	PA; SP
Sickle Cell Anemia Agents		
DROXIA	Tier 3	
ENDARI (glutamine (sickle cell))	Tier 3	PA; SP
<i>glutamine (sickle cell)</i> (Endari)	Tier 1	PA; SP
SIKLOS ORAL TABLET 1,000 MG	Tier 3	ST: Requires prior prescriptions for generic Hydroxyurea and Droxia within the past 365 days
SIKLOS ORAL TABLET 100 MG	Tier 3	QL (2 EA per 1 day)
XROMI	Tier 3	PA
Spleen Tyrosine Kinase Inhibitors		
TAVALISSE	Tier 2	PA; SP

Drug	Status	Notes
Thrombin Inhibitors, Selective, Direct, & Reversible		
<i>dabigatran etexilate</i> (Pradaxa)	Tier 1	QL (2 EA per 1 day)
Thrombopoietin Receptor Agonists		
ALVAIZ	Tier 3	PA; SP
DOPTelet (10 TAB PACK)	Tier 2	PA; SP
DOPTelet (15 TAB PACK)	Tier 2	PA; SP
DOPTelet (30 TAB PACK)	Tier 2	PA; SP
<i>eltrombopag olamine</i> (Promacta)	Tier 1	PA; SP
MULPLETA	Tier 3	PA; SP
PROMACTA ORAL POWDER IN PACKET (eltrombopag olamine)	Tier 2	PA; SP
Topical Hemostatics		
ASTRINGYN	Tier 3	
AVITENE	Tier 3	
AVITENE FLOUR	Tier 3	
ENDO AVITENE	Tier 3	
EVICEL	Tier 3	
GELFOAM JMI POWDER	Tier 3	
GELFOAM JMI SPONGE	Tier 3	
GELFOAM SPONGE SIZE 200	Tier 3	
GELFOAM TOPICAL	Tier 3	
MONSEL'S TOPICAL SOLUTION	Tier 3	
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR	Tier 1	
RECOTHROM	Tier 3	
RECOTHROM SPRAY KIT	Tier 3	
SYRINGE AVITENE	Tier 3	
TACHOSIL	Tier 3	
THROMBI-GEL	Tier 1	
THROMBIN-JMI	Tier 1	
THROMBI-PAD	Tier 1	
ULTRAFOAM	Tier 3	
VISTASEAL-FIBRIN SEALANT	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</i>	Tier 1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 1	
VITAMIN K (phytonadione (vitamin k1))	Tier 1	

Drug		Status	Notes
VITAMIN K1 INJECTION	(phytonadione (vitamin k1))	Tier 1	
Hormonal Deficiency			
Androgenic Agents			
KYZATREX ORAL CAPSULE 100 MG		Tier 3	PA; QL (2 EA per 1 day)
KYZATREX ORAL CAPSULE 150 MG, 200 MG		Tier 3	PA; QL (4 EA per 1 day)
METHITEST	(methyltestosterone)	Tier 3	PA
<i>methyltestosterone oral capsule</i>		Tier 1	PA
<i>testosterone cypionate</i>	(Depo-Testosterone)	Tier 1	PA; QL (10 ML per 28 days)
<i>testosterone enanthate</i>		Tier 1	PA; QL (5 ML per 28 days)
<i>testosterone transdermal gel</i>	(Testim)	Tier 1	PA; QL (10 GM per 1 day)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram lactuation</i>		Tier 1	PA; QL (4 GM per 1 day)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	(Vogelxo)	Tier 1	PA; QL (10 GM per 1 day)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	(AndroGel)	Tier 1	PA; QL (5 GM per 1 day)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1.62 % (40.5 mg/2.5 gram)</i>		Tier 1	PA; QL (5 GM per 1 day)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>	(Vogelxo)	Tier 1	PA; QL (10 GM per 1 day)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>		Tier 1	PA; QL (1.25 GM per 1 day)
<i>testosterone transdermal solution in metered pump w/app</i>		Tier 1	PA; QL (6 ML per 1 day)
TLANDO		Tier 3	PA; QL (4 EA per 1 day)
XYOSTED		Tier 3	PA; QL (2 ML per 28 days)
Estrogen & Progestin With Antimineralocorticoid Cb			
ANGELIQ		Tier 3	
Estrogen & Selective Estrogen Recept Mod(Serm)Comb			
DUAVEE		Tier 2	
Estrogen And Progestin Combinations			
BIJUVA ORAL CAPSULE 0.5-100 MG		Tier 2	QL (1 EA per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG		Tier 2	QL (30 EA per 30 days)
Estrogen/Androgen Combinations			
COVARYX	(estrogens-methyltestosterone)	Tier 1	
COVARYX H.S.	(estrogens-methyltestosterone)	Tier 1	

Drug		Status	Notes
EEMT	(estrogens-methyltestosterone)	Tier 1	
EEMT HS	(estrogens-methyltestosterone)	Tier 1	
ESTRATEST F.S.	(estrogens-methyltestosterone)	Tier 1	
<i>estrogens-methyltestosterone</i>	(Covaryx)	Tier 1	
Estrogenic Agents			
ABIGALE	(estradiol-norethindrone acet)	Tier 1	
ABIGALE LO	(estradiol-norethindrone acet)	Tier 1	
COMBIPATCH		Tier 2	QL (2 EA per 7 days)
DEPO-ESTRADIOL	(estradiol cypionate)	Tier 3	
DOTTI	(estradiol)	Tier 1	QL (2 EA per 7 days)
ELESTRIN		Tier 3	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (52 GM per 30 days)
<i>estradiol oral</i>		Tier 1	
<i>estradiol transdermal gel in metered-dose pump</i>	(EstroGel)	Tier 1	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days
<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	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (30 EA per 30 days)
<i>estradiol transdermal gel in packet 1 mg/gram (0.1 %)</i>	(Divigel)	Tier 1	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (30 GM per 30 days)
<i>estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)</i>	(Divigel)	Tier 1	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (37.5 GM per 30 days)
<i>estradiol transdermal patch semiweekly</i>	(Dotti)	Tier 1	QL (2 EA per 7 days)
<i>estradiol transdermal patch weekly</i>	(Climara)	Tier 1	QL (1 EA per 7 days)
<i>estradiol valerate</i>	(Delestrogen)	Tier 1	

Drug		Status	Notes
<i>estradiol-norethindrone acet</i>	(Abigale)	Tier 1	
EVAMIST		Tier 3	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (16.2 ML per 30 days)
FYAVOLV	(norethindrone ac-eth estradiol)	Tier 1	
JINTELI	(norethindrone ac-eth estradiol)	Tier 1	
LYLLANA	(estradiol)	Tier 1	QL (2 EA per 7 days)
MENOSTAR		Tier 3	QL (1 EA per 7 days)
MIMVEY	(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	(conjugated estrogens)	Tier 2	
PREMPHASE		Tier 2	
PREMPRO		Tier 2	
Menopausal Symptoms Suppressant - Ssris			
<i>paroxetine mesylate(menop.sym)</i>		Tier 1	ST: Requires prior prescription for Paroxetine HCL or Venlafaxine within the past 120 days; QL (1 EA per 1 day)
Menopausal Symptoms Suppressant-Nk3 Receptor Antag			
VEOZAH		Tier 3	
Progestational Agents			
CRINONE VAGINAL GEL 4 %		Tier 2	
GALLIFREY	(norethindrone acetate)	Tier 1	
<i>medroxyprogesterone oral</i>	(Provera)	Tier 1	
<i>norethindrone acetate</i>	(Gallifrey)	Tier 1	
<i>progesterone</i>		Tier 1	
<i>progesterone micronized</i>	(Prometrium)	Tier 1	
Immunization			
Antisera			
GAMMAGARD LIQUID		Tier 2	PA; SP
GAMMAKED		Tier 3	PA; SP
GAMUNEX-C		Tier 2	PA; SP
HIZENTRA		Tier 3	PA; SP
HYQVIA		Tier 3	PA; SP
XEMBIFY		Tier 3	PA; SP

Drug	Status	Notes
Covid-19 Vaccines		
COMIRNATY 2025-2026(5-11Y)(PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
COMIRNATY 2025-26 (12Y UP)(PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MNEXSPIKE 2025-2026 (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MODERNA COVID 24-25(6M-11Y)PF	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
NOVAVAX COVID 2024-25(PF)(EUA)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
NUVAXOVID 2025-2026 (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2024-2025(12Y UP)(PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2025-2026(12Y UP)(PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2025-26 (6M-11Y) (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Enteric Virus Vaccines		
IPOL	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTARIX ORAL SUSPENSION	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTATEQ VACCINE	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
Gram Negative Cocci Vaccines		
BEXSERO	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENQUADFI (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO A-C-Y-W-135-DIP (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENBRAYA (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TRUMENBA	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Gram Positive Cocci Vaccines		
CAPVAXIVE	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PNEUMOVAX-23 INJECTION SYRINGE	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PREVNAR 20 (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXNEUVANCE (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Influenza Virus Vaccines		
AFLURIA 2025-2026 (3YR UP)(PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AFLURIA 2025-2026 (6MO UP)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
FLUAD 2025-2026 (65 YR UP)(PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUARIX 2025-2026 (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUBLOK 2025-2026 (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX 2025-2026	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX 2025-2026 (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLULAVAL 2025-2026 (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST 2025-2026	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST HOME 2025-2026	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE 2025-2026	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE 2025-2026 (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE HIGH-DOSE 2025-26 (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine/Toxoid Preparations,Combinations		
ACTHIB (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
ADACEL(TDAP ADOLESN/ADULT)(PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
DAPTACEL (DTAP PEDIATRIC) (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HIBERIX (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
INFANRIX (DTAP) (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
KINRIX (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
M-M-R II (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PEDVAX HIB (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PROQUAD (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
QUADRACEL (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
TENIVAC (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Viral/Tumorigenic Vaccines		
ABRYSVO (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AREXVY (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGRIX-B (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGRIX-B PEDIATRIC (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HAVRIX (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HEPLISAV-B (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MRESVIA (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PEDIARIX (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
SHINGRIX (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TWINRIX (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VARIVAX (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Immunosuppression/Modulation		
Immunomodulators		
ACTIMMUNE	Tier 3	PA; SP
ALFERON N	Tier 3	SP
BESREMI	Tier 3	PA; SP
<i>imiquimod topical cream in packet 5 %</i>	Tier 1	QL (2 EA per 1 day)
KAZURI (imiquimod-tretinoin-levocetir)	Tier 3	
KERIDA	Tier 3	
KYNARA (imiquimod-levocetirizin-niacin)	Tier 3	
QUIDROXZAR	Tier 3	
QUIHOXAXIA (imiquimod-levocetirizin-niacin)	Tier 3	
QUIHOXVAR (imiquimod-tretinoin-levocetir)	Tier 3	
Immunosuppressives		
<i>azathioprine</i> (Azasan)	Tier 1	
<i>cyclosporine modified</i> (Gengraf)	Tier 1	
<i>cyclosporine oral capsule</i> (Sandimmune)	Tier 1	
<i>everolimus (immunosuppressive)</i> (Zortress)	Tier 1	
GENGRAF (cyclosporine modified)	Tier 1	
LUPKYNIS	Tier 3	PA; SP
<i>mycophenolate mofetil</i> (CellCept)	Tier 1	
<i>mycophenolate sodium</i> (Myfortic)	Tier 1	
MYHIBBIN	Tier 3	PA
NEORAL (cyclosporine modified)	Tier 3	
PROGRAF ORAL CAPSULE (tacrolimus)	Tier 3	
PROGRAF ORAL GRANULES IN PACKET	Tier 2	

Drug		Status	Notes
SANDIMMUNE ORAL CAPSULE	(cyclosporine)	Tier 3	
<i>sirolimus</i>		Tier 1	
<i>tacrolimus oral capsule</i>	(Prograf)	Tier 1	
Rho Kinase Inhibitor			
REZUROCK		Tier 2	PA; SP
Infectious Disease - Bacterial			
Absorbable Sulfonamides			
<i>sulfadiazine</i>		Tier 1	
<i>sulfamethoxazole-trimethoprim oral</i>	(Bactrim)	Tier 1	
SULFATRIM	(sulfamethoxazole-trimethoprim)	Tier 1	
Betalactams			
CAYSTON		Tier 2	PA; SP
Carbapenems (Thienamycins)			
ORLYNVAH		Tier 3	PA; QL (2 EA per 1 day)
Cephalosporins - 1St Generation			
<i>cefadroxil oral capsule</i>		Tier 1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>		Tier 1	
<i>cefadroxil oral tablet</i>		Tier 1	
<i>cephalexin</i>		Tier 1	
Cephalosporins - 2Nd Generation			
<i>cefaclor oral capsule</i>		Tier 1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>		Tier 1	
<i>cefaclor oral tablet extended release 12 hr</i>		Tier 1	
<i>cefprozil</i>		Tier 1	
<i>cefuroxime axetil oral tablet</i>		Tier 1	
Cephalosporins - 3Rd Generation			
<i>cefdinir</i>		Tier 1	
<i>cefixime</i>		Tier 1	
<i>cefpodoxime</i>		Tier 1	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML		Tier 2	
SUPRAX ORAL TABLET,CHEWABLE		Tier 2	
Chemotherapeutics, Antibacterial, Misc.			
<i>fosfomycin tromethamine</i>		Tier 1	
<i>methenamine hippurate</i>		Tier 1	
<i>methenamine mandelate</i>		Tier 1	
<i>methen-sod phos-meth blue-hyos</i>	(Urogesic-Blue)	Tier 1	
PRIMSOL		Tier 2	

Drug	Status	Notes
<i>trimethoprim</i>	Tier 1	
URELLE	Tier 3	
URETRON D-S	Tier 2	
URIBEL TABS	Tier 3	
URIMAR-T ORAL TABLET	Tier 3	
UROGESIC-BLUE (methen-sod phos-meth blue-hyos)	Tier 1	
URO-MP	Tier 1	
Fecal Microbiota Transplantation (Fmt)		
REBYOTA	Tier 3	PA; SP
VOWST	Tier 2	PA; SP
Macrolides		
<i>azithromycin oral</i> (Zithromax)	Tier 1	
<i>clarithromycin</i>	Tier 1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	Tier 2	QL (10 ML per 1 day)
DIFICID ORAL TABLET (fidaxomicin)	Tier 2	QL (20 EA per 10 days)
E.E.S. 400 ORAL TABLET (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</i> (E.E.S. Granules)	Tier 1	
<i>erythromycin ethylsuccinate oral tablet</i> (E.E.S. 400)	Tier 1	
<i>erythromycin oral</i> (Ery-Tab)	Tier 1	
Nitrofurantoin Derivatives		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>nitrofurantoin monohyd/m-cryst</i> (Macrobid)	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i> (Furadantin)	Tier 1	PA
Oxazolidinones		
<i>linezolid</i> (Zyvox)	Tier 1	
SIVEXTRO ORAL	Tier 2	PA
Penicillins		
<i>amoxicillin oral capsule</i>	Tier 1	
<i>amoxicillin oral suspension for reconstitution</i>	Tier 1	
<i>amoxicillin oral tablet</i>	Tier 1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 1	

Drug	Status	Notes
<i>amoxicillin-pot clavulanate</i> (Augmentin)	Tier 1	
<i>ampicillin oral capsule 500 mg</i>	Tier 1	
<i>dicloxacillin</i>	Tier 1	
MOXATAG (amoxicillin)	Tier 3	
<i>penicillin v potassium</i>	Tier 1	
Pleuromutilin Derivatives		
XENLETA ORAL	Tier 3	PA
Quinolones		
BAXDELA ORAL	Tier 3	PA
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON (ciprofloxacin)	Tier 2	
<i>ciprofloxacin</i> (Cipro)	Tier 1	
<i>ciprofloxacin hcl oral</i> (Cipro)	Tier 1	
<i>levofloxacin oral</i>	Tier 1	
<i>moxifloxacin oral</i>	Tier 1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 1	
Tetracyclines		
<i>demeclocycline</i>	Tier 1	
<i>doxycycline hyclate oral capsule</i> (Morgidox)	Tier 1	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	
<i>doxycycline hyclate oral tablet 150 mg</i>	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 150mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 50 mg</i> (Targadox)	Tier 1	ST: Requires prior prescription for Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets within the past 120 days; QL (4 EA per 1 day)
<i>doxycycline hyclate oral tablet 75 mg</i>	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxylene NL)	Tier 1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 50 mg</i>	Tier 1	

Drug	Status	Notes
<i>doxycycline monohydrate oral capsule</i> (Mondoxyne NL) 75 mg	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule,ir</i> (Oracea) - delay rel,biphase	Tier 1	PA
<i>doxycycline monohydrate oral suspension for reconstitution</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral tablet 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	Tier 1	
EMROSI	Tier 3	PA
<i>minocycline oral capsule</i>	Tier 1	
<i>minocycline oral tablet</i>	Tier 1	
MONDOXYNE NL ORAL CAPSULE 100 MG (doxycycline monohydrate)	Tier 1	
MONDOXYNE NL ORAL CAPSULE 75 MG (doxycycline monohydrate)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
NUZYRA ORAL	Tier 3	PA
<i>tetracycline oral capsule</i>	Tier 1	
Infectious Disease - Fungal		
Antifungal Agents		
<i>clotrimazole mucous membrane</i>	Tier 1	
CRESEMBA ORAL	Tier 3	PA
<i>fluconazole</i> (Diflucan)	Tier 1	
<i>flucytosine</i> (Ancobon)	Tier 1	
<i>itraconazole</i> (Sporanox)	Tier 1	
<i>ketoconazole oral</i>	Tier 1	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON	Tier 3	PA
ORAVIG	Tier 3	
<i>posaconazole oral</i> (Noxafil)	Tier 1	PA
<i>terbinafine hcl oral</i>	Tier 1	
VIVJOA	Tier 3	PA
<i>voriconazole oral</i> (Vfend)	Tier 1	
Antifungal Antibiotics		
BREXAFEMME	Tier 3	PA

Drug	Status	Notes
<i>griseofulvin microsize</i>	Tier 1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>nystatin oral</i>	Tier 1	
Infectious Disease - Miscellaneous		
Aminoglycosides		
ARIKAYCE	Tier 3	PA; SP
<i>neomycin</i>	Tier 1	
TOBI PODHALER	Tier 2	PA; SP
<i>tobramycin in 0.225 % nacl</i> (Tobi)	Tier 1	PA; SP
<i>tobramycin inhalation</i> (Bethkis)	Tier 1	PA; SP
<i>tobramycin with nebulizer</i> (Kitabis Pak)	Tier 1	PA; SP
Antibacterial Agents, Miscellaneous		
<i>glycine urologic solution</i> (Glycine Urologic)	Tier 1	
Antileprotics		
<i>dapsone oral</i>	Tier 1	
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 2	PA; SP
Anti-Mycobacterium Agents		
<i>ethambutol</i>	Tier 1	
<i>isoniazid oral</i>	Tier 1	
PASER	Tier 3	
<i>pyrazinamide</i>	Tier 1	
<i>rifabutin</i>	Tier 1	
TRECTOR	Tier 3	
Antitubercular Antibiotics		
<i>cycloserine</i>	Tier 1	
<i>pretomanid</i>	Tier 3	QL (1 EA per 1 day)
PRIFTIN	Tier 3	
<i>rifampin oral</i>	Tier 1	
SIRTURO	Tier 3	PA; SP
Lincosamides		
<i>clindamycin hcl</i> (Cleocin HCl)	Tier 1	
<i>clindamycin palmitate hcl</i> (Clindamycin Pediatric)	Tier 1	
CLINDAMYCIN PEDIATRIC (clindamycin palmitate hcl)	Tier 1	
Rifamycins And Related Derivative Antibiotics		
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)

Drug	Status	Notes
<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	Tier 3	ST: At least 2 prior prescriptions for oral Metronidazole, Clindamycin, vaginal Clindamycin cream, vaginal Metronidazole gel, or Tinidazole within the past 365 days; QL (1 EA per 30 days)
<i>tinidazole</i>	Tier 1	
Anaerobic Antiprotozoal-Antibacterial Agents		
LIKMEZ	Tier 3	PA
<i>metronidazole oral capsule</i>	Tier 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
Anthelmintics		
<i>albendazole</i>	Tier 1	
EMVERM (mebendazole)	Tier 2	PA
<i>ivermectin oral</i> (Stromectol)	Tier 1	
<i>praziquantel</i> (Biltricide)	Tier 1	
Antimalarial Drugs		
ARAKODA	Tier 3	
<i>atovaquone-proguanil</i> (Malarone)	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	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	Tier 2	QL (2 EA per 1 FILL)
<i>mefloquine</i>	Tier 1	
<i>primaquine</i>	Tier 2	
<i>pyrimethamine</i> (Daraprim)	Tier 1	PA; SP
<i>quinine sulfate</i> (Qualaquin)	Tier 1	
SOVUNA ORAL TABLET 200 MG (hydroxychloroquine)	Tier 2	QL (100 EA per 30 days)
SOVUNA ORAL TABLET 300 MG (hydroxychloroquine)	Tier 3	QL (60 EA per 30 days)

Drug	Status	Notes
Antiparasitics		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	Tier 3	QL (50 ML per 1 day)
<i>nitazoxanide</i> (Alinia)	Tier 1	QL (2 EA per 1 day)
Antiprotozoal Drugs,Miscellaneous		
<i>atovaquone</i> (Mepron)	Tier 1	
<i>benznidazole</i>	Tier 1	
IMPAVIDO	Tier 2	PA
LAMPIT	Tier 3	
<i>pentamidine inhalation</i> (Nebupent)	Tier 1	
Infectious Disease - Viral		
Antiretroviral - Capsid Inhibitors		
SUNLENCA	Tier 2	PA; SP
YEZTUGO	Tier 2	PA; SP
Antiretroviral-Integrase Inhibitor And Nnrti Comb.		
JULUCA	Tier 2	SP; QL (1 EA per 1 day)
Antiretroviral-Integrase Inhibitor And Nrti Comb.		
DOVATO	Tier 2	SP; QL (1 EA per 1 day)
Antiretroviral-Nucleoside,Nucleotide,Protease Inh.		
SYMITUZA	Tier 2	SP; QL (1 EA per 1 day)
Antiviral - Main Protease (Mpro) Inhibitor		
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5)	Tier 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		
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML	\$0	PA; \$0 COPAY IF QUANTITY LIMITED TO 2, FILL OF 2 IN 120 DAYS, AND 19 MONTHS OF AGE OR YOUNGER
BEYFORTUS INTRAMUSCULAR SYRINGE 50 MG/0.5 ML	\$0	PA; \$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 2 IN 120 DAYS, AND 19 MONTHS OF AGE OR YOUNGER
Antiviral Nucleotide Analogs		
LAGEVRIO (EUA)	Tier 1	QL (40 EA per 29 days); Age (Min 18 Years)
Antivirals, General		
<i>acyclovir oral capsule</i>	Tier 1	

Drug	Status	Notes
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	Tier 1	
<i>acyclovir oral tablet</i>	Tier 1	
<i>famciclovir</i>	Tier 1	
LIVTENCITY	Tier 2	PA; SP
<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</i> (Tamiflu)	Tier 1	QL (360 ML per 180 days)
PREVYMIS ORAL	Tier 3	PA
RELENZA DISKHALER	Tier 3	QL (40 EA per 180 days)
<i>ribavirin inhalation</i>	Tier 1	
TEMBEXA	Tier 2	
TPOXX (NATIONAL STOCKPILE) ORAL	Tier 2	
<i>valacyclovir</i> (Valtrex)	Tier 1	
<i>valganciclovir</i> (Valcyte)	Tier 1	
XOFLUZA ORAL TABLET 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	Tier 2	SP; QL (4 EA per 1 day)
<i>darunavir oral tablet 600 mg</i> (Prezista)	Tier 1	SP; QL (2 EA per 1 day)
<i>darunavir oral tablet 800 mg</i> (Prezista)	Tier 1	SP; QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION	Tier 2	SP; QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	Tier 2	SP; QL (8 EA per 1 day)
PREZISTA ORAL TABLET 75 MG	Tier 2	SP; QL (16 EA per 1 day)
Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog		
CIMDUO	Tier 2	SP; QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG	Tier 2	SP; QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG	\$0	SP; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND 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	SP; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada)	\$0	SP; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)

Drug	Status	Notes
Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb		
<i>abacavir-lamivudine</i>	Tier 1	SP; QL (1 EA per 1 day)
<i>lamivudine-zidovudine</i>	Tier 1	SP; QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.		
<i>maraviroc oral tablet 150 mg</i> (Selzentry)	Tier 1	SP; QL (2 EA per 1 day)
<i>maraviroc oral tablet 300 mg</i> (Selzentry)	Tier 1	SP; QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION	Tier 2	SP; QL (31 ML per 1 day)
Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor		
RUKOBIA	Tier 2	PA; SP
Antivirals, Hiv-Specific, Fusion Inhibitors		
FUZEON SUBCUTANEOUS RECON SOLN	Tier 2	SP; QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Non-Nucleoside, Rti		
EDURANT	Tier 2	SP; QL (1 EA per 1 day)
EDURANT PED	Tier 2	SP; QL (180 EA per 30 days)
<i>efavirenz oral tablet</i>	Tier 1	SP
<i>etravirine oral tablet 100 mg</i> (Intelence)	Tier 1	SP; QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i> (Intelence)	Tier 1	SP; QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG	Tier 2	SP; QL (4 EA per 1 day)
<i>nevirapine oral suspension</i>	Tier 1	SP; QL (1200 ML per 30 days)
<i>nevirapine oral tablet</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 1	SP; QL (3 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
Antivirals, Hiv-Specific, Nucleoside Analog, Rti		
<i>abacavir oral solution</i> (Ziagen)	Tier 1	SP; QL (960 ML per 30 days)
<i>abacavir oral tablet</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>emtricitabine</i> (Emtriva)	\$0	SP; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION	Tier 2	SP; QL (850 ML per 30 days)

Drug		Status	Notes
<i>lamivudine oral solution</i>	(Epivir)	Tier 1	SP; QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i>	(Epivir)	Tier 1	SP; QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i>	(Epivir)	Tier 1	SP; QL (1 EA per 1 day)
<i>stavudine oral capsule 15 mg, 20 mg</i>		Tier 1	SP; QL (2 EA per 1 day)
<i>zidovudine oral capsule</i>	(Retrovir)	Tier 1	SP; QL (6 EA per 1 day)
<i>zidovudine oral syrup</i>	(Retrovir)	Tier 1	SP; QL (1920 ML per 30 days)
<i>zidovudine oral tablet</i>		Tier 1	SP; QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Nucleotide Analog, Rti			
<i>tenofovir disoproxil fumarate</i>	(Viread)	\$0	SP; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
VIREAD ORAL POWDER		Tier 2	SP; QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		Tier 2	SP; QL (1 EA per 1 day)
Antivirals, Hiv-Specific, Protease Inhibitor Comb			
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	(Kaletra)	Tier 1	SP; QL (10 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	(Kaletra)	Tier 1	SP; QL (4 EA per 1 day)
Antivirals, Hiv-Specific, Protease Inhibitors			
<i>atazanavir oral capsule 150 mg</i>		Tier 1	SP; QL (2 EA per 1 day)
<i>atazanavir oral capsule 200 mg</i>	(Reyataz)	Tier 1	SP; QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i>	(Reyataz)	Tier 1	SP; QL (1 EA per 1 day)
EVOTAZ		Tier 2	SP; QL (1 EA per 1 day)
<i>fosamprenavir</i>		Tier 1	SP; QL (4 EA per 1 day)
NORVIR ORAL CAPSULE		Tier 2	SP; QL (12 EA per 1 day)
NORVIR ORAL POWDER IN PACKET		Tier 2	SP; QL (12 EA per 1 day)
REYATAZ ORAL POWDER IN PACKET		Tier 2	SP; QL (5 EA per 1 day)
<i>ritonavir</i>	(Norvir)	Tier 1	SP; QL (12 EA per 1 day)
VIRACEPT ORAL TABLET		Tier 2	SP
Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr			
APRETUDE	(cabotegravir)	\$0	\$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)

Drug	Status	Notes
ISENTRESS HD	Tier 2	SP; QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET	Tier 2	SP; QL (2 EA per 1 day)
ISENTRESS ORAL TABLET	Tier 2	SP; QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE	Tier 2	SP; QL (6 EA per 1 day)
TIVICAY ORAL TABLET 50 MG	Tier 2	SP; QL (2 EA per 1 day)
TIVICAY PD	Tier 2	SP; QL (6 EA per 1 day)
Artv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti		
COMPLERA (emtricitabine-tenofovir)	Tier 2	SP; QL (1 EA per 1 day)
efavirenz-emtricitabine-tenofovir	Tier 1	SP; QL (1 EA per 1 day)
efavirenz-lamivudine-tenofovir disoproxil fumarate (Symfi)	Tier 1	SP; QL (1 EA per 1 day)
emtricitabine-tenofovir disoproxil fumarate (Complera)	Tier 1	SP; QL (1 EA per 1 day)
ODEFSEY	Tier 2	SP; QL (1 EA per 1 day)
Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor		
BIKTARVY	Tier 2	SP; QL (1 EA per 1 day)
GENVOYA	Tier 2	SP; QL (1 EA per 1 day)
STRIBILD	Tier 2	SP; QL (1 EA per 1 day)
Arv Comb-Nrtis & Integrase Inhibitor		
TRIUMEQ	Tier 2	SP; QL (1 EA per 1 day)
TRIUMEQ PD	Tier 2	SP; QL (6 EA per 1 day)
Cytochrome P450 Inhibitors		
TYBOST	Tier 2	QL (1 EA per 1 day)
Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo		
VOSEVI	Tier 2	PA; SP
Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo.		
EPCLUSA (sofosbuvir-velpatasvir)	Tier 2	PA; SP
HARVONI (ledipasvir-sofosbuvir)	Tier 2	PA; SP
Hep C Virus,Nucleotide Analog Ns5b Polymerase Inh		
SOVALDI	Tier 3	PA; SP
Hepatitis B Treatment Agents		
adefovir (Hepsera)	Tier 1	SP; QL (1 EA per 1 day)
BARACLUDE ORAL SOLUTION	Tier 2	SP; QL (630 ML per 30 days)
entecavir (Baraclude)	Tier 1	SP; QL (1 EA per 1 day)
lamivudine oral tablet 100 mg	Tier 1	SP; QL (1 EA per 1 day)
VEMLIDY	Tier 2	SP; QL (1 EA per 1 day)
Hepatitis C Treatment Agents		
PEGASYS	Tier 2	PA; SP

Drug	Status	Notes
<i>ribavirin oral capsule</i>	Tier 1	
<i>ribavirin oral tablet 200 mg</i>	Tier 1	
Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb		
MAVYRET	Tier 3	PA; SP
Inflammatory Disease		
Anti-Arthritic And Chelating Agents		
CUPRIMINE (penicillamine)	Tier 3	PA; SP
D-PENAMINE	Tier 1	PA; SP
<i>penicillamine</i> (Cuprimine)	Tier 1	PA; SP
Anti-Arthritic, Folate Antagonist Agents		
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML	Tier 2	QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML	Tier 2	QL (1 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML	Tier 2	QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML	Tier 2	QL (1.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML	Tier 2	QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML	Tier 2	QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML	Tier 2	QL (2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML	Tier 2	QL (2.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML	Tier 2	QL (0.6 ML per 28 days)
Anti-Flam. Interleukin-1 Receptor Antagonist		
ARCALYST	Tier 3	PA; SP
KINERET	Tier 3	PA; SP
Anti-Inflammatory Tumor Necrosis Factor Inhibitor		
<i>adalimumab-adaz</i> (Hyrimoz Pen Crohn's-UC Starter)	Tier 2	PA; SP
CIMZIA POWDER FOR RECONST	Tier 3	PA; SP
CIMZIA STARTER KIT	Tier 3	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 3	PA; SP
ENBREL MINI	Tier 2	PA; SP
ENBREL SUBCUTANEOUS SOLUTION	Tier 2	PA; SP
ENBREL SUBCUTANEOUS SYRINGE	Tier 2	PA; SP
ENBREL SURECLICK	Tier 2	PA; SP

Drug	Status	Notes
HUMIRA PEN	Tier 2	PA; SP; PA REQUIRES TRIAL OF PREFERRED BIOSIMILARS FOR NEW PATIENTS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 2	PA; SP; PA REQUIRES TRIAL OF PREFERRED BIOSIMILARS FOR NEW PATIENTS
HUMIRA(CF)	Tier 2	PA; SP; PA REQUIRES TRIAL OF PREFERRED BIOSIMILARS FOR NEW PATIENTS
HUMIRA(CF) PEN	Tier 2	PA; SP; PA REQUIRES TRIAL OF PREFERRED BIOSIMILARS FOR NEW PATIENTS
HUMIRA(CF) PEN CROHNS-UC-HS	Tier 2	PA; SP; PA REQUIRES TRIAL OF PREFERRED BIOSIMILARS FOR NEW PATIENTS
HUMIRA(CF) PEN PSOR-UV-ADOL HS	Tier 2	PA; SP; PA REQUIRES TRIAL OF PREFERRED BIOSIMILARS FOR NEW PATIENTS
SIMLANDI(CF) (adalimumab-ryvk)	Tier 2	PA; SP
SIMLANDI(CF) AUTOINJECTOR (adalimumab-ryvk)	Tier 2	PA; SP
SIMPONI	Tier 3	PA; SP
Anti-Inflammatory, Pyrimidine Synthesis Inhibitor		
leflunomide (Arava)	Tier 1	
Anti-Inflammatory, Phosphodiesterase-4(Pde4) Inhib.		
OTEZLA	Tier 2	PA; SP
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	Tier 2	PA; SP
Anti-Inflammatory/Antiarthritics Agents, Misc.		
EUFLEXXA	Tier 2	PA; QL (6 ML per 180 days)
SYNVISC	Tier 2	PA; QL (6 ML per 180 days)
SYNVISC-ONE	Tier 2	PA; QL (6 ML per 180 days)
Antinflammatory, Sel.Costim.Mod., T-Cell Inhibitor		
ORENCIA	Tier 3	PA; SP

Drug	Status	Notes
ORENCIA CLICKJECT	Tier 3	PA; SP
Bradykinin B2 Receptor Antagonists		
<i>icatibant</i> (Sajazir)	Tier 1	PA; SP
SAJAZIR (icatibant)	Tier 1	PA; SP
C1 Esterase Inhibitors		
BERINERT INTRAVENOUS KIT	Tier 3	PA; SP
CINRYZE	Tier 3	PA; SP
HAEGARDA	Tier 3	PA; SP
RUCONEST	Tier 3	PA; SP
Glucocorticoids		
AGAMREE	Tier 3	PA; SP
ALKINDI SPRINKLE	Tier 3	PA; SP
BETALOAN SUIK	Tier 3	
<i>budesonide oral capsule, delayed, extend.release</i>	Tier 1	
<i>budesonide oral tablet, delayed and ext.release</i> (Uceris)	Tier 1	ST: Requires prior prescription for Balsalazide within the past 120 days
<i>cortisone</i>	Tier 1	
<i>deflazacort</i> (Emflaza)	Tier 1	PA; SP
DEXAMETHASONE INTENSOL	Tier 3	
<i>dexamethasone oral elixir</i>	Tier 1	
<i>dexamethasone oral solution</i>	Tier 1	
<i>dexamethasone oral tablet</i>	Tier 1	
DEXONTO	Tier 3	
EMFLAZA ORAL SUSPENSION (deflazacort)	Tier 3	PA; SP
<i>hydrocortisone oral</i> (Cortef)	Tier 1	
<i>hydrocortisone sod succinate</i> (Solu-Cortef)	Tier 1	
JAYTHARI (deflazacort)	Tier 1	PA; SP
KENALOG INJECTION SUSPENSION 10 MG/ML (triamcinolone acetonide)	Tier 3	
KENALOG-80	Tier 3	
MEDROL ORAL TABLET 2 MG	Tier 2	
MEDROLOAN II SUIK	Tier 3	
MEDROLOAN SUIK	Tier 3	
<i>methylprednisolone</i> (Medrol)	Tier 1	
<i>prednisolone oral solution</i>	Tier 1	
<i>prednisolone sodium phosphate oral</i> (Orapred ODT)	Tier 1	
<i>prednisone</i>	Tier 1	
PREDNISONE INTENSOL	Tier 2	
SOLU-CORTEF ACT-O-VIAL (PF)	Tier 3	
TARPEYO	Tier 3	PA; SP
<i>triamcinolone acetonide injection</i> (Kenalog)	Tier 1	

Drug	Status	Notes
TRILOAN II SUIK	Tier 3	
TRILOAN SUIK	Tier 3	
Gold Salts		
<i>auranofin</i> (Ridaura)	Tier 1	
RIDAURA (auranofin)	Tier 3	
Immunomodulator,B-Lymphocyte Stim(Blys)-Spec Inhib		
BENLYSTA SUBCUTANEOUS	Tier 3	PA; SP
Interleukin-6 (Il-6) Receptor Inhibitors		
ENSPRYNG	Tier 3	PA; SP
KEVZARA	Tier 3	PA; SP
TYENNE AUTOINJECTOR	Tier 3	PA; SP
TYENNE SUBCUTANEOUS	Tier 3	PA; SP
Janus Kinase (Jak) Inhibitors		
LITFULO	Tier 3	PA; SP
OLUMIANT	Tier 3	PA; SP
RINVOQ	Tier 2	PA; SP
RINVOQ LQ	Tier 2	PA; SP
XELJANZ	Tier 2	PA; SP
XELJANZ XR	Tier 2	PA; SP
Mineralocorticoids		
<i>fludrocortisone</i>	Tier 1	
Monoclonal Antibody-Human Interleukin 12/23 Inhib		
STEQEYMA	Tier 2	PA; SP
YESINTEK SUBCUTANEOUS	Tier 2	PA; SP
Nsaids (Cox Non-Specific Inhib)& Prostaglandin Cmb		
<i>diclofenac-misoprostol</i> (Arthrotec 50)	Tier 1	
Nsaids, Cyclooxygenase 2 Inhibitor - Type		
<i>celecoxib</i> (Celebrex)	Tier 1	
Nsaids, Cyclooxygenase Inhibitor-Type		
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	
<i>diclofenac sodium oral</i>	Tier 1	
EC-NAPROXEN (naproxen)	Tier 1	
<i>etodolac</i> (Lodine)	Tier 1	
<i>flurbiprofen oral tablet 100 mg</i> (Lurbiro)	Tier 1	
IBU (ibuprofen)	Tier 1	
<i>ibuprofen oral suspension</i> (Children's Advil)	Tier 1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	Tier 1	
<i>indomethacin oral capsule</i>	Tier 1	

Drug		Status	Notes
<i>indomethacin oral capsule, extended release</i>		Tier 1	
<i>indomethacin rectal suppository 100 mg</i>		Tier 1	
<i>ketoprofen oral capsule</i>		Tier 1	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>		Tier 1	
<i>ketorolac injection</i>		Tier 1	
<i>ketorolac intramuscular</i>		Tier 1	
<i>ketorolac oral</i>		Tier 1	QL (20 EA per 5 days)
KIPROFEN	(ketoprofen)	Tier 1	
LURBIPR	(flurbiprofen)	Tier 1	
LURBIRO	(flurbiprofen)	Tier 1	
<i>meclofenamate</i>		Tier 1	
<i>mefenamic acid</i>		Tier 1	
<i>meloxicam</i>		Tier 1	
<i>nabumetone</i>		Tier 1	
<i>naproxen oral tablet</i>	(Naprosyn)	Tier 1	
<i>naproxen oral tablet,delayed release (dr/ec)</i>	(EC-Naprosyn)	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</i>		Tier 1	
<i>piroxicam</i>	(Feldene)	Tier 1	
<i>sulindac</i>		Tier 1	
<i>tolmetin oral capsule</i>		Tier 1	
<i>tolmetin oral tablet 600 mg</i>	(Tolectin 600)	Tier 1	
TORONOVA II SUIK		Tier 3	
TORONOVA SUIK		Tier 3	
Plasma Kallikrein Inhibitors			
DAWNZERA		Tier 3	PA; SP; QL (0.8 ML per 28 days)
EKTERLY		Tier 3	PA; SP; QL (4 EA per 1 day)
ORLADEYO		Tier 3	PA; SP
TAKHZYRO		Tier 3	PA; SP
Local Anesthesia			
Local Anesthetics			
GLYDO	(lidocaine hcl)	Tier 1	
<i>lidocaine hcl mucous membrane</i>	(Glydo)	Tier 1	
LIDOCAINE VISCOUS	(lidocaine hcl)	Tier 1	
MARVONA SUIK (PF)		Tier 3	

Drug	Status	Notes
Lower Gastrointestinal Disorders - Bowel Inflammation		
Chronic Inflammation. Colon Dx, 5-A-Salicylate, Rectal Tx		
<i>mesalamine rectal</i> (Canasa)	Tier 1	
<i>mesalamine with cleansing wipe</i> (Rowasa)	Tier 1	
Drug Tx-Chronic Inflammation. Colon Dx, 5-Aminosalicylate		
<i>balsalazide</i> (Colazal)	Tier 1	
<i>mesalamine oral capsule, extended release</i> (Pentasa)	Tier 1	
<i>mesalamine oral capsule, extended release 24hr</i> (Apriso)	Tier 1	
<i>mesalamine oral tablet, delayed release (dr/lec)</i> (Lialda)	Tier 1	
PENTASA (mesalamine)	Tier 3	
<i>sulfasalazine</i> (Azulfidine)	Tier 1	
Hemorrhoidal Prep, Anti-Inflammation Steroid/Local Anesthetic		
<i>hydrocortisone-pramoxine rectal cream</i> (Analpram-HC)	Tier 1	
<i>lidocaine hcl-hydrocortisone ac rectal</i>	Tier 1	
<i>lidocaine-hydrocortisone-aloe</i>	Tier 1	
PROCORT	Tier 3	
PROCTOFOAM HC	Tier 2	
ZYPRAM	Tier 3	
Irritable Bowel Agents, Mixed Opioid Receptor Agonists/Antagonists		
VIBERZI	Tier 2	QL (2 EA per 1 day)
Integrin Receptor Antagonist, Monoclonal Antibody		
ENTYVIO PEN	Tier 3	PA; SP
Irritable Bowel Agents, Guanylate Cyclase-C Agonist		
LINZESS	Tier 2	QL (1 EA per 1 day)
TRULANCE	Tier 2	QL (1 EA per 1 day)
Local Anorectal Nitrate Preparations		
<i>nitroglycerin rectal</i> (Rectiv)	Tier 1	
Rectal Preparations		
ANUCORT-HC (hydrocortisone acetate)	Tier 1	
<i>hydrocortisone acetate rectal</i> (Anucort-HC)	Tier 1	
Rectal/Lower Bowel Prep., Glucocorticoid (Non-Hemorrhoidal)		
<i>budesonide rectal</i> (Uceris)	Tier 1	
CORTIFOAM	Tier 3	
<i>hydrocortisone rectal</i> (Cortenema)	Tier 1	

Drug		Status	Notes
Lower Gastrointestinal Disorders - Other			
Ammonia Inhibitors			
CARBAGLU	(carglumic acid)	Tier 3	PA; SP
<i>carglumic acid</i>	(Carbaglu)	Tier 1	PA; SP
ENULOSE	(lactulose)	Tier 1	
GENERLAC	(lactulose)	Tier 1	
LITHOSTAT		Tier 3	
OLPRUVA		Tier 3	PA; SP
PHEBURANE		Tier 3	PA; SP
RAVICTI		Tier 3	PA; SP
<i>sodium phenylbutyrate</i>	(Buphenyl)	Tier 1	PA; SP
Antidiarrheal - G.I. Chloride Channel Inhibitors			
MYTESI		Tier 2	SP; ST: Requires prior prescription for Antiretrovirals therapy within the past 120 days; QL (2 EA per 1 day)
Antidiarrheal - Tryptophan Hydroxylase Inhibitor			
XERMELO		Tier 2	PA; SP
Antidiarrheals			
<i>diphenoxylate-atropine</i>	(Lomotil)	Tier 1	
<i>loperamide oral capsule</i>	(Anti-Diarrheal (loperamide))	Tier 1	
<i>opium tincture</i>		Tier 1	
Bile Salts			
CHENODAL		Tier 3	PA; SP
CHOLBAM		Tier 3	PA; SP
CTEXLI		Tier 3	PA; SP
<i>ursodiol oral capsule 300 mg</i>		Tier 1	
<i>ursodiol oral tablet</i>	(URSO Forte)	Tier 1	
Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog			
OCALIVA		Tier 2	PA; SP
Ileal Bile Acid Transporter (Ibat) Inhibitor			
BYLVAY		Tier 3	PA; SP
LIVMARLI		Tier 3	PA; SP
Irritable Bowel Synd. Agent, 5HT-3 Antagonist-Type			
<i>alosetron</i>	(Lotronex)	Tier 1	

Drug	Status	Notes
Laxatives And Cathartics		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	\$0	\$0 COPAY IF QUANTITY LIMITED TO 350, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (350 ML per 1 FILL)
CONSTULOSE (lactulose)	Tier 1	
GAVILYTE-C (peg 3350-electrolytes)	\$0	\$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-G (peg 3350-electrolytes)	\$0	\$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-N (peg-electrolyte soln)	\$0	\$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
<i>lactulose oral solution</i> (Constulose)	Tier 1	
<i>lubiprostone oral capsule 24 mcg</i> (Amitiza)	Tier 1	QL (2 EA per 1 day)
<i>lubiprostone oral capsule 8 mcg</i> (Amitiza)	Tier 1	QL (4 EA per 1 day)
<i>peg 3350-electrolytes</i> (GaviLyte-G)	\$0	\$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
<i>peg3350-sod sul-nacl-kcl-asb-c</i> (MoviPrep)	\$0	\$0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (1 EA per 1 FILL)
<i>peg-electrolyte soln</i> (GaviLyte-N)	\$0	\$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
PLENVU	\$0	ST: Requires prior prescription for Clenpiq, generic bowel prep, or Sutab within the past 120 days; \$0 COPAY IF QUANTITY LIMITED TO 3, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (3 EA per 1 FILL)

Drug	Status	Notes
<i>sodium,potassium,mag sulfates</i> (Suprep Bowel Prep Kit)	\$0	\$0 COPAY IF QUANTITY LIMITED TO 354, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (354 ML per 1 FILL)
SUFLAVE	\$0	ST: Requires prior prescription for Clenpiq, generic bowel prep, or Sutab within the past 120 days; \$0 COPAY IF QUANTITY LIMITED TO 2, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (2 EA per 1 FILL)
SUTAB	\$0	\$0 COPAY IF QUANTITY LIMITED TO 24, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (24 EA per 1 FILL)
Narcotic Antagonists, Peripherally-Acting		
<i>alvimopan</i>	Tier 1	
MOVANTIK	Tier 2	QL (1 EA per 1 day)
RELISTOR ORAL	Tier 3	PA
RELISTOR SUBCUTANEOUS SOLUTION	Tier 3	PA
RELISTOR SUBCUTANEOUS SYRINGE	Tier 3	PA
SYMPROIC	Tier 2	QL (1 EA per 1 day)
Ppar Agonist		
IQIRVO	Tier 2	PA; SP
LIVDELZI	Tier 2	PA; SP
Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs		
GATTEX 30-VIAL	Tier 2	PA; SP
GATTEX ONE-VIAL	Tier 2	PA; SP
Medical Supplies		
Bandages And Related Supplies		
ACESO AG	Tier 3	
ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 "	Tier 3	
ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 "	Tier 3	
CARRASYN HYDROGEL WOUND DRESS	Tier 3	
CURAFIL GEL WOUND	Tier 3	

Drug	Status	Notes
CURITY AMD	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2"	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP	Tier 3	
CURITY IODOFORM PACKING STRIP	Tier 3	
DYNAFOAM AG	Tier 3	
DYNAGINATE AG	Tier 3	
KERAGEL	Tier 3	
KERLIX AMD	Tier 3	
OASIS WOUND MATRIX FENESTRATED	Tier 3	
OASIS WOUND MATRIX MESHED	Tier 3	
PETROLEUM GAUZE	Tier 3	
RESTORE CALCIUM ALGINATE TOPICAL BANDAGE 4 X 4 3/4 "	Tier 3	
RESTORE TOPICAL BANDAGE 1 X 12 ", 2 X 2 "	Tier 3	
SILIGENTLE AG	Tier 3	
SPECTRAGEL	Tier 3	
STRATACTX	Tier 3	
STRATAGRT	Tier 3	
STRATAXRT	Tier 3	
THERAHONEY	Tier 3	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 4 X 4 ", 5 X 9 "	Tier 3	
ZENPHOR	Tier 3	
Catheters And Related Devices		
ADVANCE PLUS INTERMITTENT (catheter)	Tier 3	
APOGEE IC INTERMIT CATHETER	Tier 3	
APOGEE PLUS INTERMITT CATHETER	Tier 3	
CURITY DRAINAGE BAG	Tier 3	
DOVER COATED LATEX FOLEY	Tier 3	
DOVER LATEX FOLEY CATHETER	Tier 3	
DOVER RED RUBBER ROBINSON CATH	Tier 3	
DOVER UNIVERSAL (catheterization tray)	Tier 3	
FEMALE CATHETER	Tier 3	
KENGUARD FOLEY CATHETER (catheterization tray)	Tier 3	
LOFRIC (catheter)	Tier 3	
LOFRIC ORIGO (catheter)	Tier 3	

Drug	Status	Notes
LOFRIC PRIMO NELATON CATHETER	Tier 3	
LOFRIC SENSE NELATON CATHETER	Tier 3	
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-"	Tier 3	
MONO-FLO DRAINAGE BAG	Tier 3	
ROBINSON CLEAR VINYL CATHETER	Tier 3	
SELF-CATHETER, FEMALE 14 FR	Tier 3	
SILASTIC FOLEY CATHETER	Tier 3	
SPEEDICATH (FEMALE)	Tier 3	
TOUCH-TROL	Tier 3	
VAPRO PLUS INTERMITT CATHETER	Tier 3	
Diabetic Supplies		
UNISTIK 3 COMFORT LANCET (lancets)	Tier 2	
Durable Medical Equipment,Misc		
A.I.R.S. NEBULIZER REPLACEMENT	Tier 3	
AIRS ADULT AEROSOL MASK (nebulizer accessories)	Tier 3	
ALL FLOW 1000 KIT (nebulizer accessories)	Tier 3	
ALL FLOW 1000 PFT FILTER (nebulizer accessories)	Tier 3	
ALL FLOW 3000 KIT (nebulizer accessories)	Tier 3	
ALL FLOW 3000 PFT FILTER (nebulizer accessories)	Tier 3	
ALL FLOW 4000 KIT (nebulizer accessories)	Tier 3	
ALL FLOW 4000 PFT FILTER (nebulizer accessories)	Tier 3	
ALL FLOW 5000 KIT (nebulizer accessories)	Tier 3	
ALL FLOW 5000 PFT FILTER (nebulizer accessories)	Tier 3	
ALL FLOW 6000 PFT FILTER (nebulizer accessories)	Tier 3	
AMIELLE VAGINAL TRAINER	Tier 3	
ARGYLE TRACHEOSTOMY CARE TRAY	Tier 3	
CEFALY	Tier 3	
CLEVER CHOICE NEB KIT-ADULT (nebulizer accessories)	Tier 3	
CLEVER CHOICE NEB KIT-CHILD (nebulizer accessories)	Tier 3	
ENFIT MEDICAL STRAW	Tier 3	
ENFIT MEDICINE BOTTLE ADAPTER (adapter cap for bottle)	Tier 3	
INNOSPIRE REPLACEMENT FILTER (nebulizer accessories)	Tier 3	
INSPIRATION ELITE FILTER (nebulizer accessories)	Tier 3	
NOSE CLIP (nebulizer accessories)	Tier 3	
PARI BABY CONV KIT - SIZE 1	Tier 3	
PARI BABY CONV KIT - SIZE 2	Tier 3	
PARI BABY CONV KIT - SIZE 3	Tier 3	
PARI TREK S PORTABLE PWR KIT (nebulizer accessories)	Tier 3	
PILLOW MASK CHILD (nebulizer accessories)	Tier 3	
PRO COMFORT TENS ELECTRODE	Tier 3	
PRO COMFORT TENS UNIT	Tier 3	

Drug		Status	Notes
PRO-CEPTION		Tier 3	
PRONEB ULTRA II FILTER ASSEM	(nebulizer accessories)	Tier 3	
REUSABLE NEBULIZER KIT		Tier 3	
RUBBER MOUTHPIECE	(nebulizer accessories)	Tier 3	
SAMI THE SEAL MASK	(nebulizer accessories)	Tier 3	
SIDESTREAM MASK	(nebulizer accessories)	Tier 3	
SILICONE MASK	(nebulizer accessories)	Tier 3	
TENS 502		Tier 3	
TENS 504		Tier 3	
Durable Medical Equipment,Misc(Group 1)			
ACCU-CHEK FASTCLIX LANCET DRUM	(lancets)	Tier 2	
ACCU-CHEK SAFE-T-PRO		Tier 2	
ACCU-CHEK SAFE-T-PRO PLUS		Tier 2	
ACCU-CHEK SOFTCLIX LANCETS	(lancets)	Tier 2	
ACTI-LANCE LANCETS	(lancets)	Tier 2	
ADVANCED TRAVEL LANCETS 28 GAUGE	(lancets)	Tier 2	
ADVOCATE LANCET	(lancets)	Tier 2	
AGAMATRIX ULTRA-THIN LANCET	(lancets)	Tier 2	
ALTERNATE SITE LANCET	(lancets)	Tier 2	
ASSURE LANCE	(lancets)	Tier 2	
ASSURE LANCE PLUS	(lancets)	Tier 2	
BD MICROTAINER LANCET	(lancets)	Tier 2	
BULLSEYE MINI SAFETY LANCETS	(lancets)	Tier 2	
BUTTERFLY TOUCH LANCET	(lancets)	Tier 2	
CAREONE ULTRA THIN LANCET	(lancets)	Tier 2	
CARESENS LANCETS	(lancets)	Tier 2	
CARETOUCH SAFETY LANCETS	(lancets)	Tier 2	
CARETOUCH TWIST LANCET	(lancets)	Tier 2	
CHOSEN LANCET	(lancets)	Tier 2	
CHOSEN SAFETY LANCET	(lancets)	Tier 2	
CLEVER CHEK LANCETS	(lancets)	Tier 2	
COAGUCHEK LANCETS	(lancets)	Tier 2	
COLOR LANCETS	(lancets)	Tier 2	
COMFORT EZ LANCETS 23 GAUGE		Tier 2	
COMFORT EZ LANCETS 28 GAUGE	(lancets)	Tier 2	
COMFORT TOUCH PLUS SAFETY LANC	(lancets)	Tier 2	
COMFORT TOUCH ULT THIN LANCETS		Tier 2	
DROPLET LANCETS	(lancets)	Tier 2	

Drug	Status	Notes
DROPSAFE ACTI-LANCE 23 GAUGE	Tier 2	
EASY COMFORT LANCETS (lancets)	Tier 2	
EASY TOUCH LANCETS (lancets)	Tier 2	
EASY TOUCH SAFETY LANCETS (lancets)	Tier 2	
EASY TOUCH TWIST LANCETS (lancets)	Tier 2	
EASY TWIST AND CAP LANCETS (lancets)	Tier 2	
EMBRACE LANCETS (lancets)	Tier 2	
EMBRACE SAFETY LANCET (lancets)	Tier 2	
E-Z JECT LANCETS (lancets)	Tier 2	
E-Z JECT THIN LANCETS (lancets)	Tier 2	
EZ SMART LANCETS (lancets)	Tier 2	
FINGERSTIX LANCETS (lancets)	Tier 2	
FORACARE LANCETS (lancets)	Tier 2	
FREESTYLE LANCETS (lancets)	Tier 2	
FREESTYLE UNISTIK 2 (lancets)	Tier 2	
GLUCOCOM LANCETS (lancets)	Tier 2	
GOJJI LANCETS (lancets)	Tier 2	
INCONTROL SUPER THIN LANCETS (lancets)	Tier 2	
INCONTROL ULTRA THIN LANCETS (lancets)	Tier 2	
INJECT EASE LANCETS (lancets)	Tier 2	
INVACARE LANCETS (lancets)	Tier 2	
<i>lancets</i> (Accu-Chek Fastclix Lancet Drum)	Tier 2	
LANCETS, SUPER THIN (lancets)	Tier 2	
LANCETS, THIN (lancets)	Tier 2	
LANCETS, ULTRA THIN (lancets)	Tier 2	
MEDISENSE THIN LANCETS (lancets)	Tier 2	
MEDLANCE PLUS LANCETS (lancets)	Tier 2	
MEDLANCE PLUS SPECIAL BLADE	Tier 2	
MICRO THIN LANCETS (lancets)	Tier 2	
MICROLET LANCET (lancets)	Tier 2	
MOBILE LANCETS (lancets)	Tier 2	
MONOLET LANCETS (lancets)	Tier 2	
MONOLET THIN LANCETS (lancets)	Tier 2	
MYGLUCOHEALTH LANCETS (lancets)	Tier 2	
NOVA SAFETY LANCETS (lancets)	Tier 2	
NOVA SUREFLEX LANCETS (lancets)	Tier 2	
ON CALL LANCET (lancets)	Tier 2	
ONETOUCH DELICA PLUS LANCET (lancets)	Tier 2	
ONETOUCH DELICA SAFETY LANCET (lancets)	Tier 2	
ONETOUCH ULTRASOFT 2 LANCET (lancets)	Tier 2	
ON-THE-GO LANCETS (lancets)	Tier 2	
PERFECT POINT SAFETY LANCETS (lancets)	Tier 2	

Drug		Status	Notes
PIP LANCET	(lancets)	Tier 2	
PRESSURE ACTIVATED LANCETS	(lancets)	Tier 2	
PRO COMFORT LANCET	(lancets)	Tier 2	
PRO COMFORT SAFETY LANCET	(lancets)	Tier 2	
PRODIGY LANCETS	(lancets)	Tier 2	
PRODIGY TWIST TOP LANCET	(lancets)	Tier 2	
PURE COMFORT LANCETS	(lancets)	Tier 2	
PURE COMFORT SAFETY LANCETS	(lancets)	Tier 2	
PUSH BUTTON SAFETY LANCETS 28 GAUGE	(lancets)	Tier 2	
RELIAMED LANCET 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
RELIAMED SAFETY SEAL LANCETS	(lancets)	Tier 2	
RIGHTEST GL300 LANCETS	(lancets)	Tier 2	
SAFETY LANCETS 21 GAUGE, 28 GAUGE	(lancets)	Tier 2	
SAFETY SEAL LANCETS	(lancets)	Tier 2	
SAFETY-LET LANCETS	(lancets)	Tier 2	
SINGLE-LET	(lancets)	Tier 2	
SMART SENSE LANCETS	(lancets)	Tier 2	
SMARTEST LANCET	(lancets)	Tier 2	
SOLUS V2 LANCETS	(lancets)	Tier 2	
STERILANCE TL	(lancets)	Tier 2	
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
SURE COMFORT LANCETS	(lancets)	Tier 2	
SURE-LANCE	(lancets)	Tier 2	
SURE-LANCE ULTRA THIN	(lancets)	Tier 2	
SURE-TOUCH LANCET	(lancets)	Tier 2	
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
TELCARE LANCETS	(lancets)	Tier 2	
TEMPO REFILL KIT WITH GAUZE		Tier 2	
THIN LANCETS	(lancets)	Tier 2	
TOPCARE UNIVERSAL1 LANCET	(lancets)	Tier 2	
TRUE COMFORT LANCET	(lancets)	Tier 2	
TRUEPLUS LANCETS	(lancets)	Tier 2	
TWIST LANCETS	(lancets)	Tier 2	
ULTILET BASIC LANCETS	(lancets)	Tier 2	
ULTILET CLASSIC LANCETS	(lancets)	Tier 2	
ULTILET LANCETS	(lancets)	Tier 2	
ULTILET SAFETY LANCETS		Tier 2	
ULTRA THIN II LANCETS	(lancets)	Tier 2	

Drug		Status	Notes
ULTRA THIN LANCETS	(lancets)	Tier 2	
ULTRA THIN PLUS LANCETS	(lancets)	Tier 2	
ULTRA TLC LANCETS	(lancets)	Tier 2	
ULTRA-CARE LANCETS	(lancets)	Tier 2	
ULTRALANCE LANCETS	(lancets)	Tier 2	
ULTRA-THIN II LANCETS	(lancets)	Tier 2	
UNILET COMFORTOUCH LANCET	(lancets)	Tier 2	
UNILET GP LANCET	(lancets)	Tier 2	
UNILET LANCET	(lancets)	Tier 2	
UNILET LANCETS	(lancets)	Tier 2	
UNILET SUPER THIN LANCETS	(lancets)	Tier 2	
UNISTIK 3 EXTRA LANCET	(lancets)	Tier 2	
UNISTIK 3 GENTLE	(lancets)	Tier 2	
UNISTIK 3 NORMAL LANCET		Tier 2	
UNISTIK COMFORT LANCETS	(lancets)	Tier 2	
UNISTIK CZT LANCET	(lancets)	Tier 2	
UNISTIK EXTRA LANCETS	(lancets)	Tier 2	
UNISTIK NORMAL LANCETS		Tier 2	
UNISTIK PRO LANCET	(lancets)	Tier 2	
UNISTIK SAFETY	(lancets)	Tier 2	
UNISTIK TOUCH LANCETS	(lancets)	Tier 2	
UNIVERSAL 1 LANCETS	(lancets)	Tier 2	
VERIFINE SAFETY LANCET MINI	(lancets)	Tier 2	
VERIFINE UNIVERSAL LANCET	(lancets)	Tier 2	
VIVAGUARD LANCET	(lancets)	Tier 2	
VIVAGUARD SAFETY LANCET	(lancets)	Tier 2	
Feeding Devices			
ENFIT IRRIGAT SYRINGE-CONTAINR		Tier 3	
enteral connector, enfit		Tier 3	
ENTERAL GRAVITY BAG SET-ENFIT		Tier 3	
KANGAROO 924 SAFETY SCREW	(pump set)	Tier 3	
KANGAROO EPUMP SET		Tier 3	
KANGAROO GRAVITY SET		Tier 3	
RELIZORB		Tier 3	
Incontinence Supplies			
FLEXI-SEAL SIGNAL FMS		Tier 3	
TENSCARE ITOUCH SURE		Tier 3	
Medical Supplies,Miscellaneous			
VARITHENA ADMINISTRATION PACK		Tier 3	
VIBRANT		Tier 3	
VIBRANT STARTER KIT		Tier 3	

Drug	Status	Notes
Medical Supplies,Miscellaneous(Group 2)		
AIRS PEDIATRIC DISPOSABLE MASK (nebulizer accessories)	Tier 3	
EAR POPPER INFLATION DEVICE	Tier 3	
PCCA ACCUPEN-15	Tier 3	
PROVATE PELVIC ORGAN SUPPORT	Tier 3	
YONI FIT BLADDER SUPPORT VAGINAL 34-38 MM, 34-38-42 MM, 42-45 MM, 45-48-52 MM, 48-52 MM	Tier 3	
Parenteral Administration Sets		
BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1", 24 GAUGE X 3/4"	Tier 3	
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4"	Tier 3	
INSUFLON	Tier 3	
INSYTE IV CATHETER	Tier 3	
I-PORT	Tier 3	
I-PORT ADVANCE 6 MM INJEC PORT	Tier 3	
I-PORT ADVANCE 9 MM INJEC PORT	Tier 3	
IVENIX ADMIN SET 2INLET 2YSITE (iv administration set)	Tier 3	
IVENIX ADMIN SET 2INLET Y-SITE (iv administration set)	Tier 3	
MONOJECT LUER ADAPTER	Tier 3	
NEXIVA	Tier 3	
PHASEAL ASSEMBLY FIXTURE	Tier 3	
PHASEAL CONNECTOR LUER LOCK	Tier 3	
PHASEAL INFUSION ADAPTER	Tier 3	
PHASEAL INFUSION CLAMP	Tier 3	
PHASEAL INJECTOR LUER	Tier 3	
PHASEAL INJECTOR LUER LOCK	Tier 3	
PHASEAL SECONDARY SET	Tier 3	
PHASEAL Y-SITE	Tier 3	
Syringes And Accessories		
EXTENDED RESERVOIR	Tier 3	
<i>insulin u-500 syringe-needle</i>	Tier 2	
INTERLINK LEVER LOCK CANNULA	Tier 3	
KENDALL DISINFECTANT CAP	Tier 3	
PARADIGM RESERVOIR	Tier 3	
ULTRA-FINE INS SYR (HALF UNIT)	Tier 2	
ULTRA-FINE INSULIN SYRINGE (insulin syringe-needle u-100)	Tier 2	
Miscellaneous Agents		
Amyloidosis Agents-Transthyretin (Ttr) Suppression		
WAINUA	Tier 3	PA; SP

Drug	Status	Notes
Anaphylaxis Therapy Agents		
AUVI-Q (epinephrine)	Tier 2	QL (2 EA per 365 days)
<i>epinephrine injection auto-injector</i> (Auvi-Q)	Tier 1	QL (4 EA per 1 FILL)
NEFFY	Tier 3	QL (4 EA per 1 FILL)
Cxcr4 Chemokine Receptor Antagonist		
XOLREMDI	Tier 3	PA; SP
Genetic D/O Tx-Exon Inclusion Antisense Oligonucle		
EVRYSDI	Tier 3	PA; SP
Parasympathetic Agents		
<i>bethanechol chloride</i>	Tier 1	
<i>cevimeline</i> (Evoxac)	Tier 1	
<i>pilocarpine hcl oral</i> (Salagen (pilocarpine))	Tier 1	
Pharmacological Chaperone-Alpha-Galactosid.A Stabz		
GALAFOLD	Tier 3	PA; SP
Pku Treatment Agents - Phenylalanine Ammonia Lyase		
PALYNZIQ	Tier 2	PA; SP
Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase		
JAVYGTOR (sapropterin)	Tier 1	SP
KUVAN (sapropterin)	Tier 2	SP
<i>sapropterin</i> (Javygtor)	Tier 1	SP
SEPHIENCE	Tier 3	PA; SP
Systemic Enzyme Inhibitors		
ARALAST NP	Tier 3	PA; SP
GLASSIA	Tier 3	PA; SP
JOENJA	Tier 3	PA; SP
PROLASTIN-C INTRAVENOUS SOLUTION	Tier 3	PA; SP
VIJOICE	Tier 3	PA; SP
ZEMAIRA	Tier 3	PA; SP
ZOKINVY	Tier 3	PA; SP
Thyroid Hormone Receptor (Thr) Agonist		
REZDIFFRA	Tier 3	PA; SP
Topical Anticholinergic Hyperhidrosis Tx Agents		
QBREXZA	Tier 2	PA
Neoplastic Disease		
Alkylating Agents		
<i>cyclophosphamide oral</i>	Tier 1	SP
GLEOSTINE (lomustine)	Tier 3	PA; SP

Drug	Status	Notes
<i>hydroxyurea</i> (Hydrea)	Tier 1	
LEUKERAN	Tier 2	SP
MYLERAN	Tier 2	SP
<i>temozolomide</i>	Tier 1	PA; SP
Antandrogenic Agents		
<i>abiraterone</i> (Abirtega)	Tier 1	PA; SP
ABIRTEGA (abiraterone)	Tier 1	PA; SP
<i>bicalutamide</i> (Casodex)	Tier 1	
ERLEADA	Tier 2	PA; SP
<i>nilutamide</i> (Nilandron)	Tier 1	SP; QL (2 EA per 1 day)
NUBEQA	Tier 2	PA; SP
XTANDI	Tier 2	PA; SP
YONSA	Tier 3	PA; SP
Antibiotic Antineoplastics		
JELMYTO	Tier 3	PA; SP
Antimetabolites		
<i>capecitabine</i> (Xeloda)	Tier 1	PA; SP
INQOVI	Tier 2	PA; SP
JYLAMVO	Tier 3	PA
LONSURF	Tier 2	PA; SP
<i>mercaptopurine oral suspension</i> (Purixan)	Tier 1	SP; ST: Requires prior prescription for Mercaptopurine tablets within the past 120 days
<i>mercaptopurine oral tablet</i>	Tier 1	
<i>methotrexate sodium</i>	Tier 1	
<i>methotrexate sodium (pf)</i>	Tier 1	
ONUREG	Tier 2	PA; SP
PURIXAN (mercaptopurine)	Tier 2	SP; ST: Requires prior prescription for Mercaptopurine tablets within the past 120 days
TABLOID (thioguanine)	Tier 2	SP
TREXALL	Tier 2	
XATMEP	Tier 3	ST: Requires prior prescription for Methotrexate tablets or injection solution within the past 120 days if 12 years of age and older; QL (120 ML per 60 days)
Antineoplastic Aromatase Inhibitors		
<i>anastrozole</i> (Arimidex)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER

Drug	Status	Notes
<i>exemestane</i> (Aromasin)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>letrozole</i> (Femara)	Tier 1	
Antineoplastic - Braf Kinase Inhibitors		
BRAFTOVI	Tier 2	PA; SP
OJEMDA	Tier 3	PA; SP
TAFINLAR	Tier 2	PA; SP
ZELBORAF	Tier 2	PA; SP
Antineoplastic - Hedgehog Pathway Inhibitor		
DAURISMO	Tier 2	PA; SP
ERIVEDGE	Tier 2	PA; SP
ODOMZO	Tier 2	PA; SP
Antineoplastic - Janus Kinase (Jak) Inhibitors		
JAKAFI	Tier 2	PA; SP; QL (2 EA per 1 day)
Antineoplastic - Kras Protein Inhibitor		
KRAZATI	Tier 2	PA; SP
LUMAKRAS	Tier 2	PA; SP
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors		
COTELLIC	Tier 2	PA; SP
GOMEKLI	Tier 3	PA; SP
KOSELUGO	Tier 2	PA; SP
MEKINIST	Tier 2	PA; SP
MEKTOVI	Tier 2	PA; SP
Antineoplastic - Mtor Kinase Inhibitors		
<i>everolimus (antineoplastic)</i> (Afinitor Disperz)	Tier 1	PA; SP
TORPENZ (everolimus (antineoplastic))	Tier 1	PA; SP
Antineoplastic - Protein Methyltransferase Inhibit		
TAZVERIK	Tier 2	PA; SP
Antineoplastic - Topoisomerase I Inhibitors		
HYCANTIN ORAL	Tier 2	SP
Antineoplastic Immunomodulator Agents		
<i>lenalidomide</i> (Revlimid)	Tier 1	PA; SP
POMALYST	Tier 2	PA; SP
REVLIMID (lenalidomide)	Tier 2	PA; SP

Drug	Status	Notes
Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	Tier 3	QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	Tier 3	QL (1 EA per 30 days)
ORGOVYX	Tier 2	PA; SP
Antineoplastic Systemic Enzyme Activators		
MODEYSO	Tier 3	PA; SP; QL (20 EA per 28 days)
Antineoplastic Systemic Enzyme Inhibitors		
ALECENSA	Tier 2	PA; SP
ALUNBRIG	Tier 3	PA; SP
AUGTYRO	Tier 2	PA; SP
AYVAKIT	Tier 2	PA; SP
BALVERSA	Tier 2	PA; SP
BOSULIF	Tier 2	PA; SP
BRUKINSA	Tier 2	PA; SP
CABOMETYX	Tier 2	PA; SP
CALQUENCE (ACALABRUTINIB MAL)	Tier 2	PA; SP
CAPRELSA (vandetanib)	Tier 3	PA; SP
COMETRIQ	Tier 2	PA; SP
COPIKTRA	Tier 3	PA; SP
DANZITEN	Tier 2	PA; SP
<i>dasatinib</i> (Phyrago)	Tier 1	PA; SP
ENSACOVE	Tier 3	PA; SP
<i>erlotinib</i>	Tier 1	PA; SP
FOTIVDA	Tier 2	PA; SP
FRUZAQLA	Tier 2	PA; SP
GAVRETO	Tier 2	PA; SP
<i>gefitinib</i> (Iressa)	Tier 1	PA; SP
GILOTRIF	Tier 2	PA; SP
HERNEXEOS	Tier 3	PA; SP; QL (3 EA per 1 day)
IBRANCE	Tier 3	PA; SP
IBTROZI	Tier 3	PA; SP
ICLUSIG	Tier 2	PA; SP
<i>imatinib</i> (Gleevec)	Tier 1	PA; SP
IMBRUVICA ORAL CAPSULE	Tier 2	PA; SP
IMBRUVICA ORAL SUSPENSION	Tier 2	PA; SP

Drug	Status	Notes
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Tier 2	PA; SP
IMKELDI	Tier 3	PA; SP
INLYTA	Tier 2	PA; SP
INREBIC	Tier 3	PA; SP; QL (4 EA per 1 day)
ITOVEBI	Tier 2	PA; SP
IWILFIN	Tier 2	PA; SP
JAYPIRCA	Tier 3	PA; SP
KISQALI	Tier 2	PA; SP
<i>lapatinib</i> (Tykerb)	Tier 1	PA; SP
LAZCLUZE	Tier 3	PA; SP
LENVIMA	Tier 2	PA; SP
LORBRENA	Tier 2	PA; SP
LYNPARZA	Tier 2	PA; SP
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	Tier 2	PA; SP
NERLYNX	Tier 2	PA; SP
<i>nilotinib hcl</i> (Tasigna)	Tier 1	PA; SP
NINLARO	Tier 2	PA; SP
OGSIVEO	Tier 3	PA; SP
OJJAARA	Tier 2	PA; SP
<i>pazopanib</i> (Votrient)	Tier 1	PA; SP
PEMAZYRE	Tier 2	PA; SP
PIQRAY	Tier 2	PA; SP
QINLOCK	Tier 2	PA; SP
RETEVMO ORAL TABLET	Tier 2	PA; SP
REVUFORJ	Tier 3	PA; SP
ROMVIMZA	Tier 3	PA; SP
ROZLYTREK	Tier 2	PA; SP
RUBRACA	Tier 3	PA; SP
RYDAPT	Tier 2	PA; SP
SCEMBLIX	Tier 2	PA; SP
<i>sorafenib</i> (Nexavar)	Tier 1	PA; SP
STIVARGA	Tier 2	PA; SP
<i>sunitinib malate</i> (Sutent)	Tier 1	PA; SP
TABRECTA	Tier 2	PA; SP
TAGRISSO	Tier 2	PA; SP
TALZENNA	Tier 2	PA; SP
TEPMETKO	Tier 2	PA; SP
TRUQAP	Tier 2	PA; SP
TUKYSA	Tier 2	PA; SP

Drug	Status	Notes
TURALIO ORAL CAPSULE 125 MG	Tier 2	PA; SP
VANFLYTA	Tier 2	PA; SP
VERZENIO	Tier 2	PA; SP
VITRAKVI	Tier 2	PA; SP
VIZIMPRO	Tier 2	PA; SP
VONJO	Tier 3	PA; SP; QL (4 EA per 1 day)
XALKORI	Tier 2	PA; SP
XOSPATA	Tier 2	PA; SP
ZEJULA ORAL TABLET	Tier 2	PA; SP
ZYDELIG	Tier 2	PA; SP
ZYKADIA	Tier 2	PA; SP
Antineoplastic,Histone Deacetylase Inhibitors,Hdis		
ZOLINZA	Tier 2	SP
Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors		
VENCLEXTA	Tier 2	PA; SP
VENCLEXTA STARTING PACK	Tier 2	PA; SP
Antineoplastic-Enzyme Inhib, Antiandrogen Comb.		
AKEEGA	Tier 2	PA; SP
Antineoplastic-Hypoxia Inducible Factor (Hif) Inh		
WELIREG	Tier 2	PA; SP
Antineoplastic-Isocitrate Dehydrogenase Inhibitors		
IDHIFA	Tier 3	PA; SP
REZLIDHIA	Tier 2	PA; SP
TIBSOVO	Tier 2	PA; SP
VORANIGO	Tier 2	PA; SP
Antineoplastics,Miscellaneous		
<i>etoposide oral</i>	Tier 1	
LYSODREN	Tier 2	SP
MATULANE	Tier 2	SP
RYLAZE	Tier 3	PA; SP
<i>tretinoin (antineoplastic)</i>	Tier 1	SP
Antineoplastic-Select Inhib Of Nuclear Exp (Sine)		
XPOVIO	Tier 2	PA; SP
Chemotherapy Rescue/Antidote Agents		
<i>leucovorin calcium oral</i>	Tier 1	
<i>mesna oral</i> (Mesnex)	Tier 1	

Drug	Status	Notes
VISTOGARD	Tier 2	SP; QL (24 EA per 14 days)
Intrapleural Sclerosing Agents, Antineoplast. Adj.		
SCLEROSOL INTRAPLEURAL	Tier 3	
<i>sterile talc</i>	Tier 1	
STERITALC	Tier 3	
Photoactivated, Antineopls. & Premalignant Lesions		
AMELUZ	Tier 3	
LEVULAN	Tier 3	
Selective Estrogen Receptor Modulators (Serm)		
ORSERDU	Tier 3	PA; SP
SOLTAMOX	Tier 2	
<i>tamoxifen</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>toremifene</i> (Fareston)	Tier 1	PA; SP
Selective Retinoid X Receptor Agonists (Rxr)		
<i>bexarotene oral</i> (Targretin)	Tier 1	PA; SP
Steroid Antineoplastics		
<i>megestrol oral tablet</i>	Tier 1	
Neurological Disease - Miscellaneous		
Agents To Treat Multiple Sclerosis		
AVONEX	Tier 2	PA; SP
BETASERON SUBCUTANEOUS KIT	Tier 2	PA; SP
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML (glatiramer)	Tier 2	PA; SP
<i>dimethyl fumarate</i> (Tecfidera)	Tier 1	PA; SP
<i>fingolimod</i> (Gilenya)	Tier 1	PA; SP
GILENYA ORAL CAPSULE 0.25 MG	Tier 3	PA; SP
<i>glatiramer</i> (Glatopa)	Tier 1	PA; SP
GLATOPA (glatiramer)	Tier 1	PA; SP
KESIMPTA PEN	Tier 2	PA; SP
MAVENCLAD (10 TABLET PACK)	Tier 2	PA; SP
MAVENCLAD (4 TABLET PACK)	Tier 2	PA; SP
MAVENCLAD (5 TABLET PACK)	Tier 2	PA; SP
MAVENCLAD (6 TABLET PACK)	Tier 2	PA; SP
MAVENCLAD (7 TABLET PACK)	Tier 2	PA; SP
MAVENCLAD (8 TABLET PACK)	Tier 2	PA; SP
MAVENCLAD (9 TABLET PACK)	Tier 2	PA; SP
MAYZENT	Tier 2	PA; SP

Drug	Status	Notes
MAYZENT STARTER(FOR 1MG MAINT)	Tier 2	PA; SP
MAYZENT STARTER(FOR 2MG MAINT)	Tier 2	PA; SP
PLEGRIDY	Tier 2	PA; SP
REBIF (WITH ALBUMIN)	Tier 2	PA; SP
REBIF REBIDOSE	Tier 2	PA; SP
REBIF TITRATION PACK	Tier 2	PA; SP
<i>teriflunomide</i> (Aubagio)	Tier 1	PA; SP
VUMERITY	Tier 2	PA; SP
Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr		
<i>dalfampridine</i> (Ampyra)	Tier 1	PA; SP
FIRDAPSE	Tier 3	PA; SP
Amyotrophic Lateral Sclerosis Agents		
RADICAVA ORS	Tier 3	PA; SP
RADICAVA ORS STARTER KIT SUSP	Tier 3	PA; SP
<i>riluzole</i>	Tier 1	
TEGLUTIK	Tier 3	PA; SP
TIGLUTIK	Tier 3	PA; SP
Glypromate (Gpe) Analogs		
DAYBUE	Tier 3	PA; SP
Heat Shock Protein (Hsp) Modulating Agents		
MIPLYFFA	Tier 2	PA; SP
Metabolic Disease Enzyme Replacement, Mocd		
NULIBRY	Tier 3	PA; SP
Movement Disorders(Drug Therapy)		
AUSTEDO ORAL TABLET 12 MG, 9 MG	Tier 2	PA; SP; QL (4 EA per 1 day)
AUSTEDO ORAL TABLET 6 MG	Tier 2	PA; SP; QL (2 EA per 1 day)
AUSTEDO XR	Tier 2	PA; SP; QL (1 EA per 1 day)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	Tier 2	PA; SP
INGREZZA	Tier 2	PA; SP; QL (1 EA per 1 day)
INGREZZA INITIATION PK(TARDIV)	Tier 2	PA; SP; QL (1 EA per 1 day)
INGREZZA SPRINKLE	Tier 2	PA; SP; QL (1 EA per 1 day)
<i>tetrabenazine</i> (Xenazine)	Tier 1	PA; SP

Drug	Status	Notes
Neuropathic Agents		
<i>pregabalin oral tablet extended release</i> (Lyrica CR) 24 hr 165 mg, 82.5 mg	Tier 1	ST: At least 2 prior prescriptions for Divalproex, Duloxetine, Gabapentin, a tricyclic antidepressant, Pregabalin IR, Valproic Acid, or Venlafaxine within the past 365 days; QL (3 EA per 1 day)
<i>pregabalin oral tablet extended release</i> (Lyrica CR) 24 hr 330 mg	Tier 1	ST: At least 2 prior prescriptions for Divalproex, Duloxetine, Gabapentin, a tricyclic antidepressant, Pregabalin IR, Valproic Acid, or Venlafaxine within the past 365 days; QL (2 EA per 1 day)
Nuclear Factor Erythroid 2-Rel. Factor 2 Activator		
SKYCLARYS	Tier 3	PA; SP
Pseudobulbar Affect (Pba) Agents, Nmda Antagonists		
NUDEXTA	Tier 3	PA
Sphingosine 1-Phosphate (S1p) Receptor Modulator		
ZEPOSIA	Tier 3	PA; SP
ZEPOSIA STARTER KIT (28-DAY)	Tier 3	PA; SP
ZEPOSIA STARTER PACK (7-DAY)	Tier 3	PA; SP
Oral/Pharyngeal Disorders		
Dental Aids And Preparations		
<i>chlorhexidine gluconate mucous membrane</i> (Periogard)	Tier 1	
ORALONE (triamcinolone acetonide)	Tier 1	
PERIOGARD (chlorhexidine gluconate)	Tier 1	
Q-CARE RX Q2	Tier 3	
Q-CARE RX Q4	Tier 3	
<i>triamcinolone acetonide dental</i> (Oralene)	Tier 1	
Nose Preparations, Miscellaneous (Rx)		
<i>cocaine</i> (Numbrino)	Tier 1	
<i>ipratropium bromide nasal</i>	Tier 1	
NUMBRINO (cocaine)	Tier 1	
Periodontal Collagenase Inhibitors		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	

Drug	Status	Notes
Other Drugs		
Abortifacient, Progesterone Receptor Antagonist-Typ		
MIFEPREX (mifepristone)	Tier 3	
<i>mifepristone oral tablet 200 mg</i> (Mifeprex)	Tier 1	
Agents For Stomatological Use		
DEBACTEROL MUCOUS MEMBRANE SOLUTION	Tier 3	
Antineoplastic - Systemic Enzyme Inhibitors Combs		
AVMAPKI-FAKZYNJA	Tier 3	PA; SP
Antipsychotics, Muscarinic Agonist/Antagonist Comb		
COBENFY	Tier 3	ST: Requires prior prescription for a generic atypical antipsychotic, Caplyta, Rexulti, or Vraylar within the past 120 days; QL (2 EA per 1 day)
COBENFY STARTER PACK	Tier 3	ST: Requires prior prescription for a generic atypical antipsychotic, Caplyta, Rexulti, or Vraylar within the past 120 days
Antivenins		
ANASCORP	Tier 3	
Appetite Stim. For Anorexia, Cachexia, Wasting Synd.		
<i>megestrol oral suspension 400 mg/10 ml</i> (40 mg/ml)	Tier 1	
<i>megestrol oral suspension 625 mg/5 ml</i> (125 mg/ml)	Tier 1	ST: Requires prior prescription for Megestrol Acetate within the past 120 days
Blood Collection Set With Local Anesthetics		
CADIRA COMPLIANT BLOOD STAT	Tier 3	
LIDO BDK	Tier 3	
Blood Testing Preparations, In-Vitro		
COAGUCHEK XS	Tier 3	
Cardioplegic Solutions		
CARDIOPLEGIA DEL NIDO FORMULA	Tier 1	
CARDIOPLEGIA DEL NIDO-ISOLYT S	Tier 3	
CARDIOPLEGIA HIGH POTASSIUM	Tier 1	
CARDIOPLEGIA IND 4:1 PLASMALYT	Tier 1	
CARDIOPLEGIA IND 8:1 NON-ENRCH	Tier 1	

Drug	Status	Notes
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINTENANCE 4:1	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA WARM INDUCT 4:1	Tier 3	
<i>cardioplegic no.17(induct 4:1)</i>	Tier 1	
<i>cardioplegic no.19 (maint 4:1)</i>	Tier 1	
<i>cardioplegic soln</i> (Plegisol)	Tier 1	
<i>cardioplegic solution no.25</i>	Tier 1	
<i>microplegic solution no.1</i>	Tier 1	
Cholinesterase Reactivat.&Muscarinic Antg.Antidote		
DUODOTE	Tier 3	
Cholinesterase Reactivating,Organophos. Antidotes		
<i>pralidoxime</i>	Tier 3	
Coloring Agents And Dyes		
<i>methylene blue (bulk-solid)</i>	Tier 3	
Conception Assistance Supplies		
CONCEPTION	Tier 3	
Condoms		
AIMSCO LATEX CONDOM	\$0	\$0 COPAY IF QUANTITY LIMITED TO 60
DUREX AVANTI BARE REAL FEEL	\$0	\$0 COPAY IF QUANTITY LIMITED TO 60
DUREX EXTRA SENSITIVE CONDOM	\$0	\$0 COPAY IF QUANTITY LIMITED TO 60
DUREX TROPICAL CONDOM	\$0	\$0 COPAY IF QUANTITY LIMITED TO 60
FANTASY CONDOM	\$0	\$0 COPAY IF QUANTITY LIMITED TO 60
FC2 FEMALE CONDOM	\$0	\$0 COPAY IF QUANTITY LIMITED TO 60
KIMONO LUBRICATED CONDOMS	\$0	\$0 COPAY IF QUANTITY LIMITED TO 60
KIMONO MICROTHIN AQUA LUBE CON	\$0	\$0 COPAY IF QUANTITY LIMITED TO 60
KIMONO MICROTHIN CONDOMS	\$0	\$0 COPAY IF QUANTITY LIMITED TO 60
KIMONO MICROTHIN LARGE CONDOMS	\$0	\$0 COPAY IF QUANTITY LIMITED TO 60
KIMONO TEXTURED CONDOMS	\$0	\$0 COPAY IF QUANTITY LIMITED TO 60

Drug	Status	Notes
KIMONO THIN LUBRICATED CONDOMS	\$0	\$0 COPAY IF QUANTITY LIMITED TO 60
TROJAN ULTRA RIBBED CONDOM	\$0	\$0 COPAY IF QUANTITY LIMITED TO 60
TRUE COVER CONDOM	\$0	\$0 COPAY IF QUANTITY LIMITED TO 60
TRUSTEX LATEX CONDOM	\$0	\$0 COPAY IF QUANTITY LIMITED TO 60
TRUSTEX LUBRICATED CONDOMS	\$0	\$0 COPAY IF QUANTITY LIMITED TO 60
TRUSTEX NON-LUB CONDOMS	\$0	\$0 COPAY IF QUANTITY LIMITED TO 60
TRUSTEX-RIA LUB/SPERMICIDE	\$0	\$0 COPAY IF QUANTITY LIMITED TO 60
TRUSTEX-RIA LUBRICATED CONDOMS	\$0	\$0 COPAY IF QUANTITY LIMITED TO 60
TRUSTEX-RIA NON-LUB CONDOMS	\$0	\$0 COPAY IF QUANTITY LIMITED TO 60
Cryopreservative Agents		
CRYOSERV	Tier 3	
Cystic Fibrosis - Inhaled Osmotic Agents		
BRONCHITOL	Tier 3	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		
<i>eua patient assessment</i>	Tier 3	
Diluent Solutions		
DILUTING MEDIUM FOR NOVOLOG	Tier 3	
Drugs To Treat Hereditary Tyrosinemia		
HARLIKU	Tier 3	PA; SP
<i>nitisinone</i> (Orfadin)	Tier 1	PA; SP
NITYR	Tier 2	PA; SP
ORFADIN (nitisinone)	Tier 2	PA; SP
Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing		
CERDELGA	Tier 2	SP
<i>miglustat</i> (Yargesa)	Tier 1	PA; SP
OPFOLDA	Tier 3	PA; SP
YARGESA (miglustat)	Tier 1	PA; SP
Environment Allergens And Irritants, Other		
T.R.U.E. TEST ALLERGEN	Tier 3	

Drug	Status	Notes
Eye Antibiotic And Nsaid Combinations		
<i>moxifloxacin-bromfenac</i>	Tier 1	
Factor Xii Inhibitors		
ANDEMBRY AUTOINJECTOR	Tier 3	PA; SP
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	
General Anesthetics, Inhalant		
<i>desflurane</i> (Suprane)	Tier 1	
<i>isoflurane</i> (Terrell)	Tier 1	
<i>sevoflurane</i> (Ultane)	Tier 1	
SUPRANE (desflurane)	Tier 3	
TERRELL (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</i> (Hyper-Sal)	Tier 1	
Genetic Disorder Therapy - Hdac Inhibitor		
DUVYZAT	Tier 3	PA; SP
Homeopathic Drugs		
AURUMHEEL	Tier 3	
CANTHARIS COMPOSITUM	Tier 3	
CRALONIN	Tier 3	
EYE	Tier 3	
LAMIOFLUR	Tier 3	
PLANTAGO-HOMACCORD	Tier 3	
POPULUS COMPOSITUM	Tier 3	
PSORINOHEEL	Tier 3	
RENEEL	Tier 3	
SABAL-HOMACCORD	Tier 3	
SYZYGIUM COMPOSITUM	Tier 3	
VERTIGOHEEL	Tier 3	
Metabolic Deficiency Agents		
<i>betaine</i> (Cystadane)	Tier 1	PA; SP
CARNITOR (SUGAR-FREE) (levocarnitine)	Tier 3	
<i>levocarnitine (with sugar)</i> (Carnitor)	Tier 1	
<i>levocarnitine oral solution 100 mg/ml</i> (Carnitor (sugar-free))	Tier 1	
<i>levocarnitine oral tablet</i> (Carnitor)	Tier 1	

Drug	Status	Notes
Metabolic Disease Enzyme Replace, Hypophosphatasia		
STRENSIQ	Tier 2	PA; SP
Metabolic Dx Enzyme Replacemt,Sev.Comb.Immune Def.		
REVCovi	Tier 3	PA; SP
Metallic Poison,Agents To Treat		
CHEMET	Tier 3	
CUVRior	Tier 3	PA; SP
deferasirox (Exjade)	Tier 1	PA; SP
deferiprone (Ferriprox)	Tier 1	PA; SP
deferoxamine (Desferal)	Tier 1	PA
GALZIN	Tier 3	
RADIOGARDASE	Tier 3	
trientine (Syprine)	Tier 1	PA; SP
Muscarinic Receptor Antagonists		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML	Tier 3	
Needles/Needleless Devices		
AUTOSHIELD DUO PEN NEEDLE	Tier 2	
NANO 2ND GEN PEN NEEDLE (pen needle, diabetic)	Tier 2	
NANO PEN NEEDLE (pen needle, diabetic)	Tier 2	
ULTRA-FINE PEN NEEDLE (pen needle, diabetic)	Tier 2	
UNIFINE PENTIPS NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 2	
Ointment/Cream Bases		
RADIAGEL	Tier 3	
Oral Lipid Supplements		
DOJOLVI	Tier 3	PA; SP
Oral Mucositis/Stomatitis Agents		
ORAMAGICRX	Tier 3	
Protein Replacement		
AQNEURSA	Tier 2	PA; SP
Saliva Stimulant Agents		
NUMOISYN MUCOUS MEMBRANE LOZENGE	Tier 3	
Saliva Substitute Agents		
NUMOISYN MUCOUS MEMBRANE LIQUID	Tier 3	
Sexual Dysfunction Devices		
RAPPORT VACUUM THERAPY	Tier 3	
Skin Tissue Replacement		
APLIGRAF	Tier 3	

Drug		Status	Notes
EPIFIX AMNIOTIC MEMBRANE		Tier 3	
GRAFIX CORE		Tier 3	
GRAFIX PRIME		Tier 3	
GRAFIX XC		Tier 3	
MIRO3D		Tier 3	
MIRO3D FIBERS TOPICAL POWDER 100 MG, 500 MG, 700 MG		Tier 3	
MIRODERM FENESTRATED PLUS		Tier 3	
MIRODERM FENESTRATED TOPICAL SHEET 2 X 2 CM, 2 X 3 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM		Tier 3	
MIRODRY WOUND MATRIX		Tier 3	
MIROTRACT		Tier 3	
STRAVIX		Tier 3	
TRUSKIN		Tier 3	
Solvents			
<i>isopropyl alcohol</i>	(Alcohol, Rubbing)	Tier 3	
MURI-LUBE		Tier 3	
Somatostatic Agents			
MYCAPSSA		Tier 3	PA; SP
<i>octreotide acetate</i>	(Sandostatin)	Tier 1	SP
SIGNIFOR		Tier 3	PA; SP
Support Hosiery			
T.E.D. ANTI-EMBOLISM STOCKING	(compres.stocking,knee,reg,smal)	Tier 3	
T.E.D. KNEE LENGTH-M-LONG		Tier 3	
T.E.D. KNEE LENGTH-S-REGULAR	(compres.stocking,knee,reg,smal)	Tier 3	
Suspending Agents			
GELFILM IMPLANT		Tier 3	
<i>hydroxypropyl cellulose</i>		Tier 3	
Tissue/Wound Adhesives			
ARTISS		Tier 3	
TISSEEL VHSD (APROTININ, SYN)		Tier 3	
Topical Nitric Oxide Releasing Agents			
ZELSUVMI		Tier 3	PA
Treatment Of Hyperphagia In Prader-Willi Syndrome			
VYKAT XR		Tier 3	PA; SP
Wound Healing Agents, Local			
FILSUVEZ		Tier 3	PA; SP

Drug	Status	Notes
Other Respiratory Disorders		
Antifibrotic Therapy - Pyridone Analogs		
<i>pirfenidone</i> (Esbriet)	Tier 1	PA; SP
Cystic Fib. Transmemb Conduct. Reg. (Cftr) Potentiator		
KALYDECO	Tier 2	PA; SP
Cystic Fibrosis-Cftr Potentiator & Corrector Comb.		
ALYFTREK	Tier 2	PA; SP
ORKAMBI	Tier 2	PA; SP
SYMDEKO	Tier 2	PA; SP
TRIKAFTA	Tier 2	PA; SP
Dipeptidyl Peptidase 1 (Dpp1) Inhibitor		
BRINSUPRI	Tier 3	PA; SP; QL (1 EA per 1 day)
Lung Surfactants		
CUROSURF	Tier 3	
INFASURF	Tier 3	
SURVANTA	Tier 3	
Mucolytics		
<i>acetylcysteine</i>	Tier 1	
PULMOZYME	Tier 2	PA; SP
Pulmonary Fibrosis - Systemic Enzyme Inhibitors		
OFEV	Tier 2	PA; SP
Pain Management - Analgesics		
Analgesic, Non-Salicylate & Barbiturate Comb.		
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	Tier 1	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 (butalbital-acetaminophen)	Tier 1	
Analgesic, Salicylate, Barbiturate, & Xanthine Cmb		
<i>butalbital-aspirin-caffeine</i>	Tier 1	
Analgesic, Non-Salicylate, Barbiturate, & Xanthine Cmb		
<i>butalbital-acetaminophen-caff oral capsule</i> (Fioricet)	Tier 1	
<i>butalbital-acetaminophen-caff oral tablet</i>	Tier 1	

Drug		Status	Notes
FIORICET	(butalbital-acetaminophen-caff)	Tier 1	
Analgesic/Antipyretics, Salicylates			
aspirin oral tablet 325 mg	(Bayer Aspirin)	\$0	
aspirin oral tablet, delayed release (dr/ec) 325 mg	(Bayer Aspirin)	\$0	
BAYER ASPIRIN	(aspirin)	\$0	
choline, magnesium salicylate		Tier 1	
diflunisal		Tier 1	
ECOTRIN	(aspirin)	\$0	
salsalate	(Disalcid)	Tier 1	
Analgesics, Narcotic Agonist And Nsaid Combination			
hydrocodone-ibuprofen		Tier 1	
Analgesics, Non-Narcotics			
JOURNAVX		Tier 3	PA
Analgesics, Narcotics			
BELBUCA	(buprenorphine hcl)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
belladonna alkaloids-opium		Tier 1	
buprenorphine	(Butrans)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
buprenorphine hcl injection		Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
butorphanol		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		Tier 3	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML	(hydromorphone (pf))	Tier 3	
fentanyl		Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
fentanyl citrate (pf) intravenous patient control. analgesia soln		Tier 1	

Drug	Status	Notes
<i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,000 mcg/50 ml (20 mcg/ml), 500 mcg/50 ml (10 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg</i>	Tier 1	PA
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr</i> (Hysingla ER)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>hydromorphone (pf) injection syringe 0.5 mg/0.5 ml, 1 mg/ml</i> (Dilaudid (PF))	Tier 1	
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i>	Tier 1	
<i>hydromorphone oral liquid</i> (Dilaudid)	Tier 1	
<i>hydromorphone oral tablet</i> (Dilaudid)	Tier 1	
<i>hydromorphone oral tablet extended release 24 hr</i>	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>hydromorphone rectal</i>	Tier 1	
<i>levorphanol tartrate oral tablet 2 mg</i>	Tier 1	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</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</i>	Tier 1	QL (4 ML per 1 day)
METHADONE INTENSOL (methadone)	Tier 1	QL (4 ML per 1 day)
<i>methadone oral concentrate</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</i> (Methadose)	Tier 1	QL (1 EA per 1 day)
METHADOSE ORAL TABLET,SOLUBLE (methadone)	Tier 1	QL (1 EA per 1 day)
<i>morphine (pf) intravenous syringe</i>	Tier 1	

Drug	Status	Notes
<i>morphine concentrate oral solution</i>	Tier 1	PA
<i>morphine in 0.9 % sodium chlor intravenous solution</i>	Tier 1	
<i>morphine intramuscular</i>	Tier 1	
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	Tier 1	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: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>morphine oral solution</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</i> (MS Contin)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
<i>morphine rectal</i>	Tier 1	
<i>nalbuphine</i>	Tier 1	
NUCYNTA	Tier 3	QL (6 EA per 1 day)
NUCYNTA ER	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>oxycodone oral capsule</i>	Tier 1	
<i>oxycodone oral concentrate</i>	Tier 1	PA
<i>oxycodone oral solution</i>	Tier 1	
<i>oxycodone oral tablet</i> (Roxicodone)	Tier 1	
<i>oxycodone oral tablet, oral only</i> (RoxyBond)	Tier 1	
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 20 mg, 40 mg</i> (OxyContin)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg</i> (OxyContin)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>oxymorphone oral tablet</i>	Tier 1	

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

Drug	Status	Notes
Antimigraine Preparations		
AIMOVIG AUTOINJECTOR	Tier 2	PA; QL (1 ML per 30 days)
AJOVY AUTOINJECTOR	Tier 2	PA; QL (1.5 ML per 30 days)
AJOVY SYRINGE	Tier 2	PA; QL (1.5 ML per 30 days)
<i>almotriptan malate</i>	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
<i>dihydroergotamine injection</i>	Tier 1	QL (15 ML per 14 days)
<i>dihydroergotamine nasal</i> (Migranal)	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (8 ML per 28 days)
<i>eletriptan</i> (Relpax)	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
ELYXYB	Tier 3	PA
EMGALITY PEN	Tier 2	PA; QL (1 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 2	PA; QL (1 ML per 30 days)
ERGOMAR	Tier 3	QL (10 EA per 7 days)
<i>ergotamine-caffeine</i>	Tier 1	QL (10 EA per 7 days)
<i>frovatriptan</i> (Frova)	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
<i>naratriptan</i>	Tier 1	QL (18 EA per 30 days)
NURTEC ODT	Tier 2	PA; QL (18 EA per 30 days)
QULIPTA	Tier 2	PA; QL (1 EA per 1 day)
REYVOW	Tier 2	PA; QL (8 EA per 30 days)
<i>rizatriptan</i> (Maxalt)	Tier 1	QL (27 EA per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	Tier 1	QL (36 EA per 30 days)
<i>sumatriptan succinate oral</i> (Imitrex)	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i> (Imitrex STATdose Refill)	Tier 1	QL (18 ML per 30 days)

Drug	Status	Notes
<i>sumatriptan succinate subcutaneous pen injector</i> (Imitrex STATdose Pen)	Tier 1	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	Tier 1	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	Tier 1	QL (18 ML per 30 days)
TRUDHESA	Tier 3	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (12 ML per 28 days); Age (Min 18 Years)
UBRELVY	Tier 2	PA; QL (16 EA per 30 days)
ZAVZPRET	Tier 3	PA; QL (8 EA per 30 days)
<i>zolmitriptan</i> (Zomig)	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
ZOMIG ORAL (zolmitriptan)	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
Calcitonin Gene-Related Peptide (Cgrp) Inhibitors		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	Tier 2	PA; QL (3 ML per 30 days)
Narc.& Non-Sal.Analgesic,Barbiturate &Xanthine Cmb		
<i>butalbital-acetaminop-caf-cod</i> (Fioricet with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic & Salicylate Analgesics, Barb.& Xanthine		
ASCOMP WITH CODEINE (codeine-bitalbital-asa-caff)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine-bitalbital-asa-caff</i> (Ascomp with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic Analgesic & Non-Salicylate Analgesic Comb		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i>	Tier 1	QL (150 ML per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	Tier 1	Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)

Drug		Status	Notes
<i>acetaminophen-codeine oral tablet 300-60 mg</i>		Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
APADAZ	(benzhydrocodone-acetaminophen)	Tier 3	ST: Requires prior prescription for generic Norco (Hydrocodone/Acetaminophen) tablets within the past 120 days; QL (12 EA per 1 day)
<i>benzhydrocodone-acetaminophen</i>	(Apadaz)	Tier 1	ST: Requires prior prescription for generic Norco (Hydrocodone/Acetaminophen) tablets within the past 120 days; QL (12 EA per 1 day)
ENDOCET	(oxycodone-acetaminophen)	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml</i>		Tier 1	QL (200 ML 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	(oxycodone-acetaminophen)	Tier 1	QL (12 EA per 1 day)
<i>tramadol-acetaminophen</i>		Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
Narcotic Withdrawal Therapy Agents			
<i>buprenorphine hcl sublingual</i>		Tier 1	QL (3 EA per 1 day)
<i>buprenorphine-naloxone sublingual film</i>	(Suboxone)	Tier 1	
<i>buprenorphine-naloxone sublingual tablet</i>		Tier 1	QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG		Tier 2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG		Tier 2	QL (2 EA per 1 day)

Drug	Status	Notes
Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist		
<i>lofexidine</i> (Lucemyra)	Tier 1	PA
Skeletal Muscle Relaxant,Salicylate,Narc Analgesic		
<i>carisoprodol-aspirin-codeine</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
Parkinsons Disease		
Antiparkinsonism Drugs,Anticholinergic		
<i>benztropine oral</i>	Tier 1	
<i>trihexyphenidyl</i>	Tier 1	
Antiparkinsonism Drugs,Other		
<i>amantadine hcl</i>	Tier 1	
<i>apomorphine</i> (APOKYN)	Tier 1	PA; SP
<i>bromocriptine</i>	Tier 1	
<i>carbidopa-levodopa</i> (Dhivy)	Tier 1	
<i>carbidopa-levodopa-entacapone</i>	Tier 1	
DUOPA	Tier 3	PA; SP
<i>entacapone</i>	Tier 1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	Tier 3	PA; SP
NEUPRO	Tier 2	ST: Requires prior prescription for Pramipexole IR or Ropinirole IR within the past 120 days; QL (1 EA per 1 day)
ONAPGO	Tier 3	PA; SP
ONGENTYS	Tier 3	PA
<i>pramipexole oral tablet</i>	Tier 1	
<i>pramipexole oral tablet extended release</i> (Mirapex ER) 24 hr	Tier 1	ST: Requires prior prescription for Pramipexole IR or Ropinirole IR within the past 120 days; QL (1 EA per 1 day)
<i>rasagiline</i> (Azilect)	Tier 1	QL (1 EA per 1 day)
<i>ropinirole oral tablet</i>	Tier 1	
<i>ropinirole oral tablet extended release</i> 24 hr	Tier 1	ST: Requires prior prescription for Pramipexole IR or Ropinirole IR within the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
RYTARY	Tier 3	ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (10 EA per 1 day)
<i>selegiline hcl</i>	Tier 1	
<i>tolcapone</i> (Tasmar)	Tier 1	ST: Requires prior prescription for Comtan (entacapone) within the past 120 days; QL (3 EA per 1 day)
VYALEV	Tier 3	PA; SP
XADAGO	Tier 3	ST: Requires prior prescription for Carbidopa/Levodopa (Duopa, Parcopa, Rytary, Sinemet IR, or Sinemet CR) within the past 120 days; QL (1 EA per 1 day)
ZELAPAR	Tier 3	ST: Requires prior prescription for generic Selegiline capsules or tablets within the past 120 days; QL (2 EA per 1 day)
Decarboxylase Inhibitors		
<i>carbidopa</i> (Lodosyn)	Tier 1	
Seizure Disorder		
Anticonvulsant - Benzodiazepine Type		
<i>clobazam oral suspension</i> (Onfi)	Tier 1	QL (480 ML per 30 days)
<i>clobazam oral tablet</i> (Onfi)	Tier 1	QL (2 EA per 1 day)
<i>clonazepam</i> (Klonopin)	Tier 1	
<i>diazepam rectal</i>	Tier 1	
LIBERVANT	Tier 3	QL (10 EA per 30 days)
NAYZILAM	Tier 3	QL (10 EA per 30 days)
VALTOCO	Tier 3	QL (10 EA per 30 days)
Anticonvulsant - Cannabinoid Type		
EPIDIOLEX	Tier 2	SP; ST: Requires prior prescription for one of the following generic anticonvulsants: Carbamazepine, Clobazam, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid derivatives, or Vigabatrin within the past 365 days

Drug	Status	Notes
Anticonvulsants		
BRIVIACT ORAL SOLUTION	Tier 2	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET	Tier 2	QL (2 EA per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr</i> (Carbatrol)	Tier 1	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	Tier 1	
<i>carbamazepine oral tablet</i> (Tegretol)	Tier 1	
<i>carbamazepine oral tablet extended release 12 hr</i> (Tegretol XR)	Tier 1	
<i>carbamazepine oral tablet, chewable</i>	Tier 1	
CARBATROL (carbamazepine)	Tier 3	
DEPAKOTE (divalproex)	Tier 3	
DEPAKOTE ER (divalproex)	Tier 3	
DEPAKOTE SPRINKLES (divalproex)	Tier 3	
DIACOMIT	Tier 3	PA; SP
DILANTIN	Tier 3	
DILANTIN EXTENDED (phenytoin sodium extended)	Tier 3	
DILANTIN INFATABS (phenytoin)	Tier 3	
DILANTIN-125 (phenytoin)	Tier 3	
<i>divalproex</i> (Depakote)	Tier 1	
EPITOL (carbamazepine)	Tier 1	
<i>eslicarbazepine oral tablet 200 mg, 400 mg</i> (Aptiom)	Tier 1	QL (1 EA per 1 day)
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i> (Aptiom)	Tier 1	QL (2 EA per 1 day)
<i>ethosuximide</i> (Zarontin)	Tier 1	
<i>felbamate</i> (Felbatol)	Tier 1	
FINTEPLA	Tier 3	PA; SP
FYCOMPA ORAL SUSPENSION	Tier 2	QL (680 ML per 28 days)
<i>gabapentin oral capsule</i> (Neurontin)	Tier 1	
<i>gabapentin oral solution</i> (Neurontin)	Tier 1	
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	Tier 1	
<i>lacosamide oral</i> (Vimpat)	Tier 1	
LAMICTAL XR STARTER (BLUE)	Tier 3	
LAMICTAL XR STARTER (GREEN)	Tier 3	
LAMICTAL XR STARTER (ORANGE)	Tier 3	
<i>lamotrigine</i> (Lamictal)	Tier 1	
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	Tier 1	
<i>levetiracetam oral tablet</i> (Keppra)	Tier 1	
<i>levetiracetam oral tablet extended release 24 hr</i> (Keppra XR)	Tier 1	
<i>methsuximide</i> (Celontin)	Tier 1	

Drug		Status	Notes
<i>oxcarbazepine oral suspension</i>	(Trileptal)	Tier 1	
<i>oxcarbazepine oral tablet</i>	(Trileptal)	Tier 1	
<i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg</i>	(Oxtellar XR)	Tier 1	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (3 EA per 1 day)
<i>oxcarbazepine oral tablet extended release 24 hr 600 mg</i>	(Oxtellar XR)	Tier 1	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (4 EA per 1 day)
<i>perampanel oral tablet 10 mg, 12 mg, 8 mg</i>	(Fycompa)	Tier 1	QL (30 EA per 30 days)
<i>perampanel oral tablet 2 mg</i>	(Fycompa)	Tier 1	QL (120 EA per 30 days)
<i>perampanel oral tablet 4 mg, 6 mg</i>	(Fycompa)	Tier 1	QL (60 EA per 30 days)
PHENYTEK	(phenytoin sodium extended)	Tier 3	
<i>phenytoin oral suspension 125 mg/5 ml</i>	(Dilantin-125)	Tier 1	
<i>phenytoin oral tablet, chewable</i>	(Dilantin Infatabs)	Tier 1	
<i>phenytoin sodium extended</i>	(Dilantin Extended)	Tier 1	
<i>pregabalin oral capsule</i>	(Lyrica)	Tier 1	
<i>pregabalin oral solution</i>	(Lyrica)	Tier 1	
<i>primidone</i>	(Mysoline)	Tier 1	
<i>rufinamide oral suspension</i>	(Banzel)	Tier 1	ST: Requires prior prescription for Clobazam, Divalproex, or Valproic Acid within the past 120 days; QL (80 ML per 1 day)
<i>rufinamide oral tablet 200 mg</i>	(Banzel)	Tier 1	ST: Requires prior prescription for Clobazam, Divalproex, or Valproic Acid within the past 120 days; QL (16 EA per 1 day)
<i>rufinamide oral tablet 400 mg</i>	(Banzel)	Tier 1	ST: Requires prior prescription for Clobazam, Divalproex, or Valproic Acid within the past 120 days; QL (8 EA per 1 day)

Drug		Status	Notes
SABRIL ORAL TABLET	(vigabatrin)	Tier 3	PA; SP
TEGRETOL ORAL SUSPENSION	(carbamazepine)	Tier 3	
TEGRETOL ORAL TABLET	(carbamazepine)	Tier 3	
TEGRETOL XR	(carbamazepine)	Tier 3	
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>		Tier 1	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (4 EA per 1 day)
<i>tiagabine oral tablet 16 mg</i>		Tier 1	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (3 EA per 1 day)
<i>topiramate oral capsule, sprinkle</i>	(Topamax)	Tier 1	
<i>topiramate oral capsule, extended release 24hr 100 mg</i>	(Trokendi XR)	Tier 1	QL (3 EA per 1 day)
<i>topiramate oral capsule, extended release 24hr 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 (7 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg</i>		Tier 1	ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (3 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr 150 mg, 200 mg</i>		Tier 1	ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
<i>topiramate oral capsule, sprinkle, er 24hr</i> 25 mg	Tier 1	ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (1 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr</i> 50 mg	Tier 1	ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (7 EA per 1 day)
<i>topiramate oral solution</i> (Eprontia)	Tier 1	PA
<i>topiramate oral tablet</i> (Topamax)	Tier 1	
<i>valproic acid</i>	Tier 1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 1	
<i>vigabatrin</i> (Vigadrone)	Tier 1	PA; SP
VIGADRONE (vigabatrin)	Tier 1	PA; SP
VIGAFYDE	Tier 3	PA; SP
VIGPODER (vigabatrin)	Tier 1	PA; SP
XCOPRI MAINTENANCE PACK	Tier 2	QL (2 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	Tier 2	QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG	Tier 2	QL (2 EA per 1 day)
XCOPRI TITRATION PACK	Tier 2	QL (1 EA per 1 day)
ZONISADE	Tier 3	PA
<i>zonisamide</i> (Zonegran)	Tier 1	
Neuroactive Steroid Gaba-A Receptor Modulator		
ZTALMY	Tier 3	PA; SP
Skeletal Muscle Disorder		
Agents To Tx Periodic Paralysis - Carbon Anhyd Inh		
<i>dichlorphenamide</i> (Ormalvi)	Tier 1	PA; SP
KEVEYIS (dichlorphenamide)	Tier 2	PA; SP
ORMALVI (dichlorphenamide)	Tier 1	PA; SP
Retinoic Acid Receptor (Rar) Agonists		
SOHONOS	Tier 3	PA; SP
Skeletal Muscle Relaxants		
<i>baclofen oral solution</i> (Ozobax)	Tier 1	PA
<i>baclofen oral suspension</i> (Fleqsuvy)	Tier 1	PA
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>carisoprodol</i> (Soma)	Tier 1	
<i>carisoprodol-aspirin</i>	Tier 1	

Drug		Status	Notes
<i>chlorzoxazone oral tablet 500 mg</i>		Tier 1	
<i>cyclobenzaprine oral tablet</i>	(Fexmid)	Tier 1	
<i>dantrolene oral</i>	(Dantrium)	Tier 1	
<i>metaxalone oral tablet 400 mg, 800 mg</i>		Tier 1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>		Tier 1	
<i>orphenadrine citrate oral</i>		Tier 1	
<i>tizanidine</i>	(Zanaflex)	Tier 1	
Smoking Cessation			
Smoking Deterrent Agents (Ganglionic Stim,Others)			
<i>nicotine</i>	(Nicoderm CQ)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal gum</i>	(Quit 2)	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal lozenge</i>	(Quit 2)	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal mini lozenge</i>	(Nicorette)	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
NICOTROL NS		\$0	\$0 COPAY IF QUANTITY 10 IN 2 DAYS, LIMITED TO 180 DAYS IN 365, TRIAL OF NICOTINE TRANSDERMAL PATCH, AND 18 YEARS OF AGE OR OLDER; QL (10 ML per 2 days)
QUIT 2 BUCCAL GUM	(nicotine (polacrilex))	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
QUIT 2 BUCCAL LOZENGE	(nicotine (polacrilex))	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER

Drug		Status	Notes
QUIT 4 BUCCAL GUM	(nicotine (polacrilex))	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL LOZENGE	(nicotine (polacrilex))	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
STOP SMOKING AID	(nicotine (polacrilex))	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
Smoking Deterrent-Nicotinic Recept.Partial Agonist			
<i>varenicline tartrate oral tablet</i>	(Chantix)	\$0	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
<i>varenicline tartrate oral tablets,dose pack</i>	(Chantix Starting Month Box)	\$0	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
Smoking Deterrents, Other			
<i>bupropion hcl (smoking deter)</i>		\$0	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
Upper Gastrointestinal Disorders - Digestive			
Gastric Enzymes			
SUCRAID		Tier 3	PA; SP
Pancreatic Enzymes			
CREON		Tier 2	
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	

Drug		Status	Notes
Upper Gastrointestinal Disorders - Spastic Disease			
Anticholinergics/Antispasmodics			
<i>dicyclomine oral capsule</i>		Tier 1	
<i>dicyclomine oral solution</i>		Tier 1	
<i>dicyclomine oral tablet 20 mg</i>		Tier 1	
Belladonna Alkaloids			
ED-SPAZ	(hyoscyamine sulfate)	Tier 1	
<i>hyoscyamine sulfate oral</i>	(Ed-Spaz)	Tier 1	
<i>hyoscyamine sulfate sublingual</i>	(Oscimin SL)	Tier 1	
HYOSYNE	(hyoscyamine sulfate)	Tier 1	
<i>methscopolamine</i>		Tier 1	
OSCIMIN	(hyoscyamine sulfate)	Tier 1	
OSCIMIN SL	(hyoscyamine sulfate)	Tier 1	
SYMAX DUOTAB	(hyoscyamine sulfate)	Tier 3	
Upper Gastrointestinal Disorders - Ulcer Disease			
Anticholinergics, Quaternary Ammonium			
<i>chlordiazepoxide-clidinium</i>	(Librax (with clidinium))	Tier 1	
DARTISLA		Tier 3	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</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)	(glycopyrrolate (pf))	Tier 3	
Anti-Ulcer Preparations			
<i>misoprostol</i>	(Cytotec)	Tier 1	
<i>sucralfate</i>	(Carafate)	Tier 1	
Anti-Ulcer-H.Pylori Agents			
<i>amoxicil-clarithromy-lansopraz</i>		Tier 1	QL (112 EA per 10 days)
<i>bismuth subcit k-metronidz-tcn</i>	(Pylera)	Tier 1	
OMECLAMOX-PAK		Tier 3	
TALICIA		Tier 3	QL (168 EA per 14 days); Age (Min 18 Years)
VOQUEZNA DUAL PAK		Tier 3	PA; QL (112 EA per 14 days)

Drug		Status	Notes
VOQUEZNA TRIPLE PAK		Tier 3	PA; QL (112 EA per 14 days)
Histamine H2-Receptor Inhibitors			
<i>cimetidine</i>	(Acid Reducer (cimetidine))	Tier 1	
<i>cimetidine hcl oral</i>		Tier 1	
<i>famotidine oral suspension for reconstitution</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</i>		Tier 1	
Intestinal Motility Stimulants			
GIMOTI		Tier 3	PA; SP
<i>metoclopramide hcl oral solution</i>		Tier 1	
<i>metoclopramide hcl oral tablet</i>	(Reglan)	Tier 1	
<i>prucalopride</i>	(Motegrity)	Tier 1	QL (1 EA per 1 day)
Potassium-Competitive Acid Blockers (Pcabs)			
VOQUEZNA		Tier 3	PA; QL (1 EA per 1 day)
Proton-Pump Inhibitors			
ACIPHEX SPRINKLE	(rabeprazole)	Tier 3	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day)
<i>dexlansoprazole</i>	(Dexilant)	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	(Acid Reducer (esomeprazole))	Tier 1	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	(Nexium)	Tier 1	QL (2 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	(Nexium Packet)	Tier 1	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	(Nexium Packet)	Tier 1	QL (2 EA per 1 day)
<i>lansoprazole oral capsule, delayed release(dr/ec)</i>	(Acid Reducer (lansoprazole))	Tier 1	

Drug	Status	Notes
<i>lansoprazole oral tablet,disintegrat, delay rel</i> (Prevacid SoluTab)	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	Tier 1	
<i>omeprazole-sodium bicarbonate oral capsule</i> (Zegerid OTC)	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)
<i>pantoprazole oral granules dr for susp in packet</i> (Protonix)	Tier 1	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)</i> (Protonix)	Tier 1	
<i>rabeprazole oral capsule, delayed rel sprinkle</i> (AcipHex Sprinkle)	Tier 1	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day)
<i>rabeprazole oral tablet, delayed release (dr/ec)</i> (AcipHex)	Tier 1	QL (1 EA per 1 day)
Urinary Tract - Functional Disorders		
Benign Prostatic Hypertrophy/Micturition Agents		
<i>alfuzosin</i> (Uroxatral)	Tier 1	
<i>dutasteride</i> (Avodart)	Tier 1	
<i>finasteride oral tablet 5 mg</i> (Proscar)	Tier 1	
<i>silodosin</i> (Rapaflo)	Tier 1	
<i>tamsulosin</i> (Flomax)	Tier 1	
Bph Agents,5-Alpha-Red Inh & Alpha-1-Adr Antg Cmb		
<i>dutasteride-tamsulosin</i> (Jalyn)	Tier 1	ST: Requires prior prescription for Alfuzosin, Doxazosin, Finasteride 5mg, Prazosin, Silodosin, Tamsulosin, or Terazosin within the past 120 days
Cystine-Depleting Agents, Nephropathic Cystinosis		
CYSTAGON	Tier 3	SP

Drug	Status	Notes
PROCYSBI	Tier 2	PA; SP
Endothelin-Angiotensin Receptor Antagonist		
FILSPARI	Tier 3	PA; SP
Kidney Stone Agents		
THIOLA EC (tiopronin)	Tier 2	SP
<i>tiopronin</i> (Thiola)	Tier 1	SP
VENXXIVA (tiopronin)	Tier 1	SP
Overactive Bladder Agents, Beta-3 Adrenergic Recep		
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON	Tier 2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR (mirabegron)	Tier 1	QL (1 EA per 1 day)
Oxalosis Agent - Oxalate Inhibitor, Sirna Based		
RIVFLOZA	Tier 3	PA; SP
Polycystic Kidney Disease Agent, Avp Recep. Antag		
JYNARQUE (tolvaptan (polycys kidney dis))	Tier 1	PA; SP
Urinary Ph Modifiers		
K-PHOS NO 2	Tier 3	
K-PHOS ORIGINAL	Tier 3	
ORACIT (sodium citrate-citric acid)	Tier 3	
<i>potassium citrate oral tablet extended release</i> (Urocit-K 10)	Tier 1	
RENACIDIN	Tier 3	
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i> (Oracit)	Tier 1	
UROQID-ACID NO.2	Tier 3	
Urinary Tract Analgesic Agents		
ELMIRON	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</i>	Tier 1	
<i>solifenacin</i> (Vesicare)	Tier 1	
Urinary Tract Antispasmodic/Antiincontinence Agent		
<i>fesoterodine</i> (Toviaz)	Tier 1	QL (1 EA per 1 day)
<i>flavoxate</i>	Tier 1	

Drug	Status	Notes
<i>oxybutynin chloride</i>	Tier 1	
OXYTROL	Tier 3	ST: Requires prior prescriptions for Myrbetriq and Oxybutynin IR/XR within the past 365 days
<i>tolterodine</i>	Tier 1	
<i>trospium</i>	Tier 1	
Vaginal Disorders		
Vaginal Antibiotics		
CLEOCIN VAGINAL SUPPOSITORY	Tier 3	ST: At least 2 prior prescriptions for oral Metronidazole, Clindamycin, vaginal Clindamycin cream, vaginal Metronidazole gel, or Tinidazole within the past 365 days; QL (3 EA per 30 days)
<i>clindamycin phosphate vaginal</i> (Cleocin)	Tier 1	
CLINDESSE	Tier 3	ST: Requires prior prescription for generic Clindamycin vaginal cream within the past 120 days
<i>metronidazole vaginal gel 0.75 %</i> (Vandazole) (37.5mg/5 gram)	Tier 1	
NUVESSA (metronidazole)	Tier 3	
Vaginal Antifungals		
GYNAZOLE-1	Tier 2	
MICONAZOLE-3 VAGINAL SUPPOSITORY	Tier 1	
<i>terconazole</i>	Tier 1	
Vaginal Antiseptics		
FEM PH	Tier 3	
RELAGARD	Tier 3	
TRIMO-SAN JELLY	Tier 3	
Vaginal Estrogen For Sexual Dysfunction		
IMVEXXY MAINTENANCE PACK	Tier 3	ST: Requires prior prescriptions Premarin cream and one of the following: Estradiol cream or vaginal tablet within the past 365 days; QL (18 EA per 28 days)

Drug	Status	Notes
IMVEXXY STARTER PACK	Tier 3	ST: Requires prior prescriptions Premarin cream and one of the following: Estradiol cream or vaginal tablet within the past 365 days; QL (18 EA per 28 days)
Vaginal Estrogen Preparations		
<i>estradiol vaginal</i> (Estrace)	Tier 1	
PREMARIN VAGINAL	Tier 2	
YUVAFEM (estradiol)	Tier 1	
Vitamin And/Or Mineral Deficiency		
Fluoride Preparations		
CLINPRO 5000 (fluoride (sodium))	Tier 3	
DENTA 5000 PLUS (fluoride (sodium))	Tier 1	
DENTA 5000 PLUS SENSITIVE (sodium fluoride-pot nitrate)	Tier 1	
DENTAGEL (fluoride (sodium))	Tier 1	
FLORIVA (FLUORIDE-VITAMIN D3)	Tier 3	
<i>fluoride (sodium) dental</i> (Denta 5000 Plus)	Tier 1	
<i>fluoride (sodium) oral drops</i> (SoluVita)	\$0	\$0 COPAY IF 6 MONTHS TO 6 YEARS OF AGE
<i>fluoride (sodium) oral tablet, chewable</i> (Ludent Fluoride)	\$0	\$0 COPAY IF 6 MONTHS TO 6 YEARS OF AGE
FLUORIDEX DAILY DEFENSE (fluoride (sodium))	Tier 3	
FLUORIDEX SENSITIVITY RELIEF (sodium fluoride-pot nitrate)	Tier 3	
FLUORIMAX 5000 (fluoride (sodium))	Tier 3	
FLUORIMAX 5000 SENSITIVE (sodium fluoride-pot nitrate)	Tier 3	
FRAICHE 5000 PREVI	Tier 3	
GEL-KAM (stannous fluoride)	Tier 1	
JUST RIGHT 5000 (fluoride (sodium))	Tier 3	
PERIO MED (stannous fluoride)	Tier 3	
PHOS-FLUR	Tier 3	
SF (fluoride (sodium))	Tier 1	
SF 5000 PLUS (fluoride (sodium))	Tier 1	
SODIUM FLUORIDE 5000 DRY MOUTH (fluoride (sodium))	Tier 1	
SODIUM FLUORIDE 5000 PLUS (fluoride (sodium))	Tier 1	
<i>sodium fluoride-pot nitrate</i> (Denta 5000 Plus Sensitive)	Tier 1	
Folic Acid Preparations		
<i>folic acid injection</i>	Tier 1	
<i>folic acid oral tablet 1 mg</i>	Tier 1	
<i>folic acid oral tablet 400 mcg</i> (PureVita Folic Acid)	\$0	

Drug	Status	Notes
<i>folic acid oral tablet 800 mcg</i>	\$0	
PUREVITA FOLIC ACID ORAL TABLET (folic acid)	\$0	
Iron Replacement		
TRIFERIC	Tier 3	
Prenatal Vitamin Preparations		
BAL-CARE DHA	\$0	
BAL-CARE DHA ESSENTIAL	\$0	
CADEAU DHA	\$0	
COMPLETE NATAL DHA	\$0	
COMPLETENATE	\$0	
KPN	\$0	
MINI PRENATAL	\$0	
M-NATAL PLUS (pnv,calcium 72-iron-folic acid)	\$0	
MYNATAL	\$0	
MYNATAL ADVANCE	\$0	
MYNATAL PLUS	\$0	
MYNATAL-Z	\$0	
MYNATE 90 PLUS	\$0	
NEONATAL PLUS VITAMIN	\$0	
NEO-VITAL RX	\$0	
OBSTETRIX DHA	\$0	
OBSTETRIX DHA PRENATAL DUO	\$0	
OBSTETRIX EC	\$0	
ONE DAILY PRENATAL	\$0	
ONE-A-DAY PRENATAL-1	\$0	
<i>pnv no.95-ferrous fumarate-fa</i> (Prenatal)	\$0	
PNV-DHA + DOCUSATE	\$0	
PNV-SELECT	\$0	
PR NATAL 400	\$0	
PR NATAL 400 EC	\$0	
PR NATAL 430	\$0	
PR NATAL 430 EC	\$0	
PRENATA	\$0	
PRENATABS FA	\$0	
PRENATABS RX	\$0	
PRENATAL + DHA	\$0	
PRENATAL 19	\$0	
PRENATAL 19 (WITH DOCUSATE)	\$0	
PRENATAL COMPLETE	\$0	
PRENATAL ESSENTIALS	\$0	
PRENATAL FORMULA ORAL TABLET 9 MG IRON- 267 MCG	\$0	

Drug	Status	Notes
PRENATAL FORMULA-DHA	\$0	
PRENATAL MULTI	\$0	
PRENATAL MULTI-DHA (ALGAL OIL)	\$0	
PRENATAL MULTI-DHA(WITH VIT K)	\$0	
PRENATAL MULTIVITAMINS (pnv no.95-ferrous fumarate-fa)	\$0	
PRENATAL ONE DAILY	\$0	
PRENATAL ORAL TABLET (pnv no.95-ferrous fumarate-fa)	\$0	
PRENATAL PLUS (pnv,calcium 72-iron,carb-folic)	\$0	
PRENATAL PLUS (CALCIUM CARB) (pnv,calcium 72-iron-folic acid)	\$0	
PRENATAL PLUS DHA	\$0	
PRENATAL PLUS VITAMIN-MINERAL	\$0	
PRENATAL TABLET (prenatal vit-iron fum-folic ac)	\$0	
<i>prenatal vit no.179-iron-folic</i>	\$0	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG, 27 MG IRON- 800 MCG	\$0	
PRENATAL VITAMIN PLUS LOW IRON (pnv,calcium 72-iron-folic acid)	\$0	
PRENATAL VITAMIN WITH MINERALS (prenatal vit-iron fum-folic ac)	\$0	
<i>prenatal vit-iron fum-folic ac</i> (Prenatal Tablet)	\$0	
PRENATAL WITH DHA-FOLIC ACID	\$0	
PROVIDA OB	\$0	
SE-NATAL 19	\$0	
SE-NATAL 19 CHEWABLE	\$0	
SIMILAC PRENATAL	\$0	
STUART ONE	\$0	
THERANATAL COMPLETE	\$0	
THERANATAL ONE	\$0	
THERANATAL ORAL TABLET	\$0	
THERANATAL PLUS	\$0	
THRIVITE RX	\$0	
TRICARE	\$0	
TRINATAL RX 1	\$0	
TRINATE	\$0	
ULTRA PRENATAL PLUS DHA	\$0	
WESNATAL DHA COMPLETE	\$0	
WESTAB PLUS (pnv,calcium 72-iron-folic acid)	\$0	

Drug	Status	Notes
WOMEN'S PRENATAL PLUS DHA	\$0	
Prenatal Vitamins Without Iron		
ALTRIXA OB	\$0	
MATERVIA	\$0	
ONE-A-DAY PRENATAL	\$0	
PRENATAL GUMMIES	\$0	
PRENATAL GUMMIES(ZINC CHELATE)	\$0	
PRENATAL ORAL TABLET,CHEWABLE	\$0	
THERANATAL OVAVITE	\$0	
VITAFOL GUMMIES	\$0	
Vitamin D Preparations		
<i>calcitriol oral</i> (Rocaltrol)	Tier 1	
Weight Reduction		
Anorexic Agents		
<i>benzphetamine</i>	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
<i>diethylpropion oral tablet</i>	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
<i>diethylpropion oral tablet extended release</i>	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
LOMAIRA (phentermine)	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
<i>phendimetrazine tartrate oral capsule, extended release</i>	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
<i>phendimetrazine tartrate oral tablet</i>	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
<i>phentermine oral capsule</i>	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
<i>phentermine oral tablet 37.5 mg</i> (Adipex-P)	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
<i>phentermine oral tablet 8 mg</i> (Lomaira)	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
<i>phentermine-topiramate</i> (Qsymia)	Tier 1	PA
Anti-Obesity - Incretin Mimetics Combination		
ZEPBOUND SUBCUTANEOUS PEN INJECTOR	Tier 2	PA; QL (2 ML per 28 days)
Anti-Obesity - Melanocortin 4 Receptor Agonists		
IMCIVREE	Tier 3	PA; SP
Anti-Obesity Glucagon-Like Peptide-1 Recep Agonist		
<i>liraglutide (weight loss)</i> (Saxenda)	Tier 1	PA; QL (0.5 ML per 1 day)

Drug	Status	Notes
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	Tier 2	PA; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	Tier 2	PA; QL (3 ML per 28 days)
Fat Absorption Decreasing Agents		
<i>orlistat</i> (Xenical)	Tier 1	PA

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<i>glipizide</i>	73	HAILEY FE 1/20 (28)	42	HUMIRA PEN	120
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INSULIN	IDYXXIATAR	INPEN (FOR HUMALOG) GREY
HUMULIN R U-500 (CONC)	IFE-BIMIX 30/1	INPEN (FOR HUMALOG) PINK
KWIKPEN	IHEEZO (PF)	INPEN (NOVOLOG OR FIASP)
HYCANTIN	ILET INFUSION KIT-INSET 23"	BLUE
<i>hydralazine</i>	ILET INFUSION KIT-INSET 32"	INPEN (NOVOLOG OR FIASP)
HYDRO 35	ILET INFUSION-CONTACT DTCH	GREY
<i>hydrochlorothiazide</i>	23"	INPEN (NOVOLOG OR FIASP)
<i>hydrocodone bitartrate</i>	ILET INSULIN PUMP	PINK
<i>hydrocodone-acetaminophen</i>	ILET STARTER KIT CONTACT	INQOVI
<i>hydrocodone-chlorpheniramine</i>	ILET STARTER KIT-INSET	INREBIC
<i>hydrocodone-homatropine</i>	ILEVRO	INSPIRACHAMBER
<i>hydrocodone-ibuprofen</i>	ILEXOR	INSPIRACHAMBER WITH MASK-
<i>hydrocortisone</i>	<i>imatinib</i>	LARGE
<i>hydrocortisone acetate</i>	IMBRUVICA	INSPIRACHAMBER WITH MASK-
<i>hydrocortisone butyrate</i>	IMCIVREE	MED
<i>hydrocortisone sod succinate</i>	IMIOXIA	INSPIRACHAMBER WITH MASK-
<i>hydrocortisone valerate</i>	<i>imipramine hcl</i>	SMALL
<i>hydrocortisone-valeric acid</i>	<i>imipramine pamoate</i>	INSPIRATION ELITE FILTER
<i>hydrocortisone-iodoquinol</i>	<i>imiquimod</i>	INSUFLOX
<i>hydrocortisone-iodoquinol-aloe</i>	IMKELDI	<i>insulin glargine-yfgn</i>
<i>hydrocortisone-pramoxine</i>	IMPAVIDO	<i>insulin lispro</i>
HYDROMET	IMVEXXY MAINTENANCE PACK	<i>insulin lispro protamin-lispro</i>
<i>hydromorphone</i>	IMVEXXY STARTER PACK	<i>insulin u-500 syringe-needle</i>
<i>hydromorphone (pf)</i>	INBRIJA	INSYTE IV CATHETER
<i>hydromorphone (pf)-0.9 % nacl</i>	INCASSIA	INTELENCE
<i>hydroxychloroquine</i>	INCONTROL SUPER THIN	INTERLINK LEVER LOCK
<i>hydroxypropyl cellulose</i>	LANCETS	CANNULA
<i>hydroxyurea</i>	INCONTROL ULTRA THIN	INTROVALE
<i>hydroxyzine hcl</i>	LANCETS	INVACARE LANCETS
<i>hydroxyzine pamoate</i>	INCRELEX	INVEGA HAFYERA
HYFTOR	INCRUSE ELLIPTA	INVEGA SUSTENNA
HYMPAVZI PEN	<i>indapamide</i>	INVEGA TRINZA
<i>hyoscyamine sulfate</i>	<i>indomethacin</i>	INZDEAXIATAR
HYOSYNE	INFANRIX (DTAP) (PF)	INZDEAXIATAR
HYPER-SAL	INFASURF	INZDEOXIA
HYPOCYN ANTIPRURITIC	INGREZZA	INZIRQO
HYQVIA	INGREZZA INITIATION	IODOFLEX
<i>ibandronate</i>	PK(TARDIV)	IODOSORB
IBRANCE	INGREZZA SPRINKLE	IOPIDINE
IBTROZI	INJECT EASE LANCETS	IPOL
IBU	INLYTA	I-PORT
<i>ibuprofen</i>	INNOSPIRE DELUXE	I-PORT ADVANCE 6 MM INJEC
<i>icatibant</i>	INNOSPIRE ELEGANCE	PORT
ICLEVIA	INNOSPIRE ESSENCE	I-PORT ADVANCE 9 MM INJEC
ICLUSIG	INNOSPIRE GO NEBULIZER	PORT
<i>icosapent ethyl</i>	INNOSPIRE MINI	<i>ipratropium bromide</i>
IDARAN	INNOSPIRE REPLACEMENT	<i>ipratropium-albuterol</i>
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<i>tiopronin</i>	169	TREMFYA PEN	70	TRI-VYLIBRA LO	48
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