



 Standard Formulary

# MedPerform High

October, 2024



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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).



# MedPerform High Formulary

## 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:

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- > Over the Counter (OTC) medications
- > Anti-Obesity drugs
- > 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
<b>Allergy</b>		
<b>2Nd Gen Antihistamine &amp; Decongestant Combinations</b>		
CLARINEX-D 12 HOUR	Tier 3	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (2 EA per 1 day)
<b>Allergenic Extracts, Therapeutics</b>		
GRASTEK	Tier 2	PA
ODACTRA	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 INDX REACTIVITY, 300 INDX REACTIVITY	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 IR (3) /300 IR (6)	Tier 3	PA
PALFORZIA (LEVEL 1)	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 DOSE	Tier 2	PA; SP
PALFORZIA LEVEL 11 MAINTENANCE	Tier 2	PA; SP
RAGWITEK	Tier 2	PA
<b>Antihistamines - 1St Generation</b>		
<i>carbinoxamine maleate oral liquid</i>	Tier 1	Age (Min 2 Years)

Drug	Status	Notes
<i>carbinoxamine maleate oral suspension, extended rel 12 hr</i> (Karbinal ER)	Tier 1	ST: Requires prior prescription for Carbinoxamine Maleate 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)
<i>clemastine oral tablet</i>	Tier 1	
<i>cyproheptadine</i>	Tier 1	
DIPHEN ORAL ELIXIR (diphenhydramine hcl)	Tier 1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet</i>	Tier 1	
<i>hydroxyzine pamoate</i> (Vistaril)	Tier 1	
KARBINAL ER (carbinoxamine maleate)	Tier 3	ST: Requires prior prescription for Carbinoxamine Maleate within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
<i>promethazine injection solution</i> (Phenergan)	Tier 1	
<i>promethazine oral</i>	Tier 1	
<b>Antihistamines - 2Nd Generation</b>		
<i>cetirizine oral solution 1 mg/ml</i> (All Day Allergy (cetirizine))	Tier 1	
<i>desloratadine oral tablet</i> (Clarinx)	Tier 1	QL (1 EA per 1 day)
<i>desloratadine oral tablet, disintegrating</i>	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (1 EA per 1 day)
<i>levocetirizine oral solution</i> (Xyzal)	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (10 ML per 1 day)

Drug	Status	Notes
<i>levocetirizine oral tablet</i> (24HR Allergy Relief)	Tier 1	
<b>Nasal Antihistamine</b>		
<i>azelastine nasal</i> (Astepro Allergy)	Tier 1	QL (60 ML per 30 days)
<i>olopatadine nasal</i> (Patanase)	Tier 1	QL (30.5 GM per 30 days)
<b>Nasal Antihistamine &amp; Anti-Inflam. Steroid Comb.</b>		
<i>azelastine-fluticasone</i> (Dymista)	Tier 1	ST: Requires prior prescription for nasal formulation of Flunisolide or Fluticasone Propionate within the past 120 days; QL (23 GM per 30 days)
<b>Nasal Anti-Inflammatory Steroids</b>		
<i>flunisolide</i>	Tier 1	QL (25 ML per 30 days)
<i>fluticasone propionate nasal</i> (24 Hour Allergy Relief)	Tier 1	QL (16 GM per 30 days)
<i>mometasone nasal</i> (Allergy Nasal (mometasone))	Tier 1	QL (17 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	Tier 2	ST: Requires prior prescription for nasal formulation of Flunisolide or Fluticasone Propionate within the past 120 days; QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 2	ST: Requires prior prescription for nasal formulation of Flunisolide or Fluticasone Propionate within the past 120 days; QL (10.6 GM per 30 days)
XHANCE	Tier 2	ST: Requires prior prescription for nasal formulation of Flunisolide, Fluticasone Propionate, or Mometasone Furoate within the past 120 days; QL (32 ML per 30 days)
<b>Antiemesis/Antivertigo</b>		
<b>Antiemetic, Cannabinoid-Type</b>		

Drug	Status	Notes
<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 Dronabinol capsules or Megestrol suspension within the past 120 days; QL (60 ML per 30 days)
<b>Antiemetic/Antivertigo Agents</b>		
AKYNZEO (NETUPITANT)	Tier 2	QL (1 EA per 28 days)
ANZEMET ORAL TABLET 50 MG	Tier 3	ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (8 EA per 1 FILL)
<i>aprepitant oral capsule 125 mg</i>	Tier 1	QL (1 EA per 21 days)
<i>aprepitant oral capsule 40 mg</i>	Tier 1	QL (1 EA per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	Tier 1	QL (2 EA per 21 days)
<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)

Drug	Status	Notes
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 1	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	Tier 1	
<i>prochlorperazine</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)
<b>Asthma And Copd</b>		
<b>Anticholinergic, Orally Inhaled Short Acting</b>		
ATROVENT HFA	Tier 2	QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation</i>	Tier 1	
<b>Anticholinergics, Orally Inhaled Long Acting</b>		
SPIRIVA RESPIMAT	Tier 2	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER (tiotropium bromide)	Tier 1	QL (30 EA per 30 days)
<b>Beta-Adrenergic Agents</b>		
<i>albuterol sulfate oral</i>	Tier 1	
<i>terbutaline oral</i>	Tier 1	
<b>Beta-Adrenergic Agents, Inhaled, Short Acting</b>		
<i>albuterol sulfate inhalation</i> (Ventolin HFA)	Tier 1	
<i>levalbuterol hcl</i>	Tier 1	
<i>levalbuterol tartrate</i> (Xopenex HFA)	Tier 1	

Drug	Status	Notes
<b>Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting</b>		
STRIVERDI RESPIMAT	Tier 2	QL (4 GM per 30 days)
<b>Beta-Adrenergic Agents, Orally Inhaled, Long Acting</b>		
<i>arformoterol</i> (Brovana)	Tier 1	ST: Requires prior prescription for Formoterol Fumarate, Serevent Diskus, or Striverdi Respimat within the past 120 days; QL (120 ML per 30 days)
<i>formoterol fumarate</i> (Perforomist)	Tier 1	QL (120 ML per 30 days)
SEREVENT DISKUS	Tier 2	QL (60 EA per 30 days)
<b>Beta-Adrenergic And Anticholinergic Combinations</b>		
ANORO ELLIPTA	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)
<b>Beta-Adrenergic And Glucocorticoid Combinations</b>		
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)
<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)
<b>Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled</b>		
BREZTRI AEROSPHERE	Tier 2	QL (10.7 GM per 30 days)

Drug	Status	Notes
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	Tier 2	QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	Tier 2	QL (2 EA per 1 day)
<b>Glucocorticoids, Orally Inhaled</b>		
ARNUITY ELLIPTA	Tier 2	QL (30 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i> (Pulmicort)	Tier 1	QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i> (Pulmicort)	Tier 1	QL (60 ML per 30 days)
<i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation</i>	Tier 1	QL (60 EA per 30 days)
<i>fluticasone propionate inhalation blister with device 250 mcg/actuation</i>	Tier 1	QL (120 EA per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	Tier 1	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	Tier 1	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Tier 1	QL (21.2 GM per 30 days)
<b>Interleukin-4(IL-4) Receptor Alpha Antagonist, Mab</b>		
DUPIXENT PEN	Tier 2	PA; SP
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	Tier 2	PA; SP
<b>Interleukin-5(IL-5) Receptor Alpha Antagonist, Mab</b>		
FASENRA	Tier 2	PA; SP
FASENRA PEN	Tier 2	PA; SP
<b>Leukotriene Receptor Antagonists</b>		
<i>montelukast</i> (Singulair)	Tier 1	
<i>zafirlukast</i> (Accolate)	Tier 1	

Drug	Status	Notes
<b>Mast Cell Stabilizers</b>		
<i>cromolyn oral</i> (Gastrocrom)	Tier 1	
<b>Mast Cell Stabilizers, Orally Inhaled</b>		
<i>cromolyn inhalation</i>	Tier 1	
<b>Monoclonal Antibodies To Immunoglobulin E(Ige)</b>		
XOLAIR	Tier 2	PA; SP
<b>Monoclonal Antibody - Interleukin-5 Antagonists</b>		
NUCALA	Tier 2	PA; SP
<b>Phosphodiesterase-4 (Pde4) Inhibitors</b>		
OHTUVAYRE	Tier 3	PA
<i>roflumilast</i> (Daliresp)	Tier 1	QL (1 EA per 1 day)
<b>Respiratory Aids, Devices, Equipment</b>		
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	
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	



Drug	Status	Notes
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	
AEROECLIPSE II NEBULIZER (nebulizers)	Tier 3	
AEROECLIPSE XL NEBULIZER (nebulizers)	Tier 3	
AEROGEAR ACTION ASTHMA KIT	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	
BREATHERITE VALVED MDI SPACER (inhalational spacing device)	Tier 3	
CLEVER CHOICE CHAMBER-LRG MASK	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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 COMPRESSOR	Tier 3	
DEVILBISS PULMOMATE COMPRESSOR	Tier 3	
DEVILBISS PULMONEB LT COMP-NEB (nebulizer and 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	

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<b>Drug</b>		<b>Status</b>	<b>Notes</b>
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	
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	
LC PLUS	(nebulizers)	Tier 3	
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	

Drug		Status	Notes
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	
PARI SINUS AEROSOL SYSTEM	(nebulizer and compressor)	Tier 3	
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	
PEDIATRIC DINOSAUR NEBULIZER	(nebulizer and compressor)	Tier 3	
PEDIATRIC DOG NEBULIZER	(nebulizer and compressor)	Tier 3	
PEDIATRIC FROG NEBULIZER	(nebulizer and compressor)	Tier 3	
PFLEX INSPIRATORY TRAINER		Tier 3	
POCKET CHAMBER	(inhalational spacing device)	Tier 3	
PORTABLE NEBULIZER SYSTEM	(nebulizer and compressor)	Tier 3	
PRIMEAIRE	(inhalational spacing device)	Tier 3	

Drug		Status	Notes
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	
SMARTNEB COMPRESSOR NEBULIZER	(nebulizer and compressor)	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
STRIVE PEAK FLOW METER (peak flow meter)	Tier 3	
SUNRISE COMPRESSOR-NEBULIZER	Tier 3	
THRESHOLD IMT TRAINER	Tier 3	
THRESHOLD PEP DEVICE	Tier 3	
TRUNEB NEBULIZER (nebulizers)	Tier 3	
TRUZONE PEAK FLOW METER (peak flow meter)	Tier 3	
VIOS AEROSOL DELIVERY SYSTEM (nebulizer and compressor)	Tier 3	
VIXONE NEBULIZER (nebulizers)	Tier 3	
VIXONE NEBULIZER-ADULT MASK (nebulizers)	Tier 3	
VIXONE NEBULIZER-PEDIATRIC MSK (nebulizers)	Tier 3	
VORTEX HOLDING CHAMBER (inhalational spacing device)	Tier 3	
VORTEX VHC FROG MASK-CHILD	Tier 3	
VORTEX VHC LADYBUG MASK-TODDLR	Tier 3	
WILLIS THE WHALE COMPRESSR NEB (nebulizer and compressor)	Tier 3	
<b>Thymic Stromal Lymphopoietin (Tslp) Inhibitors</b>		
TEZSPIRE SUBCUTANEOUS PEN INJECTOR	Tier 2	PA; SP
<b>Xanthines</b>		
<i>caffeine citrate oral</i>	Tier 1	

Drug	Status	Notes
ELIXOPHYLLIN (theophylline)	Tier 1	
THEO-24	Tier 2	
<i>theophylline oral elixir</i> (Elixophyllin)	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	
<b>Autonomic Nervous System Disorders</b>		
<b>Alzheimer's Therapy, Nmda Receptor Antagonists</b>		
<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)
<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)
<b>Alzheimer's Thx, Nmda Recept Antag &amp; Cholines Inhib</b>		
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	Tier 2	ST: At least 2 prior prescriptions for Donepezil HCL or Memantine IR/XR within the past 365 days; QL (28 EA per 28 days)
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR	Tier 2	ST: At least 2 prior prescriptions for Donepezil HCL or Memantine IR/XR within the past 365 days; QL (1 EA per 1 day)
<b>Cholinesterase Inhibitors</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<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</i> (Mestinon)	Tier 1	
<i>rivastigmine</i> (Exelon Patch)	Tier 1	QL (30 EA per 30 days)
<i>rivastigmine tartrate</i>	Tier 1	
<b>Behavioral Health - Antidepressants</b>		
<b>Alpha-2 Receptor Antagonist Antidepressants</b>		
<i>mirtazapine</i> (Remeron)	Tier 1	
<b>Antidepressant - Nmda Receptor Antagonist</b>		
SPRAVATO	Tier 3	PA; SP
<b>Antidepressant - Postpartum Depression (Ppd)</b>		
ZURZUVAE	Tier 2	PA
<b>Maois - Non-Selective &amp; Irreversible</b>		
MARPLAN	Tier 3	
<i>phenelzine</i> (Nardil)	Tier 1	
<i>tranylcypromine</i> (Parnate)	Tier 1	
<b>Monoamine Oxidase(Mao) Inhibitors</b>		
EMSAM	Tier 3	ST: Requires prior prescription for Marplan, Phenelzine, or Tranylcypromine within the past 120 days; QL (1 EA per 1 day)
<b>Ndma Receptor Antagonist And Ndri Comb</b>		



Drug	Status	Notes
AUVELITY	Tier 3	ST: Requires prior prescription for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, Desvenlafaxine, Fluvoxamine, Duloxetine, or Venlafaxine within the past 120 days
<b>Norepinephrine And Dopamine Reuptake Inhib (Ndris)</b>		
<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	
<b>Selective Serotonin Reuptake Inhibitor (SsrIs)</b>		
<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	
<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 capsule</i>	Tier 1	QL (1 EA per 1 day)
<i>sertraline oral concentrate</i> (Zoloft)	Tier 1	
<i>sertraline oral tablet</i> (Zoloft)	Tier 1	
<b>Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)</b>		

Drug	Status	Notes
<i>nefazodone</i>	Tier 1	
<i>trazodone</i>	Tier 1	
<b>Serotonin-Norepinephrine Reuptake-Inhib (Snris)</b>		
<i>desvenlafaxine</i>	Tier 1	ST: At least 2 prior prescriptions for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine within the past 365 days; QL (1 EA per 1 day)
<i>desvenlafaxine succinate</i> (Pristiq)	Tier 1	
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	Tier 1	
FETZIMA	Tier 2	QL (1 EA per 1 day)
<i>venlafaxine</i> (Effexor XR)	Tier 1	
<b>Ssri &amp; 5Ht1a Partial Agonist Antidepressant</b>		
<i>vilazodone</i> (Viibryd)	Tier 1	ST: Requires prior prescription for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine within the past 120 days
<b>Ssri &amp; Serotonin Receptor Modulator Antidepressant</b>		
TRINTELLIX	Tier 2	QL (1 EA per 1 day)
<b>Tricyclic Antidepressant/Benzodiazepine Combinatns</b>		
<i>amitriptyline-chlordiazepoxide</i>	Tier 1	
<b>Tricyclic Antidepressant/Phenothiazine Combinatns</b>		
<i>perphenazine-amitriptyline</i>	Tier 1	

Drug	Status	Notes
<b>Tricyclic Antidepressants &amp; Rel. Non-Sel. Ru-Inhib</b>		
<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	
<b>Behavioral Health - Other</b>		
<b>Adrenergics, Aromatic, Non-Catecholamine</b>		
<i>amphetamine sulfate</i> (Evekeo)	Tier 1	PA
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule)	Tier 1	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral solution</i> (ProCentra)	Tier 1	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i> (Zenedi)	Tier 1	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg</i> (Zenedi)	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)

Drug	Status	Notes
<i>dextroamphetamine sulfate oral tablet</i> (Zenzedi) 2.5 mg, 7.5 mg	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i> (Zenzedi)	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 5 mg</i> (Zenzedi)	Tier 1	QL (90 EA per 30 days)
<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)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR	Tier 3	ST: At least 2 prior prescriptions for generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine within the past 365 days; QL (240 ML per 30 days)

Drug	Status	Notes
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR	Tier 3	ST: At least 2 prior prescriptions for generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine within the past 365 days; QL (1 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 immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)
<b>Anti-Alcoholic Preparations</b>		
<i>acamprosate</i>	Tier 1	
<i>disulfiram</i>	Tier 1	
<b>Anti-Anxiety - Benzodiazepines</b>		
<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</i> (Diazepam Intensol)	Tier 1	
LORAZEPAM INTENSOL (lorazepam)	Tier 1	
<i>lorazepam oral concentrate</i> (Lorazepam Intensol)	Tier 1	
<i>lorazepam oral tablet</i> (Ativan)	Tier 1	
<i>oxazepam</i>	Tier 1	
<b>Anti-Anxiety Drugs</b>		

Drug	Status	Notes
<i>bupirone</i>	Tier 1	
<i>meprobamate</i>	Tier 1	
<b>Anti-Mania Drugs</b>		
EQUETRO	Tier 3	
<i>lithium carbonate</i> (Lithobid)	Tier 1	
<i>lithium citrate</i>	Tier 1	
<b>Anti-Narcolepsy &amp; Anti-Cataplexy, Sedative-Type Agt</b>		
LUMRYZ	Tier 3	PA; SP
<i>sodium oxybate</i> (Xyrem)	Tier 1	PA; SP
XYWAV	Tier 2	PA; SP
<b>Antipsych, Dopamine Antag., Diphenylbutylpiperidines</b>		
<i>pimozide</i>	Tier 1	
<b>Antipsychotic-Atypical, D3/D2 Partial Ag-5Ht Mixed</b>		
VRAYLAR ORAL CAPSULE	Tier 2	QL (1 EA per 1 day)
<b>Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML	Tier 2	SP; QL (2.4 ML per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 960 MG/3.2 ML	Tier 2	SP; QL (3.2 ML per 42 days)
ABILIFY MAINTENA	Tier 2	SP; QL (1 EA per 26 days)

Drug	Status	Notes
<i>aripiprazole oral solution</i>	Tier 1	ST: At least 2 prior prescriptions for Aripiprazole, Citalopram, Clozapine, Duloxetine, Escitalopram, Fluoxetine, Olanzapine, Paroxetine, Paroxetine Mesylate, Quetiapine, Risperidone, Sertraline, Venlafaxine, or Ziprasidone 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 Aripiprazole, Citalopram, Clozapine, Duloxetine, Escitalopram, Fluoxetine, Olanzapine, Paroxetine, Paroxetine Mesylate, Quetiapine, Risperidone, Sertraline, Venlafaxine, or Ziprasidone within the past 365 days; QL (3 EA per 1 day)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Aripiprazole, Citalopram, Clozapine, Duloxetine, Escitalopram, Fluoxetine, Olanzapine, Paroxetine, Paroxetine Mesylate, Quetiapine, Risperidone, Sertraline, Venlafaxine, or Ziprasidone within the past 365 days; QL (2 EA per 1 day)
ARISTADA INITIO	Tier 3	SP
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	Tier 2	SP; QL (3.9 ML per 14 days)

Drug	Status	Notes
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	Tier 2	SP; QL (1.6 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	Tier 2	SP; QL (2.4 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	Tier 2	SP; QL (3.2 ML per 14 days)
REXULTI	Tier 2	QL (1 EA per 1 day)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	Tier 2	SP; QL (0.28 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	Tier 2	SP; QL (0.35 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	Tier 2	SP; QL (0.42 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	Tier 2	SP; QL (0.56 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	Tier 2	SP; QL (0.7 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	Tier 2	SP; QL (0.14 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	Tier 2	SP; QL (0.21 ML per 28 days)
<b>Antipsychotics, Dopamine &amp; Serotonin Antagonists</b>		
ADASUVE	Tier 2	SP
<i>loxapine succinate</i>	Tier 1	
<b>Antipsychotics, Atypical, Dopamine, &amp; Serotonin Antag</b>		
<i>asenapine maleate</i> (Saphris)	Tier 1	QL (2 EA per 1 day)



Drug	Status	Notes
CAPLYTA	Tier 3	ST: Requires prior prescription for Vraylar within the past 120 days; 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)
FANAPT ORAL TABLET	Tier 3	ST: At least 2 prior prescriptions for Aripiprazole, Asenapine, Clozapine, Olanzapine, Paliperidone, Quetiapine, Risperidone, or Ziprasidone within the past 365 days; QL (2 EA per 1 day)
FANAPT ORAL TABLETS, DOSE PACK	Tier 3	ST: At least 2 prior prescriptions for Aripiprazole, Asenapine, Clozapine, Olanzapine, Paliperidone, Quetiapine, Risperidone, or Ziprasidone within the past 365 days; QL (8 EA per 28 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	Tier 2	SP; QL (3.5 ML per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	Tier 2	SP; QL (5 ML per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	Tier 2	SP; QL (0.75 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	Tier 2	SP; QL (1 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	Tier 2	SP; QL (1.5 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	Tier 2	SP; QL (0.25 ML per 21 days)

Drug	Status	Notes
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	Tier 2	SP; QL (0.5 ML per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	Tier 2	SP; QL (88 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	Tier 2	SP; QL (1.32 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	Tier 2	SP; QL (1.75 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	Tier 2	SP; 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)
<i>olanzapine oral</i> (Zyprexa)	Tier 1	
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release</i> (Invega) <i>24hr 3 mg, 9 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release</i> (Invega) <i>24hr 6 mg</i>	Tier 1	QL (2 EA per 1 day)
PERSERIS	Tier 2	SP; QL (1 EA per 28 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	Tier 1	
<i>quetiapine oral tablet extended release</i> (Seroquel XR) <i>24 hr</i>	Tier 1	
<i>risperidone oral solution</i> (Risperdal)	Tier 1	
<i>risperidone oral tablet</i> (Risperdal)	Tier 1	
<i>risperidone oral tablet, disintegrating</i>	Tier 1	
SECUADO	Tier 3	ST: At least 2 prior prescriptions for Aripiprazole, Asenapine, Clozapine, Olanzapine, Paliperidone, Quetiapine, Risperidone, or Ziprasidone within the past 365 days; QL (1 EA per 1 day)

Drug	Status	Notes
SEROQUEL XR ORAL TABLET, EXT REL 24HR DOSE PACK	Tier 3	
VERSACLOZ	Tier 3	ST: At least 2 prior prescriptions for Aripiprazole, Asenapine, Clozapine, Olanzapine, Paliperidone, Quetiapine, Risperidone, or Ziprasidone 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 2	SP; QL (1 EA per 14 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	Tier 2	SP; QL (1 EA per 28 days)
<b>Antipsychotics,Dopamine Antagonists, Thioxanthenes</b>		
<i>thiothixene</i>	Tier 1	
<b>Antipsychotics,Dopamine Antagonists,Butyrophenones</b>		
<i>haloperidol</i>	Tier 1	
<i>haloperidol lactate oral</i>	Tier 1	
<b>Antipsychotics,Dopamine Antagonist,Dihydroindolones</b>		
<i>molindone oral tablet 10 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>molindone oral tablet 25 mg</i>	Tier 1	QL (9 EA per 1 day)
<i>molindone oral tablet 5 mg</i>	Tier 1	
<b>Anti-Psychotics,Phenothiazines</b>		
<i>chlorpromazine oral</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	

Drug	Status	Notes
<b>Barbiturates</b>		
<i>phenobarbital</i>	Tier 1	
<b>Hsdd Agents-Mixed Serotonin Agonist/Antagonists</b>		
ADDYI	Tier 3	PA
VYLEESI	Tier 3	PA
<b>Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists</b>		
HETLIOZ LQ	Tier 3	PA; SP
<i>tasimelteon</i> (Hetlioz)	Tier 1	PA; SP
<b>Narcolepsy And Sleep Disorder Therapy Agents</b>		
<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 3	PA
<b>Narcolepsy Tx-H3-Recept.Antagonist/Inverse Agonist</b>		
WAKIX	Tier 3	PA; SP
<b>Narcotic Antagonists</b>		
KLOXXADO	Tier 2	QL (4 EA per 30 days)
LOTREXONE	Tier 3	
<i>naloxone injection auto-injector</i>	Tier 1	
<i>naloxone injection syringe</i>	Tier 1	
<i>naloxone nasal</i> (Narcan)	Tier 1	QL (4 EA per 30 days)
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)
<b>Sedative-Hypnotics - Benzodiazepines</b>		
<i>estazolam</i>	Tier 1	

Drug	Status	Notes
<i>flurazepam</i>	Tier 1	
<i>midazolam oral</i>	Tier 1	
<i>quazepam</i> (Doral)	Tier 1	ST: Requires prior prescription for Eszopiclone, Flurazepam, Temazepam, Zaleplon, or Zolpidem within the past 120 days
<i>temazepam</i> (Restoril)	Tier 1	
<i>triazolam</i> (Halcion)	Tier 1	
<b>Sedative-Hypnotics,Non-Barbiturate</b>		
BELSOMRA	Tier 2	QL (1 EA per 1 day)
<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)
<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)
<b>Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)</b>		
NUPLAZID	Tier 3	PA; SP
<b>Ssri &amp;Antipsych,Atyp,Dopamine&amp;Serotonin Antag Comb</b>		
<i>olanzapine-fluoxetine</i> (Symbyax)	Tier 1	QL (1 EA per 1 day)
<b>Tx For Adhd - Selective Alpha-2A Receptor Agonist</b>		
<i>clonidine hcl oral tablet extended release 12 hr</i>	Tier 1	

Drug	Status	Notes
<i>guanfacine oral tablet extended release 24 hr</i> (Intuniv ER)	Tier 1	
ONYDA XR	Tier 3	
<b>Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy</b>		
<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)
<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)

Drug	Status	Notes
<i>methylphenidate hcl oral tablet, chewable</i>	Tier 1	QL (90 EA per 30 days)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	Tier 3	ST: Requires prior prescription for Methylphenidate LA or CD within the past 120 days; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	Tier 3	ST: Requires prior prescription for Methylphenidate LA or CD within the past 120 days; QL (2 EA per 1 day)
QUILLIVANT XR 25 MG/5 ML SUSP	Tier 3	120mL BOTTLE; ST: Requires prior prescription for Methylphenidate LA or CD within the past 120 days; QL (240 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP	Tier 3	150mL BOTTLE; ST: Requires prior prescription for Methylphenidate LA or CD within the past 120 days; QL (300 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP	Tier 3	180mL BOTTLE; ST: Requires prior prescription for Methylphenidate LA or CD within the past 120 days; QL (360 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP	Tier 3	60mL BOTTLE; ST: Requires prior prescription for Methylphenidate LA or CD within the past 120 days; QL (60 ML per 30 days)
<b>Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type</b>		
<i>atomoxetine</i> (Strattera)	Tier 1	

Drug	Status	Notes
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	Tier 3	ST: Requires prior prescription for Amphetamine-Dextroamphetamine, Atomoxetine, Clonidine ER, Dexmethylphenidate, Guanfacine ER, or Methylphenidate IR within the past 120 days; QL (1 EA per 1 day); Age (Min 6 Years)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	Tier 3	ST: Requires prior prescription for Amphetamine-Dextroamphetamine, Atomoxetine, Clonidine ER, Dexmethylphenidate, Guanfacine ER, or Methylphenidate IR within the past 120 days; QL (2 EA per 1 day); Age (Min 6 Years)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	Tier 3	ST: Requires prior prescription for Amphetamine-Dextroamphetamine, Atomoxetine, Clonidine ER, Dexmethylphenidate, Guanfacine ER, or Methylphenidate IR within the past 120 days; QL (3 EA per 1 day); Age (Min 6 Years)
<b>Cardiovascular Disease - Arrhythmia</b>		
<b>Antiarrhythmics</b>		
<i>amiodarone oral</i>	(Pacerone)	Tier 1
<i>disopyramide phosphate oral capsule</i>	(Norpace)	Tier 1
<i>dofetilide</i>	(Tikosyn)	Tier 1
<i>flecainide</i>		Tier 1



Drug	Status	Notes
<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	
<b>Cardiovascular Disease - Cardiac Stimulant</b>		
<b>Adrenergic Agents, Catecholamines</b>		
<i>epinephrine injection syringe 0.1 mg/ml</i>	Tier 1	
<b>Digitalis Glycosides</b>		
DIGITEK (digoxin)	Tier 1	
<i>digoxin oral solution</i>	Tier 2	
<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
<b>Cardiovascular Disease - Hypertension</b>		
<b>Ace Inhibitor/Calcium Channel Blocker Combination</b>		
<i>amlodipine-benazepril</i> (Lotrel)	Tier 1	
<i>trandolapril-verapamil</i>	Tier 1	
<b>Ace Inhibitor/Thiazide &amp; Thiazide-Like Diuretic</b>		
<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	

Drug		Status	Notes
<i>lisinopril-hydrochlorothiazide</i>	(Zestoretic)	Tier 1	
<i>quinapril-hydrochlorothiazide</i>	(Accuretic)	Tier 1	
<b>Alpha/Beta-Adrenergic Blocking Agents</b>			
<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	
<b>Alpha-Adrenergic Blocking Agents</b>			
CARDURA XL		Tier 3	
<i>doxazosin</i>	(Cardura)	Tier 1	
<i>phenoxybenzamine</i>	(Dibenzyline)	Tier 1	PA; SP
<i>prazosin</i>		Tier 1	
<i>terazosin</i>		Tier 1	
<b>Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb</b>			
<i>amlodipine-valsartan-hcthiazid</i>	(Exforge HCT)	Tier 1	
<i>olmesartan-amlodipin-hcthiazid</i>	(Tribenzor)	Tier 1	
<b>Angiotensin Receptor Antag./Thiazide Diuretic Comb</b>			
<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	
<b>Angiotensin Receptor Antgnst &amp; Calc.Channel Blockr</b>			
<i>amlodipine-olmesartan</i>	(Azor)	Tier 1	
<i>amlodipine-valsartan</i>	(Exforge)	Tier 1	
<i>telmisartan-amlodipine</i>		Tier 1	
<b>Antihypertensives, Ace Inhibitors</b>			

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>benazepril</i> (Lotensin)	Tier 1	
<i>captopril</i>	Tier 1	
<i>enalapril maleate oral solution</i> (Epaned)	Tier 1	ST: Requires prior prescription for Enalapril tablets if 12 years of age or older within the past 120 days; QL (1200 ML per 30 days)
<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	ST: Requires prior prescription for Lisinopril tablets within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days)
<i>quinapril</i> (Accupril)	Tier 1	
<i>ramipril</i> (Altace)	Tier 1	
<i>trandolapril</i>	Tier 1	
<b>Antihypertensives, Angiotensin Receptor Antagonist</b>		
<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	
<i>valsartan oral tablet</i> (Diovan)	Tier 1	
<b>Antihypertensives, Miscellaneous</b>		
<i>metyrosine</i> (Demser)	Tier 1	

Drug	Status	Notes
<b>Antihypertensives, Sympatholytic</b>		
<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	
<b>Antihypertensives, Vasodilators</b>		
<i>hydralazine oral</i>	Tier 1	
<i>minoxidil oral</i>	Tier 1	
<b>Antihypertensives, Endothelin Receptor Antagonists</b>		
TRYVIO	Tier 3	PA; SP
<b>Beta-Adrenergic Blocking Agents</b>		
<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	
<i>metoprolol succinate</i> (Toprol XL)	Tier 1	
<i>metoprolol tartrate oral</i> (Lopressor)	Tier 1	
<i>nadolol</i> (Corgard)	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	

Drug	Status	Notes
SOTYLIZE	Tier 3	QL: 8 BOTTLES IN 30 DAYS; ST: Requires prior prescription for Sotalol tabs within the past 120 days
<i>timolol maleate oral</i>	Tier 1	
<b>Beta-Adrenergic Blocking Agents/Thiazide &amp; Related</b>		
<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	
<b>Calcium Channel Blocking Agents</b>		
<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>nisoldipine</i> (Sular)	Tier 1	
NYMALIZE	Tier 3	PA; SP
TIADYL ER (diltiazem hcl)	Tier 1	
<i>verapamil oral</i> (Verelan PM)	Tier 1	
<b>Loop Diuretics</b>		
<i>bumetanide oral</i>	Tier 1	
<i>ethacrynic acid</i> (Edecrin)	Tier 1	PA

Drug	Status	Notes
FUROSCIX	Tier 3	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>torseamide oral</i> (Soanz)	Tier 1	
<b>Potassium Sparing Diuretics</b>		
<i>amiloride</i>	Tier 1	
<i>eplerenone</i> (Inspra)	Tier 1	
<i>spironolactone oral tablet</i> (Aldactone)	Tier 1	
<i>triamterene</i> (Dyrenium)	Tier 1	
<b>Potassium Sparing Diuretics In Combination</b>		
<i>amiloride-hydrochlorothiazide</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz</i>	Tier 1	
<i>triamterene-hydrochlorothiazid</i>	Tier 1	
<b>Pulm Anti-Htn, Soluble Guanylate Cyclase Stimulator</b>		
ADEMPAS	Tier 2	PA; SP
<b>Pulm. Anti-Htn, Sel. C-Gmp Phosphodiesterase T5 Inhib</b>		
ALYQ (tadalafil (pulm. hypertension))	Tier 1	PA; SP
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
<b>Pulmonary Anti-Htn, Endothelin Receptor Antagonist</b>		
<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	Tier 2	PA; SP
<b>Pulmonary Antihyper Agent, Actriia-Fc</b>		

Drug	Status	Notes
WINREVAIR	Tier 2	PA; SP
<b>Pulmonary Antihypertensives, Prostacyclin-Type</b>		
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
<i>treprostinil sodium</i> (Remodulin)	Tier 1	PA; SP
TYVASO	Tier 3	PA; SP
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16 MCG (112)- 32 MCG (84), 16(112)- 32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG	Tier 3	PA; SP
TYVASO INSTITUTIONAL START KIT	Tier 3	PA; SP
TYVASO REFILL KIT	Tier 3	PA; SP
TYVASO STARTER KIT	Tier 3	PA; SP
UPTRAVI ORAL	Tier 2	PA; SP
VENTAVIS	Tier 3	PA; SP
<b>Renin Inhibitor, Direct</b>		
<i>aliskiren</i> (Tekturna)	Tier 1	
<b>Thiazide And Related Diuretics</b>		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	
DIURIL	Tier 3	
<i>hydrochlorothiazide</i>	Tier 1	
<i>indapamide</i>	Tier 1	
<i>metolazone</i>	Tier 1	
<b>Vasodilators, Combination</b>		
<i>isosorbide-hydralazine</i> (BiDil)	Tier 1	
<b>Cardiovascular Disease - Lipid Irregularity</b>		

Drug	Status	Notes
<b>Antihyperlip.Hmg Coa Reduct Inhib&amp;Cholest.Ab.Inhib</b>		
<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)
<b>Antihyperlipidemic - Atp Citrate Lyase Inhibitor</b>		
NEXLETOL	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin within the past 120 days
<b>Antihyperlipidemic - Hmg Coa Reductase Inhibitors</b>		
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
<i>atorvastatin oral tablet 10 mg, 20 mg</i> (Lipitor)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>atorvastatin oral tablet 40 mg, 80 mg</i> (Lipitor)	Tier 1	QL (1 EA per 1 day)



Drug	Status	Notes
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, AGE 40-75 YEARS, 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, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)

Drug	Status	Notes
<i>fluvastatin oral 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, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
LIVALO (pitavastatin calcium)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>lovastatin</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>pravastatin</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)

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

Drug	Status	Notes
REPATHA PUSHTRONEX	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin within the past 120 days
REPATHA SURECLICK	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin within the past 120 days
REPATHA SYRINGE	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin within the past 120 days
<b>Antihyperlipidemic-Acly And Choles Absorp Inhib</b>		
NEXLIZET	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin within the past 120 days
<b>Bile Salt Sequestrants</b>		
<i>cholestyramine (with sugar)</i>	(Questran)	Tier 1
CHOLESTYRAMINE LIGHT	(cholestyramine-aspartame)	Tier 1
<i>cholestyramine-aspartame</i>	(Cholestyramine Light)	Tier 1
<i>colesevelam</i>	(WelChol)	Tier 1
<i>colestipol</i>	(Colestid)	Tier 1
PREVALITE	(cholestyramine-aspartame)	Tier 1

Drug	Status	Notes
<b>Lipotropics</b>		
<i>ezetimibe</i> (Zetia)	Tier 1	QL (1 EA per 1 day)
<i>fenofibrate</i> (Fenoglide)	Tier 1	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Tier 1	
<i>fenofibrate nanocrystallized</i> (Tricor)	Tier 1	
<i>fenofibric acid</i> (Fibracor)	Tier 1	
<i>fenofibric acid (choline)</i> (Trilipix)	Tier 1	
<i>gemfibrozil</i> (Lopid)	Tier 1	
<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)
VASCEPA ORAL CAPSULE 0.5 GRAM (icosapent ethyl)	Tier 1	QL (8 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl)	Tier 1	QL (4 EA per 1 day)
<b>Niacin Preparations</b>		
<i>niacin oral tablet 500 mg</i> (Niacor)	Tier 1	
<b>Cardiovascular Disease - Miscellaneous Agents</b>		
<b>Adrenergic Vasopressor Agents</b>		
<i>droxidopa</i> (Northera)	Tier 1	PA; SP
<i>midodrine</i>	Tier 1	
<b>Angiotensin Recept-Neprilysin Inhibitor Comb(Arni)</b>		
ENTRESTO ORAL TABLET 24-26 MG	Tier 2	QL (6 EA per 1 day)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	Tier 2	QL (2 EA per 1 day)
ENTRESTO SPRINKLE	Tier 2	QL (8 EA per 1 day)
<b>Antianginal &amp; Anti-Ischemic Agents, Non-Hemodynamic</b>		

Drug	Status	Notes
<i>ranolazine oral tablet extended release</i> 12 hr 1,000 mg	Tier 1	QL (60 EA per 30 days)
<i>ranolazine oral tablet extended release</i> 12 hr 500 mg	Tier 1	QL (120 EA per 30 days)
<b>Antianginal, Heart Rate Reducing, I(F) Inhibitor</b>		
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)
<b>Antihyperlip - Hmg-Coa&amp;Calcium Channel Blocker Cb</b>		
<i>amlodipine-atorvastatin</i> (Caduet)	Tier 1	QL (1 EA per 1 day)
<b>Cardiac Myosin Inhibitor</b>		
CAMZYOS	Tier 3	PA; SP
<b>Protein Stabilizers</b>		
VYNDAMAX	Tier 3	PA; SP
VYNDAQEL	Tier 3	PA; SP
<b>Soluble Guanylate Cyclase (Sgc) Stimulator</b>		
VERQUVO	Tier 3	PA
<b>Cardiovascular Disease - Vasodilation</b>		
<b>Vasodilators, Coronary</b>		
<i>amyl nitrite inhalation solution 0.3 ml</i>	Tier 1	
<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	

Drug	Status	Notes
<i>nitroglycerin translingual</i> (Nitrolingual)	Tier 1	
NITROMIST (nitroglycerin)	Tier 3	
NITRO-TIME (nitroglycerin)	Tier 1	
<b>Vasodilators,Peripheral</b>		
<i>ergoloid</i>	Tier 1	
<i>papaverine injection solution</i>	Tier 1	
<b>Contraception/Oxytocics</b>		
<b>Contraceptives, Intravaginal, Systemic</b>		
ANNOVERA	\$0	
ELURYNG (etonogestrel-ethinyl estradiol)	\$0	
ENILLORING (etonogestrel-ethinyl estradiol)	\$0	
<i>etonogestrel-ethinyl estradiol</i> (EluRyng)	\$0	
HALOETTE (etonogestrel-ethinyl estradiol)	\$0	
<b>Contraceptives,Implantable</b>		
NEXPLANON	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1 IN 365 DAYS
<b>Contraceptives,Injectable</b>		
DEPO-SUBQ PROVERA 104	\$0	\$0 COPAY IF DAY SUPPLY IS LIMITED TO 90; QL (0.65 ML per 84 days)
<i>medroxyprogesterone intramuscular</i> (Depo-Provera)	\$0	\$0 COPAY IF DAY SUPPLY IS LIMITED TO 90; QL (1 ML per 84 days)
<b>Contraceptives,Intravaginal</b>		
VAGINAL CONTRACEPTIVE FILM	\$0	
VCF CONTRACEPTIVE FILM	\$0	
VCF CONTRACEPTIVE GEL	\$0	
<b>Contraceptives,Oral</b>		

Drug		Status	Notes
AFIRMELLE	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AFTER PILL	(levonorgestrel)	\$0	
AFTERA	(levonorgestrel)	\$0	
ALTAVERA (28)	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ALYACEN 1/35 (28)	(norethindrone-ethin estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ALYACEN 7/7/7 (28)		\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AMETHIA	(l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
AMETHYST (28)	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
APRI	(desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ARANELLE (28)		\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ASHLYNA	(l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
AUBRA	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AUBRA EQ	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AUROVELA 1.5/30 (21)	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AUROVELA 1/20 (21)	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AUROVELA 24 FE	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AUROVELA FE 1.5/30 (28)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AUROVELA FE 1-20 (28)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

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Drug	Status	Notes
AVIANE (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AYUNA (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AZURETTE (28) (desog-e.estradiol/e.estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
BALZIVA (28)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
BLISOVI 24 FE (norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
BLISOVI FE 1.5/30 (28) (norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
BLISOVI FE 1/20 (28) (norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
BRIELLYN	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CAMILA (norethindrone contraceptive))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CAMRESE (l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
CAMRESE LO (l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
CAZIAN (28)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CHARLOTTE 24 FE (norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CHATEAL (28) (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CHATEAL EQ (28) (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CRYSSELLE (28) (norgestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CYRED (desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CYRED EQ (desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

Drug	Status	Notes
DASETTA 1/35 (28) (norethindrone-ethin estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
DASETTA 7/7/7 (28)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
DAYSEE (l norgest/e.estradiol-e.estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
DEBLITANE (norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>desog-e.estradiol/e.estradiol</i> (Azurette (28))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
DOLISHALE (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>drospirenone-e.estradiol-lm.fa</i> (Beyaz)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>drospirenone-ethinyl estradiol</i> (Jasmiel (28))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ECONTRA EZ (levonorgestrel)	\$0	
ECONTRA ONE-STEP (levonorgestrel)	\$0	
ELINEST (norgestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ELLA	\$0	
EMZAHH (norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ENPRESSE (levonorg-eth estrad triphasic)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ENSKYCE (desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ERRIN (norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ESTARYLLA (norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35 (28))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
FALMINA (28) (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

Drug	Status	Notes
FINZALA (norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
GEMMILY (norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HAILEY (norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HAILEY 24 FE (norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HAILEY FE 1.5/30 (28) (norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HAILEY FE 1/20 (28) (norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HEATHER (norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HER STYLE (levonorgestrel)	\$0	
ICLEVIA (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
INCASSIA (norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ISIBLOOM (desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JAIMIESS (l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
JASMIEL (28) (drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JENCYCLA (norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JOLESSA (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
JOYEAUX (levonorgest-eth.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (28 EA per 28 days)
JULEBER (desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JULIE (levonorgestrel)	\$0	

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Drug	Status	Notes
JUNEL 1.5/30 (21) (norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JUNEL 1/20 (21) (norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JUNEL FE 1.5/30 (28) (norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JUNEL FE 1/20 (28) (norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JUNEL FE 24 (norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KAITLIB FE (noreth-ethinyl estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KALLIGA (desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KARIVA (28) (desog-e.estradiol/e.estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KELNOR 1/35 (28) (ethynodiol diac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KELNOR 1/50 (28) (ethynodiol diac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KURVELO (28) (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i> (Camrese Lo)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> (Rivelsa)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (Amethia)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
LARIN 1.5/30 (21) (norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LARIN 1/20 (21) (norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LARIN 24 FE (norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

Drug		Status	Notes
LARIN FE 1.5/30 (28)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LARIN FE 1/20 (28)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LAYOLIS FE	(noreth-ethinyl estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LEENA 28		\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LESSINA	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LEVONEST (28)	(levonorg-eth estrad triphasic)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>levonorgest-eth.estradiol-iron</i>	(Joyeaux)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; 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 1.34 IN 1 DAY
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	(Iclevia)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
<i>levonorg-eth estrad triphasic</i>	(Enpresse)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LEVORA-28	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LO LOESTRIN FE		\$0	ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LOJAIMIESS	(l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
LORYNA (28)	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LOW-OGESTREL (28)	(norgestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

Drug		Status	Notes
LO-ZUMANDIMINE (28)	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LUTERA (28)	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LYLEQ	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LYZA	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MARLISSA (28)	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MERZEE	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MIBELAS 24 FE	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MICROGESTIN 1.5/30 (21)	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MICROGESTIN 1/20 (21)	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MICROGESTIN 24 FE	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MICROGESTIN FE 1.5/30 (28)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MICROGESTIN FE 1/20 (28)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MILI	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MONO-LINYAH	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MY CHOICE	(levonorgestrel)	\$0	
MY WAY	(levonorgestrel)	\$0	
NATAZIA		\$0	ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NECON 0.5/35 (28)		\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

Drug	Status	Notes
NEW DAY (levonorgestrel)	\$0	
NEXTSTELLIS	\$0	ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (1 EA per 1 day)
NIKKI (28) (drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORA-BE (norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>noreth-ethinyl estradiol-iron</i> (Kaitlib Fe)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norethindrone (contraceptive)</i> (Camila)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i> (Aurovela 1.5/30 (21))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Aurovela 1/20 (21))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norethindrone-e.estradiol-iron</i> (Aurovela Fe 1-20 (28))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norgestimate-ethinyl estradiol</i> (Estarylla)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORTREL 0.5/35 (28)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORTREL 1/35 (21)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORTREL 1/35 (28) (norethindrone-ethin estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORTREL 7/7/7 (28)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NYLIA 1/35 (28) (norethindrone-ethin estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NYLIA 7/7/7 (28)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NYMYO (norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

Drug	Status	Notes
OCELLA (drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
OPCICON ONE-STEP (levonorgestrel)	\$0	
OPILL	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
OPTION-2 (levonorgestrel)	\$0	
PHILITH	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
PIMTREA (28) (desog-e.estradiol/e.estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
PORTIA 28 (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
RECLIPSEN (28) (desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
RIVELSA (l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
SETLAKIN (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
SHAROBEL (norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
SIMLIYA (28) (desog-e.estradiol/e.estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
SIMPESSE (l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
SLYND	\$0	ST: Requires prior prescription for a generic Norethindrone 0.35mg tablets within the past 120 days; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (28 EA per 28 days)
SPRINTEC (28) (norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
SRONYX (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY



Drug	Status	Notes
SYEDA (drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TAKE ACTION (levonorgestrel)	\$0	
TARINA 24 FE (norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TARINA FE 1/20 (28) (norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TARINA FE 1-20 EQ (28) (norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TILIA FE (norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-ESTARYLLA (norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LEGEST FE (norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LINYAH (norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LO-ESTARYLLA (norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LO-MARZIA (norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LO-MILI (norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LO-SPRINTEC (norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-MILI (norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-NYMYO (norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-SPRINTEC (28) (norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRIVORA (28) (levonorg-eth estrad triphasic)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-VYLIBRA (norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-VYLIBRA LO (norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

Drug	Status	Notes
TULANA (norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TURQOZ (28) (norgestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TYBLUME	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TYDEMY (drospirenone-e.estradiol- lm.fa)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VELIVET TRIPHASIC REGIMEN (28)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VESTURA (28) (drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VIENVA (levonorgestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VIORELE (28) (desog- e.estradiol/e.estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VOLNEA (28) (desog- e.estradiol/e.estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VYFEMLA (28)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VYLIBRA (norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
WERA (28)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
WYMZYA FE (noreth-ethinyl estradiol- iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ZARAH (drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ZOVIA 1-35 (28) (ethynodiol diac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ZUMANDIMINE (28) (drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<b>Contraceptives, Transdermal</b>		
<i>norelgestromin-ethin.estradiol</i> (Xulane)	\$0	
TWIRLA	Tier 3	QL (3 EA per 28 days)
XULANE (norelgestromin- ethin.estradiol)	\$0	

Drug	Status	Notes
ZAFEMY (norelgestromin-ethin.estradiol)	\$0	
<b>Diaphragms/Cervical Cap</b>		
CAYA CONTOURED	\$0	
FEMCAP	\$0	
OMNIFLEX DIAPHRAGM	\$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	
<b>Oxytocics</b>		
CERVIDIL	Tier 3	
<i>methylergonovine oral</i>	Tier 1	QL (28 EA per 30 days)
PREPIDIL	Tier 3	
<b>Cough And Cold</b>		
<b>1St Gen Antihistamine &amp; Decongestant Combinations</b>		
PROMETHAZINE VC (promethazine-phenylephrine)	Tier 1	
<i>promethazine-phenylephrine</i> (Promethazine VC)	Tier 1	
<b>1St Gen Antihist-Decongest-Anticholinergic Comb</b>		
RESPA-AR	Tier 1	
<b>Antitussives,Non-Narcotic</b>		
<i>benzonatate</i>	Tier 1	
<b>Narcotic Antituss-1St Gen. Antihistamine-Decongest</b>		
HISTEX-AC	Tier 3	Age (Min 12 Years)

Drug	Status	Notes
MAR-COF BP	Tier 1	Age (Min 12 Years)
MAXI-TUSS CD	Tier 3	Age (Min 12 Years)
POLY-TUSSIN AC	Tier 3	Age (Min 12 Years)
RYDEX	Tier 1	Age (Min 12 Years)
<b>Narcotic Antituss-Decongestant-Expectorant Comb</b>		
CODITUSSIN DAC	Tier 3	Age (Min 12 Years)
GUAIFENESIN DAC	Tier 1	Age (Min 12 Years)
<b>Narcotic Antitussive-1st Generation Antihistamine</b>		
<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 HCL/codeine within the past 120 days; QL (2 EA per 1 day); Age (Min 18 Years)
<b>Narcotic Antitussive-Anticholinergic Comb.</b>		
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i> (Hydromet)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
<i>hydrocodone-homatropine oral tablet</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)
<b>Narcotic Antitussive-Expectorant Combination</b>		
<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)

Drug	Status	Notes
NINJACOF-XG	Tier 1	Age (Min 12 Years)
<b>Non-Narc Antituss-1St Gen. Antihistamine-Decongest</b>		
BROMFED DM (brompheniramine-pseudoeph-dm)	Tier 1	
<i>brompheniramine-pseudoeph-dm</i> (Bromfed DM)	Tier 1	
<b>Non-Narc Antitussive-1St Gen Antihistamine Comb.</b>		
<i>promethazine-dm</i>	Tier 1	
<b>Nose Preparations, Vasoconstrictors (Rx)</b>		
<i>epinephrine hcl</i> (Adrenalin)	Tier 1	
<b>Dermatology - Acne</b>		
<b>Acne Agents, Systemic</b>		
ACCUTANE (isotretinoin)	Tier 1	
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	
<b>Acne Agents, Topical</b>		
ACIOXIAY (azelaic acid-niacinamide)	Tier 3	
ADAINZOXIA (adapalene-benzoyl perox-niacin)	Tier 3	
<i>adapalene-benzoyl peroxide</i> (Epiduo)	Tier 1	
ADEINZDE	Tier 3	
CABTREG	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	

Drug	Status	Notes
<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</i> (Aczone)	Tier 1	
<i>dapsone topical gel with pump</i> (Aczone)	Tier 1	ST: Requires prior prescription for one generic topicals: sulfacetamide+/- sulfur, clindamycin+/- benzoyl peroxide, erythromycin+/- benzoyl peroxide, adapalene+/- benzoyl peroxide, or tretinoin within the past 120 days
DEOXIA (clindamycin-niacinamide)	Tier 3	
DEOXIADEMTAR (tretinoin-clinda-spiro-niacin)	Tier 3	
DEOXIATAR	Tier 3	
DEOXIAVAR	Tier 3	
DIADIMAXIA (dapsone-spiro-lactone-niacin)	Tier 3	
DIAOXIA (dapsone-niacinamide)	Tier 3	
DIASAXIATAR	Tier 3	
DIASDIMAXIA (dapsone-spiro-lactone-niacin)	Tier 3	
DIASOXIA (dapsone-niacinamide)	Tier 3	
DIMOXIA (spiro-lactone-niacinamide)	Tier 3	
DRAXACE (salicylic acid-sulfacetamide)	Tier 3	
DRAXACEY (salicylic acid-sulfacetamide)	Tier 3	

Drug	Status	Notes
DRIXECE (salicylic acid-sulfacetamide)	Tier 3	
IDYYXIATAR	Tier 3	
INZDEAXIATAR (tretinoin-benzoyl-clindamycin)	Tier 3	
INZDEAXIAVAR	Tier 3	
INZDEOXIA (benzoyl per-clindamycin-niacin)	Tier 3	
LOUNZDOMDIOXIATAR	Tier 3	
NEUAC (clindamycin-benzoyl peroxide)	Tier 1	
ONEXTON TOPICAL GEL	Tier 3	
ONZDEAXIADEMTAR	Tier 3	
ONZDEAXIADEMVAR	Tier 3	
ONZDEAXIATAR (tretinoin-benzoyl-clindamycin)	Tier 3	
ONZDEAXIAVAR (tretinoin-benzoyl-clindamycin)	Tier 3	
ONZDEAXIAZAR	Tier 3	
ONZDEOXIA (benzoyl per-clindamycin-niacin)	Tier 3	
OXIATAR (tretinoin-hyaluronate-niacin)	Tier 3	
OXIAVAR (tretinoin-niacinamide)	Tier 3	
OXIAVARRY (tretinoin-hyaluronate-niacin)	Tier 3	
OXIAVARY	Tier 3	
OXIAZAR (tretinoin-hyaluronate-niacin)	Tier 3	
SAROXIA (tretinoin-niacinamide)	Tier 3	
<i>sulfacetamide sodium (acne)</i> (Klaron)	Tier 1	
TARDEOXIA (tretinoin-clindamycin-niacin)	Tier 3	

Drug	Status	Notes
TARDIMAXIA (tretinoin-spirolact-niacin)	Tier 3	
TAROXIA (tretinoin-niacinamide)	Tier 3	
UNZDOMDIOXIAZAR	Tier 3	
VARDIMAXIA (tretinoin-spirolact-niacin)	Tier 3	
VAROXIA (tretinoin-niacinamide)	Tier 3	
<b>Keratolytic-Glucocorticoid Combinations</b>		
VANOXIDE-HC	Tier 2	
<b>Rosacea Agents, Topical</b>		
AVEIDA	Tier 3	
AVEIDAOXIA (ivermectin-metronidazol-niacin)	Tier 3	
<i>azelaic acid</i>	Tier 1	
<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	
ROSDAN TOPICAL CREAM (metronidazole)	Tier 1	
<b>Topical Antiandrogenic Agents</b>		
WINLEVI	Tier 3	PA
<b>Topical Preparations, Antibacterials</b>		
BASADROX	Tier 3	
DERMAZENE	Tier 3	
<i>hydrocortisone-iodoquinol</i> (Corti-Sav)	Tier 1	



Drug	Status	Notes
<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	
SILVASORB	Tier 1	
<i>silver nitrate topical solution 0.5 %, 25 %, 50 %</i>	Tier 1	
STRONG IODINE TOPICAL (iodine-potassium iodide)	Tier 1	
<b>Vitamin A Derivatives</b>		
<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)
<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)
<b>Vitamin A Derivatives, Topical Acne Agents</b>		
ETHOXIA (tazarotene-niacinamide)	Tier 3	
ITHOXIA (tazarotene-niacinamide)	Tier 3	
<b>Dermatology - Antiinfective</b>		
<b>Topical Antibiotics</b>		
CENTANY AT	Tier 3	

Drug	Status	Notes
<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 Clindamycin 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
<b>Topical Antifungal/Anti-inflammatory, Steroid Agent</b>		
<i>clotrimazole-betamethasone</i>	Tier 1	
HAXCHLO (ciclopirox-clobetasol)	Tier 3	
HAXCHLODREX (ciclopirox-clobetasol-salicyl)	Tier 3	
PHEYO (ketoconazole-hydrocortisone)	Tier 3	
<b>Topical Antifungal-Antibiotic-Anti-Inflamm Steroid</b>		

Drug	Status	Notes
PHEODOYO (ketoconazole-iodoquinol-hc)	Tier 3	
<b>Topical Antifungals</b>		
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	
DIFMETIOXRIME (flucona-ibuprof-itracon-terbin)	Tier 3	
<i>econazole</i>	Tier 1	QL (170 GM per 1 FILL)
ECOZA	Tier 3	
EXELDERM (sulconazole)	Tier 2	
EXODERM	Tier 1	
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	
KLAYESTA (nystatin)	Tier 1	
<i>luliconazole</i> (Luzu)	Tier 1	ST: Requires prior prescriptions for Clotrimazole and Ketoconazole within the past 365 days; QL (60 GM per 28 days)
MENTAX (butenafine)	Tier 3	

Drug	Status	Notes
<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 2 %</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> (Kerydin)	Tier 1	PA
<b>Topical Antiparasitics</b>		
<i>malathion</i> (Ovide)	Tier 1	
<i>permethrin</i> (Elimite)	Tier 1	
<i>spinosad</i> (Natroba)	Tier 1	
ULESFIA	Tier 3	
<b>Topical Antivirals</b>		
<i>acyclovir topical ointment</i> (Zovirax)	Tier 1	
<b>Topical Pleuromutilin Derivatives</b>		
ALTABAX	Tier 3	ST: Requires prior prescription for Mupirocin ointment within the past 120 days
<b>Topical Sulfonamides</b>		

Drug		Status	Notes
BP 10-1	(sulfacetamide sodium-sulfur)	Tier 1	
CLEANSING WASH TOPICAL CLEANSER	(sulfacetamide sod-sulfur-urea)	Tier 1	
ECEOXIA	(sulfacetamide-niacinamide)	Tier 3	
<i>mafenide acetate</i>	(Sulfamylon)	Tier 1	
OXIAICE		Tier 3	
ROSULA		Tier 3	
ROSULA CLEANSING CLOTHS	(sulfacetamide sodium-sulfur)	Tier 1	
<i>silver sulfadiazine</i>	(SSD)	Tier 1	
SSD	(silver sulfadiazine)	Tier 1	
SSS 10-5	(sulfacetamide sodium-sulfur)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %</i>	(Avar LS)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	(Avar)	Tier 1	QL (1419 GM per 1 FILL)
<i>sulfacetamide sodium-sulfur topical cleanser 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 sodium-sulfur topical cream</i>	(Plexion)	Tier 1	
<i>sulfacetamide sodium-sulfur topical lotion</i>	(Plexion)	Tier 1	
<i>sulfacetamide sodium-sulfur topical pads, medicated</i>	(Plexion Cleansing Cloths)	Tier 1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>		Tier 1	
<i>sulfacetamide sod-sulfur-urea</i>		Tier 1	QL (1419 ML per 1 FILL)

Drug	Status	Notes
SULFAMYLON (mafenide acetate)	Tier 3	
SUMADAN XLT (sulfact na-sul-avobnz-otn-ocsa)	Tier 3	
<b>Dermatology - Antiinflammatory</b>		
<b>Interleukin-13 (Il-13) Inhibitors, Mab</b>		
ADBRY	Tier 2	PA; SP
<b>Top. Anti-Inflam., Phosphodiesterase-4 (Pde4) Inhib</b>		
EUCRISA	Tier 2	ST: Requires prior prescription for a Topical Corticosteroid or Calcineurin Inhibitor within the past 120 days
<b>Topical Antibiotics/Antiinflammatory, Steroidal</b>		
NEO-SYNALAR	Tier 3	ST: Requires prior prescription for generic Fluocinolone Acetonide cream, oil, ointment or solution within the past 120 days
NEO-SYNALAR KIT	Tier 3	ST: Requires prior prescription for generic Fluocinolone Acetonide cream, oil, ointment or solution within the past 120 days
<b>Topical Anti-Inflammatory Steroidal</b>		
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 generic Hydrocortisone 2.5% lotion within the past 120 days
<i>alclometasone</i>	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<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</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	
CORDRAN TAPE LARGE ROLL	Tier 3	ST: Requires prior prescription for Betamethasone (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, or Halobetasol 0.05% (cream, ointment) within the past 120 days; QL (2 EA per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
CORDRAN TOPICAL CREAM 0.025 %	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>desonide topical cream</i> (DesOwen)	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, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days
<i>fluocinolone</i> (Derma-Smoothe/FS Body Oil)	Tier 1	
<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	



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>fluocinonide-emollient</i> (Fluocinonide-E)	Tier 1	
FLUOXIA	Tier 3	
<i>flurandrenolide topical cream</i> (Cordran)	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> (Cordran)	Tier 1	
<i>flurandrenolide topical ointment</i> (Cordran)	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	

Drug	Status	Notes
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
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> (Locoid)	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)

Drug	Status	Notes
<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 generic 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 valerate topical cream</i>	Tier 1	
<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
<i>mometasone topical</i>	Tier 1	
NUCORT (hydrocortisone acet-aloe vera)	Tier 3	

Drug	Status	Notes
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	
TETOXIA (fluocinolone-niacinamide)	Tier 3	
TEXACORT	Tier 2	ST: Requires prior prescription for generic 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 %</i>	Tier 1	
<i>triamcinolone acetonide topical cream 0.1 %</i> (Triderm)	Tier 1	

Drug	Status	Notes
<i>triamcinolone acetonide topical cream</i> (Triderm) 0.5 %	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 0.1 % (triamcinolone acetonide)	Tier 1	
TRIDERM TOPICAL CREAM 0.5 % (triamcinolone acetonide)	Tier 1	QL (454 GM per 30 days)
<b>Topical Anti-Inflammatory, Nsaids</b>		
<i>diclofenac epolamine</i> (Flector)	Tier 1	
<i>diclofenac sodium topical drops</i>	Tier 1	
<i>diclofenac sodium topical gel 1 %</i> (Aleve (diclofenac))	Tier 1	
LICART	Tier 3	ST: Requires prior prescription for Diclofenac Epolamine within the past 120 days; QL (1 EA per 1 day)
ROAOXIA (diclofenac-hyaluronate-niacin)	Tier 3	
<b>Topical Janus Kinase (Jak) Inhibitors</b>		
OPZELURA	Tier 2	PA
<b>Dermatology - Miscellaneous</b>		
<b>Antiperspirants</b>		
DRYSOL (aluminum chloride)	Tier 2	
DRYSOL DAB-O-MATIC (aluminum chloride)	Tier 2	
<b>Antiseborrheic Agents</b>		
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 or Ketoconazole within the past 120 days
PLEXION NS (sulfacetamide sodium)	Tier 3	
<i>selenium sulfide topical lotion</i>	Tier 1	

Drug	Status	Notes
<i>selenium sulfide topical shampoo 2.25 %</i> , 2.3 %	Tier 1	
<i>sulfacetamide sodium topical</i> (Ovace)	Tier 1	
TERSI FOAM	Tier 3	
<b>Antiseptics, Miscellaneous</b>		
<i>guaiacol</i>	Tier 3	
<b>Emollients</b>		
<i>ammonium lactate</i> (AmLactin)	Tier 1	
ATRAPRO CP	Tier 3	
KERASTAT	Tier 3	
MB HYDROGEL	Tier 1	
PRESERA	Tier 3	
XCLAIR	Tier 3	
<b>Hypertrichotic Agents, Systemic/Incl. Combinations</b>		
LITFULO	Tier 3	PA; SP
<b>Iodine Antiseptics</b>		
BETADINE OPHTHALMIC PREP (povidone-iodine)	Tier 3	
<i>povidone-iodine ophthalmic (eye)</i> (Betadine Ophthalmic Prep)	Tier 1	
<b>Irrigants</b>		
<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	
TIS-U-SOL PENTALYTE	Tier 3	

Drug	Status	Notes
VASHE	Tier 3	
<i>water for irrigation, sterile</i> (Curity Sterile Water)	Tier 1	
<b>Irritants/Counter-Irritants</b>		
<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
<b>Keratolytics</b>		
<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	
KERALYT SCALP COMPLETE	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	
PRONAL	Tier 3	
<i>salicylic acid topical cream</i> (Salimez)	Tier 1	
<i>salicylic acid topical cream, extended release</i>	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>salicylic acid topical film forming liquid w/appl</i> (Virasal)	Tier 1	
<i>salicylic acid topical film-forming soln er w/ appl</i> (UltraSal-ER)	Tier 1	
<i>salicylic acid topical foam</i> (Salvax)	Tier 1	
<i>salicylic acid topical liquid</i>	Tier 1	
<i>salicylic acid topical lotion</i>	Tier 1	
<i>salicylic acid topical lotion,extended release</i>	Tier 1	
<i>salicylic acid topical ointment</i>	Tier 1	
<i>salicylic acid topical shampoo</i> (Keralyt)	Tier 1	
SALIMEZ FORTE	Tier 3	
SALVAX (salicylic acid)	Tier 1	
SALVAX DUO PLUS	Tier 3	
<i>silver nitrate applicators</i>	Tier 1	
<i>silver nitrate topical solution 10 %</i>	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	
<i>urea topical cream 39 %</i> (Uredeb)	Tier 1	
<i>urea topical cream 40 %, 47 %</i>	Tier 1	
<i>urea topical cream 45 %</i> (Uramaxin)	Tier 1	
<i>urea topical cream 50 %</i> (Ure-K)	Tier 1	
<i>urea topical foam</i> (Hydro 35)	Tier 1	
<i>urea topical gel</i> (CEM-Urea)	Tier 1	
<i>urea topical lotion 40 %</i>	Tier 1	
XALIX	Tier 3	
<b>Oxidizing Agents</b>		

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Drug	Status	Notes
HYPOCYN ANTIPRURITIC	Tier 3	
<b>Protectives</b>		
GENADUR (WITH LEXINAL)	Tier 3	
PHARMABASE BARRIER	Tier 1	
PR CREAM	Tier 1	
RECEDO	Tier 3	
VASELINE WHITE PETROLEUM (white petrolatum)	Tier 1	
WOUNDGELHA MATRIX	Tier 3	
<i>zinc oxide topical ointment 20 %</i>	Tier 1	
<i>zinc oxide topical paste</i>	Tier 1	
<b>Topical Anti-Inflammatory Steroid-Local Anesthetic</b>		
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	

Drug	Status	Notes
<b>Topical Antineoplastic &amp; Premalignant Lesion Agnts</b>		
<i>bexarotene topical</i> (Targretin)	Tier 1	PA; SP
<i>diclofenac sodium topical gel 3 %</i>	Tier 1	QL (100 GM per 1 FILL)
FLUOROPLEX	Tier 3	PA
<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	Tier 2	QL (5 EA per 1 FILL)
PANRETIN	Tier 3	SP; QL (60 GM per 28 days)
TOLAK	Tier 2	
VALCHLOR	Tier 2	PA; SP
<b>Topical Local Anesthetics</b>		
ANACAINE	Tier 3	
ANASTIA	Tier 3	
CETACAINE	Tier 3	
CETACAINE ANESTHETIC	Tier 3	
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	

Drug	Status	Notes
<i>lidocaine hcl laryngotracheal</i>	Tier 1	
<i>lidocaine hcl topical cream 3 %</i> (Lidopin)	Tier 1	
<i>lidocaine topical adhesive patch,medicated 5 %</i> (DermacinRx Lidocan)	Tier 1	QL (90 EA per 30 days)
<i>lidocaine topical ointment</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	
NUMBONEX	Tier 3	
NYNUTEY	Tier 3	
PRAKETAMIDE	Tier 3	
REGENECARE	Tier 3	
SPRAY AND STRETCH	Tier 3	
TRANZAREL	Tier 3	
TRIDACAINE II (lidocaine)	Tier 1	QL (90 EA per 30 days)
TRIDACAINE III (lidocaine)	Tier 1	QL (90 EA per 30 days)
<b>Topical Preparations,Miscellaneous</b>		
<i>sodium chloride topical</i> (Saljet Saline Rinse)	Tier 1	
<b>Topical/Mucous Membr./Subcut. Enzymes</b>		
HYQVIA HY COMPONENT	Tier 3	
NEXOBRID	Tier 3	
NEXOBRID POWDER COMPONENT	Tier 3	
SANTYL	Tier 3	PA
<b>Dermatology - Psoriasis/Eczema</b>		
<b>Antipsoriatic Agents,Systemic</b>		

Drug	Status	Notes
<i>acitretin</i>	Tier 1	SP
BIMZELX	Tier 3	PA; SP
BIMZELX AUTOINJECTOR	Tier 3	PA; SP
<i>methoxsalen</i>	Tier 1	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	Tier 2	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	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
TREMFYA	Tier 2	PA; SP
<b>Antipsoriatics Agents</b>		
<i>calcipotriene scalp</i>	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>calcipotriene topical cream</i>	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>calcipotriene topical ointment</i>	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>calcitriol topical</i> (Vectical)	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
DIOOXIA	Tier 3	

Drug	Status	Notes
DRITHOCREME HP	Tier 2	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	Tier 1	
<i>tazarotene topical gel</i> (Tazorac)	Tier 1	Age (Max 39 Years)
ZITHRANOL	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<b>II-23 Receptor Antagonist, Monoclonal Antibody</b>		
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR	Tier 2	PA; SP
<b>Topical Agents, Miscellaneous</b>		
L-MESITRAN SOFT	Tier 3	
MUSCUSOLICE	Tier 3	
NEURAPTINE	Tier 3	
OMEZA	Tier 3	
<i>urea topical cream 20 %</i> (Gormel)	Tier 1	
<b>Topical Immunosuppressive Agents</b>		
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) Mometasone (cream or ointment), or Triamcinolone (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) Mometasone (cream or ointment), or Triamcinolone (cream or ointment) within the past 120 days
<b>Topical Vit D Analog/Anti-inflammatory, Steroidal</b>		
<i>calcipotriene-betamethasone</i> (Taclonex)	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
DIOCHLOY (clobetasol-calcipotriene)	Tier 3	
ENSTILAR	Tier 3	ST: Requires prior prescription for Calcipotriene/Betamethasone ointment within the past 120 days
WYNZORA	Tier 3	ST: Requires prior prescription for Calcipotriene/Betamethasone ointment within the past 120 days
<b>Diabetes</b>		
<b>Antihypergly, (Dpp-4) Inhibitor &amp; Biguanide Comb.</b>		
JANUMET	Tier 2	QL (2 EA per 1 day)

Drug	Status	Notes
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	Tier 2	QL (1 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	Tier 2	QL (2 EA per 1 day)
<b>Antihyperglycemic, Incretin Mimetic (Glp-1 Receptor Agonist)</b>		
BYDUREON BCISE	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (0.85 ML per 7 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE (250 MCG/ML) 2.4 ML	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	Tier 2	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)

Drug	Status	Notes
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)
<b>Antihyperglycemic-Sod/Gluc Cotransport2(Sglt2)Inhib</b>		
FARXIGA (dapagliflozin propanediol)	Tier 2	QL (1 EA per 1 day)
JARDIANCE	Tier 2	QL (1 EA per 1 day)
<b>Antihyperglycemic - Dopamine Receptor Agonists</b>		
CYCLOSET	Tier 3	ST: Requires prior prescription for Glipizide/Metformin, Glyburide/Metformin, Metformin, or Metformin ER within the past 180 days
<b>Antihyperglycemic - Incretin Mimetics Combination</b>		
MOUNJARO	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (0.5 ML per 7 days)
<b>Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)</b>		
acarbose (Precose)	Tier 1	
miglitol	Tier 1	
<b>Antihyperglycemic, Amylin Analog-Type</b>		



Drug	Status	Notes
SYMLINPEN 120	Tier 2	
SYMLINPEN 60	Tier 2	
<b>Antihyperglycemic, Dpp-4 Inhibitors</b>		
JANUVIA	Tier 2	QL (1 EA per 1 day)
<b>Antihyperglycemic, Insulin-Release Stimulant Type</b>		
<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> (Glucotrol XL)	Tier 1	
<i>glyburide</i>	Tier 1	
<i>glyburide micronized</i>	Tier 1	
<i>nateglinide</i>	Tier 1	
<i>repaglinide</i>	Tier 1	
<b>Antihyperglycemic, Insulin-Response Enhancer (N-S)</b>		
<i>pioglitazone</i> (Actos)	Tier 1	
<b>Antihyperglycemic, Sglit-2 &amp; Dpp-4 Inhibitor Comb.</b>		
GLYXAMBI	Tier 2	QL (1 EA per 1 day)
<b>Antihyperglycemic, Biguanide Type (Non-Sulfonylurea)</b>		
<i>metformin oral solution</i> (Riomet)	Tier 1	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 1	
<i>metformin oral tablet extended release 24 hr</i>	Tier 1	
<b>Antihyperglycemic, Insulin &amp; Glp-1 Receptor Agonist</b>		
SOLIQUA 100/33	Tier 2	QL (30 ML per 28 days)
XULTOPHY 100/3.6	Tier 2	QL (15 ML per 28 days)

Drug	Status	Notes
<b>Antihyperglycemic,Insulin-Rel Stim.&amp; Biguanide Cmb</b>		
<i>glipizide-metformin</i>	Tier 1	
<i>glyburide-metformin</i>	Tier 1	
<b>Antihyperglycemic,Insulin-Response &amp; Release Comb.</b>		
<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
<b>Antihyperglycemic-Glucocorticoid Receptor Blocker</b>		
KORLYM (mifepristone)	Tier 2	PA; SP
<i>mifepristone oral tablet 300 mg</i> (Korlym)	Tier 1	PA; SP
<b>Antihyperglycemic-SglT2 Inhibitor &amp; Biguanide Comb</b>		
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)
<b>Antihyperglycm,Insul-Resp.Enhancer &amp; Biguanide Cmb</b>		

Drug	Status	Notes
<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
<b>Antihypergly-Sglt-2 Inhib,Dpp-4 Inhib,Biguanide Cb</b>		
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	Tier 2	QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	Tier 2	QL (2 EA per 1 day)
<b>Blood Sugar Diagnostics</b>		
FREESTYLE INSULINX STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS (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)
ONETOUCH ULTRA TEST (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
ONETOUCH VERIO TEST STRIPS (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)
<b>Diabetic Supplies</b>		
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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
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	
CEQR SIMPLICITY	Tier 3	PA
CEQR SIMPLICITY INSERTER	Tier 3	PA
DEXCOM G6 RECEIVER	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
DEXCOM G6 SENSOR	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)

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
DEXCOM G7 SENSOR	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (3 EA per 30 days)
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 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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
GUARDIAN SENSOR 3	Tier 3	PA
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	
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 INTRO KIT (GEN 5)	Tier 2	QL (1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5)	Tier 2	
OMNIPOD CLASSIC PODS (GEN 3)	Tier 2	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
OMNIPOD GO PODS	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 10 UNITS/DAY	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 40 UNITS/DAY	Tier 2	QL (10 EA per 30 days)
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 CARTRIDGE	Tier 3	
TANDEM MOBI SYSTEM	Tier 3	PA
TANDEM MOBI TRUSTEEL KIT 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	
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	

Drug	Status	Notes
V-GO 40	Tier 2	
<b>Diabetic Ulcer Preparations, Topical</b>		
REGANEX	Tier 2	
<b>Hyperglycemics</b>		
<i>diazoxide</i> (Proglycem)	Tier 1	
GLUCAGON (HCL) EMERGENCY KIT (glucagon hcl)	Tier 1	QL (4 EA per 1 FILL)
GLUCAGON EMERGENCY KIT (HUMAN)	Tier 2	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)
ZEGALOGUE AUTOINJECTOR	Tier 2	QL (2.4 ML per 1 FILL)
ZEGALOGUE SYRINGE	Tier 2	QL (2.4 ML per 1 FILL)
<b>Insulins</b>		
AFREZZA	Tier 3	PA
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	QL (12 ML per 28 days)
HUMALOG MIX 50-50 INSULN U-100	Tier 2	QL (40 ML per 28 days)



Drug	Status	Notes
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)
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 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)
SEMGLEE(INSULIN GLARGINE-YFGN) (insulin glargine-yfgn)	Tier 2	QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN (insulin glargine-yfgn)	Tier 2	QL (30 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)
<b>Ear - General Disorders</b>		

Drug	Status	Notes
<b>Ear Preparations Anti-Inflammatory</b>		
<i>fluocinolone acetonide oil</i> (DermOtic Oil)	Tier 1	
<b>Ear Preparations, Misc. Anti-Infectives</b>		
<i>acetic acid otic (ear)</i>	Tier 1	
CORTANE-B	Tier 3	
<i>hydrocortisone-acetic acid</i>	Tier 1	
<b>Ear Preparations, Antibiotics</b>		
<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	
<b>Otic Preparations, Anti-Inflammatory-Antibiotics</b>		
<i>ciprofloxacin-dexamethasone</i>	Tier 1	
<i>ciprofloxacin-fluocinolone</i> (Otovel)	Tier 1	
<b>Electrolyte Regulation</b>		
<b>Arginine Vasopressin (Avp) Receptor Antagonists</b>		
<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)
<b>Bicarbonate Producing/Containing Agents</b>		
VAXCHORA BUFFER COMPONENT	Tier 3	
<b>Electrolyte Depleters</b>		
<i>calcium acetate(phosphat bind)</i>	Tier 1	

Drug	Status	Notes
FOSRENOL ORAL POWDER IN PACKET	Tier 3	ST: Requires prior prescription for Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL 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	
<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	Tier 3	PA
XPHOZAH	Tier 3	ST: Requires prior prescription for Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL within the past 365 days; QL (2 EA per 1 day)
<b>Potassium Replacement</b>		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	Tier 3	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ (potassium bicarb-citric acid)	Tier 1	
KLOR-CON M10 (potassium chloride)	Tier 1	
KLOR-CON M15 (potassium chloride)	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
KLOR-CON M20 (potassium chloride)	Tier 1	
<i>potassium chloride oral capsule, extended release</i>	Tier 1	
<i>potassium chloride oral liquid</i>	Tier 1	
<i>potassium chloride oral packet</i> (Klor-Con)	Tier 1	
<i>potassium chloride oral tablet extended release 10 meq</i> (Klor-Con 10)	Tier 1	
<i>potassium chloride oral tablet extended release 20 meq</i> (K-Tab)	Tier 1	
<i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8)	Tier 1	
<i>potassium chloride oral tablet, er particles/crystals</i> (Klor-Con M10)	Tier 1	
<b>Sodium/Saline Preparations</b>		
BD POSIFLUSH NORMAL SALINE 0.9 (sodium chloride 0.9 % (flush))	Tier 1	
CLEARSHIELD SODIUM CHLOR FLUSH (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	
<b>Endocrine Disorder - Fertility</b>		
<b>Drugs To Treat Impotency</b>		
CAVERJECT	Tier 3	QL (1 EA per 5 days)
CAVERJECT IMPULSE	Tier 3	QL (1 EA per 5 days)
EDEX	Tier 3	QL: 6 INJECTIONS IN 30 DAYS
IFE-BIMIX 30/1 (papav-phentolamine in water)	Tier 1	

Drug	Status	Notes
<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
<i>tadalafil oral tablet 5 mg</i> (Cialis)	Tier 1	PA
TRI-MIX (PAPAVRN-PHNTLMN-PGE1)	Tier 3	
<b>Fertility Stimulating Preparations, Non-Fsh</b>		
CLOMID (clomiphene citrate)	Tier 3	
<i>clomiphene citrate</i> (Clomid)	Tier 1	
<b>Follicle Stim./Luteinizing Hormones</b>		
MENOPUR	Tier 2	SP
<b>Follicle-Stimulating Hormone (Fsh)</b>		
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
<b>Human Chorionic Gonadotropin (Hcg)</b>		
<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
<b>Pregnancy Facilitating/Maintaining Agent, Hormonal</b>		

Drug	Status	Notes
CRINONE VAGINAL GEL 8 %	Tier 3	ST: Requires prior prescription for Endometrin within the past 120 days
ENDOMETRIN	Tier 2	
<b>Endocrine Disorder - Other</b>		
<b>Adrenal Steroid Inhibitors</b>		
ISTURISA ORAL TABLET 1 MG, 5 MG	Tier 3	PA; SP
RECORLEV	Tier 3	PA; SP
<b>Adrenocorticotrophic Hormones</b>		
ACTHAR	Tier 3	PA; SP
ACTHAR SELFJECT	Tier 3	PA; SP
CORTROPHIN GEL	Tier 3	PA; SP
<b>Antidiuretic And Vasopressor Hormones</b>		
<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)
NOCTIVA	Tier 3	QL (3.8 GM per 30 days)
<b>Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.</b>		
ELIGARD	Tier 2	PA; SP
ELIGARD (3 MONTH)	Tier 2	PA; SP
ELIGARD (4 MONTH)	Tier 2	PA; SP
ELIGARD (6 MONTH)	Tier 2	PA; SP
<i>leuprolide subcutaneous kit</i>	Tier 1	PA; SP
<b>Bone Formation Stim. Agents - Parathyroid Hormone</b>		
<i>teriparatide</i> (Forteo)	Tier 1	PA; SP

Drug	Status	Notes
<b>Bone Formation Stimulating Agts - Pth Rel Peptides</b>		
TYMLOS	Tier 2	PA; SP
<b>Bone Resorption Inhibitor &amp; Vitamin D Combinations</b>		
FOSAMAX PLUS D	Tier 2	
<b>Bone Resorption Inhibitors</b>		
<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	
<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 Alendronate and Ibandronate within the past 365 days; QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	Tier 1	ST: Requires prior prescriptions for 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 Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>risedronate oral tablet, delayed release (dr/ec)</i> (Atelvia)	Tier 1	ST: Requires prior prescriptions for Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)
<b>Calcimimetic, Parathyroid Calcium Enhancer</b>		
<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)
<b>Growth Hormone Receptor Antagonists</b>		
SOMAVERT	Tier 2	SP
<b>Growth Hormone Releasing Hormone (Ghrh) &amp; Analogs</b>		
EGRIFTA SV	Tier 3	PA; SP
<b>Growth Hormones</b>		
GENOTROPIN	Tier 2	PA; SP
GENOTROPIN MINIQUICK	Tier 2	PA; SP
NORDITROPIN FLEXPRO	Tier 2	PA; SP
OMNITROPE	Tier 3	PA; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	Tier 3	PA; SP
SKYTROFA	Tier 2	PA; SP
SOGROYA	Tier 2	PA; SP
<b>Hyperparathyroid Tx Agents - Vitamin D Analog-Type</b>		
<i>doxercalciferol oral</i>	Tier 1	
<i>paricalcitol oral</i> (Zemplar)	Tier 1	
RAYALDEE	Tier 2	QL (2 EA per 1 day)
<b>Insulin-Like Growth Factor-1 (Igf-1) Hormones</b>		
INCRELEX	Tier 3	PA; SP
<b>Leptin Hormone Analogs</b>		
MYALEPT	Tier 3	SP; QL (1 EA per 1 day)



Drug	Status	Notes
<b>Lhrh (Gnrh) Antagonist,Estrogen And Progestin Comb</b>		
MYFEMBREE	Tier 2	PA
ORIAHNN	Tier 2	PA
<b>Lhrh(Gnrh) Agonist Analog Pituitary Suppressants</b>		
SYNAREL	Tier 3	PA; SP
<b>Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents</b>		
<i>cetorelix</i> (Cetrotide)	Tier 1	SP
FYREMADEL (ganirelix)	Tier 1	SP; ST: Requires prior prescription for Cetorelix Acetate within the past 120 days
<i>ganirelix</i> (Fyremadel)	Tier 1	SP; ST: Requires prior prescription for Cetorelix Acetate within the past 120 days
ORLISSA	Tier 2	PA
<b>Natriuretic Peptides</b>		
VOXZOGO	Tier 3	PA; SP
<b>Pituitary Suppressive Agents</b>		
<i>cabergoline</i>	Tier 1	
<i>danazol</i>	Tier 1	
<b>Endocrine Disorder - Thyroid</b>		
<b>Antithyroid Preparations</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>propylthiouracil</i>	Tier 1	
<b>Iodine Containing Agents</b>		
LUGOLS ORAL	Tier 3	
<i>potassium iodide oral solution</i> (SSKI)	Tier 1	
SSKI (potassium iodide)	Tier 1	
STRONG IODINE ORAL	Tier 1	

Drug	Status	Notes
<b>Thyroid Hormones</b>		
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)
<i>liothyronine oral</i> (Cytomel)	Tier 1	
NP THYROID (thyroid (pork))	Tier 1	
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
<b>Eye - General Disorders</b>		
<b>Eye Antibiotic, Glucocorticoid And Nsaid Comb.</b>		
<i>prednisolon-moxiflox-bromf(pf)</i>	Tier 1	
<b>Eye Antibiotic-Corticoid Combinations</b>		
<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-POLYCYN HC (neomycin-bacitracin-poly-hc)	Tier 1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	Tier 2	
<i>tobramycin-dexamethasone</i>	Tier 1	
<b>Eye Antihistamines</b>		
<i>azelastine ophthalmic (eye)</i>	Tier 1	QL (12 ML per 30 days)

Drug	Status	Notes
<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> (Eye Allergy Itch Relief)	Tier 1	QL (3 ML per 30 days)
<b>Eye Antiinflammatory Agents</b>		
ACUVAIL (PF)	Tier 3	ST: At least 2 prior prescriptions for Diclofenac ophthalmic drops OR Ketorolac ophthalmic drops AND Ilevro 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 Diclofenac or Ketorolac ophth drops within the past 120 days; QL (3 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.075 %</i> (BromSite)	Tier 1	ST: Requires prior prescription for Diclofenac or Ketorolac ophth 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 Diclofenac or Ketorolac ophth drops within the past 120 days; QL (3.4 ML per 16 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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<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 Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i> (Lotemax)	Tier 1	QL (20 ML per 14 days)
MAXIDEX	Tier 3	ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (25 ML per 14 days)
<i>prednisolone acetate</i> (Pred Forte)	Tier 1	QL (20 ML per 14 days)
<i>prednisolone sod ph-bromf (pf)</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	Tier 1	QL (20 ML per 14 days)
<b>Eye Antivirals</b>		
<i>trifluridine</i>	Tier 1	
<b>Eye Local Anesthetics</b>		
AKTEN (PF)	Tier 3	
ALCAINE (proparacaine)	Tier 1	
ALTACAINE (tetracaine hcl)	Tier 1	
ALTAFLUOR BENOX (fluorescein-benoxinate)	Tier 1	
<i>fluorescein-benoxinate</i>	Tier 1	
<i>fluorescein-proparacaine</i>	Tier 1	

Drug	Status	Notes
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	
<b>Eye Sulfonamides</b>		
<i>sulfacetamide sodium ophthalmic (eye)</i>	Tier 1	
<i>sulfacetamide-prednisolone</i>	Tier 1	
<b>Eye Vasoconstrictors (Rx Only)</b>		
<i>phenylephrine hcl ophthalmic (eye)</i>	Tier 1	
UPNEEQ (PF)	Tier 3	PA
<b>Nicotinic Recept.Partial Agonist, Alpha4beta2 Spec</b>		
TYRVAYA	Tier 2	PA
<b>Ophthalmic (Eye) Antiparasitics</b>		
XDEMVY	Tier 3	PA; SP
<b>Ophthalmic Antibiotics</b>		
<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	
<i>gatifloxacin</i>	Tier 1	
<i>gentamicin ophthalmic (eye) drops</i>	Tier 1	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	Tier 1	
<i>moxifloxacin ophthalmic (eye)</i> (Vigamox)	Tier 1	
<i>neomycin-bacitracin-polymyxin</i> (Neo-Polycin)	Tier 1	
<i>neomycin-polymyxin-gramicidin</i>	Tier 1	

Drug	Status	Notes
NEO-POLYCIN (neomycin-bacitracin-polymyxin)	Tier 1	
<i>ofloxacin ophthalmic (eye)</i> (Ocuflox)	Tier 1	
POLYCIN (bacitracin-polymyxin b)	Tier 1	
<i>polymyxin b sulf-trimethoprim</i>	Tier 1	
<i>tobramycin ophthalmic (eye)</i>	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT	Tier 2	
<i>vancomycin in 0.9 % sodium chl ophthalmic (eye)</i>	Tier 1	
<b>Ophthalmic Antifungal Agents</b>		
NATACYN	Tier 3	
<b>Ophthalmic Anti-Inflammatory Immunomodulator-Type</b>		
<i>cyclosporine ophthalmic (eye)</i> (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; SP
XIIDRA	Tier 2	QL (60 EA per 30 days)
<b>Ophthalmic Human Nerve Growth Factor (Hngf)</b>		
OXERVATE	Tier 3	PA; SP
<b>Ophthalmic Mast Cell Stabilizers</b>		
ALOCRIIL	Tier 2	ST: Requires prior prescription for Cromolyn 4% ophthalmic drops within the past 120 days; QL (20 ML per 30 days)
ALOMIDE	Tier 2	ST: Requires prior prescription for Cromolyn 4% ophthalmic drops within the past 120 days; QL (40 ML per 30 days)
<i>cromolyn ophthalmic (eye)</i>	Tier 1	QL (50 ML per 30 days)
<b>Eye - Glaucoma</b>		

Drug	Status	Notes
<b>Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide</i>	Tier 1	
<i>methazolamide</i>	Tier 1	
<b>Miotics/Other Intraoc. Pressure Reducers</b>		
<i>apraclonidine</i>	Tier 1	
<i>betaxolol ophthalmic (eye)</i>	Tier 1	
BETOPTIC S	Tier 3	
<i>bimatoprost ophthalmic (eye)</i>	Tier 1	QL (1 ML per 12 days)
<i>brimonidine ophthalmic (eye)</i> (Alphagan P)	Tier 1	
<i>brimonidine-dorzolamide</i>	Tier 1	
<i>brimonidine-timolol</i> (Combigan)	Tier 1	
<i>brinzolamide</i> (Azopt)	Tier 1	
<i>carteolol</i>	Tier 1	
<i>dorzolamide</i>	Tier 1	
<i>dorzolamide-timolol</i> (Cosopt)	Tier 1	
<i>dorzolamide-timolol (pf) ophthalmic (eye)</i> (Cosopt (PF)) <i>dropperette</i>	Tier 1	ST: Requires prior prescription for Dorzolamide HCL/Timolol Maleate within the past 120 days; QL (2 EA per 1 day)
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	Tier 3	
<i>latanoprost</i> (Xalatan)	Tier 1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	Tier 2	QL (2.5 ML per 25 days)
PHOSPHOLINE IODIDE	Tier 3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 % , 2 % , 4 %</i>	Tier 1	

Drug	Status	Notes
RHOPRESSA	Tier 3	ST: At least 2 prior prescriptions for Brimonidine Tartrate, Brimonidine Tartrate/Timolol, Brinzolamide, Latanoprost, Lumigan, Simbrinza, or Travoprost within the past 365 days; QL (2.5 ML per 30 days)
ROCKLATAN	Tier 3	ST: At least 2 prior prescriptions for Brimonidine Tartrate, Brimonidine Tartrate/Timolol, Brinzolamide, Latanoprost, Lumigan, Simbrinza, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
SIMBRINZA	Tier 2	
<i>tafluprost (pf)</i> (Zioptan (PF))	Tier 1	QL (1 EA per 1 day)
<i>timolol maleate (pf)</i> (Timoptic Ocudose (PF))	Tier 1	QL (2 EA per 1 day)
<i>timolol maleate ophthalmic (eye)</i> (Istalol)	Tier 1	
<i>travoprost</i> (Travatan Z)	Tier 1	QL (2.5 ML per 25 days)
VUITY	Tier 3	PA
VYZULTA	Tier 3	ST: At least 2 prior prescriptions for Bimatoprost, Latanoprost, Lumigan, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
XELPROS	Tier 3	ST: At least 2 prior prescriptions for Bimatoprost, Latanoprost, Lumigan, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
<b>Mydriatics</b>		



Drug	Status	Notes
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	Tier 1	
<i>atropine ophthalmic (eye) ointment</i>	Tier 1	
<i>atropine sulfate (pf)</i>	Tier 1	
CYCLOMYDRIL	Tier 3	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i> (Cyclogyl)	Tier 1	
<i>cyclopen-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> (Mydracyl)	Tier 1	
<b>Ophthalmic Antifibrotic Agents</b>		
<i>mitomycin (pf) in water</i>	Tier 1	SP
MITOSOL	Tier 3	
<b>Eye - Miscellaneous</b>		
<b>Agents For Corneal Collagen Cross-Linking</b>		
PHOTREXA	Tier 3	SP
PHOTREXA CROSS-LINKING KIT	Tier 3	SP
PHOTREXA VISCOUS	Tier 3	SP
<b>Artificial Tears</b>		
MIEBO (PF)	Tier 2	
<b>Eye Preparations, Miscellaneous (Otc)</b>		
GELFILM OPHTHALMIC (EYE)	Tier 3	
<b>Ophthalmic Cystine Depleting Agents</b>		
CYSTADROPS	Tier 2	PA; SP
CYSTARAN	Tier 2	PA; SP
<b>Fluid Replacement</b>		

Drug	Status	Notes
<b>Nucleic Acid/Nucleotide Supplements</b>		
XURIDEN	Tier 2	PA; SP
<b>Gout And Related Diseases</b>		
<b>Colchicine</b>		
<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)
<b>Hyperuricemia Tx - Purine Inhibitors</b>		
<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)
<b>Uricosuric Agents</b>		
<i>probenecid</i>	Tier 1	
<i>probenecid-colchicine</i>	Tier 1	
<b>Uricosuric And Xanthine Oxidase Inhibitor Comb.</b>		
DUZALLO	Tier 3	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (1 EA per 1 day)
<b>Hematological Disorders</b>		
<b>Agents To Tx Thrombotic Thrombocytopenic Purpura</b>		
CABLIVI	Tier 3	PA; SP
<b>Anticoagulants,Coumarin Type</b>		
JANTOVEN (warfarin)	Tier 1	
<i>warfarin</i> (Jantoven)	Tier 1	

Drug	Status	Notes
<b>Antifibrinolytic Agents</b>		
<i>aminocaproic acid oral</i> (Amicar)	Tier 1	
<i>tranexamic acid oral</i>	Tier 1	
<b>Antihemophilic Factors</b>		
ADVATE	Tier 2	SP
ADYNOVATE	Tier 2	SP
AFSTYLA	Tier 2	SP
ALPHANATE	Tier 3	SP
ALTUVIIIIO	Tier 2	SP
ELOCTATE	Tier 2	SP
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	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

Drug	Status	Notes
WILATE	Tier 3	SP
XYNTHA	Tier 2	SP
XYNTHA SOLOFUSE	Tier 2	SP
<b>Blood Factors,Miscellaneous</b>		
VONVENDI	Tier 3	SP
<b>Citrates As Anticoagulants</b>		
ACD SOLUTION A	Tier 3	
ACD-A	Tier 3	
<i>anticoag citrate phos dextrose</i>	Tier 1	
<i>citric-sod citrat-sod phos-dex</i>	Tier 1	
REGIOCIT (EUA)	Tier 3	
<i>sodium citrate</i>	Tier 1	
<i>sodium citrate in 0.9 % nacl</i>	Tier 1	
<b>Complement (C3) Inhibitors</b>		
EMPAVELI	Tier 3	PA; SP
<b>Direct Factor Xa Inhibitors</b>		
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)
XARELTO DVT-PE TREAT 30D START	Tier 2	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	Tier 2	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG	Tier 2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	Tier 2	QL (2 EA per 1 day)
<b>Factor Ix Complex (Pcc) Preparations</b>		
PROFILNINE	Tier 3	SP
<b>Factor Ix Preparations</b>		
ALPHANINE SD	Tier 3	SP
ALPROLIX	Tier 3	SP

Drug	Status	Notes
BENEFIX	Tier 3	SP
IDELVION	Tier 3	SP
IXINITY	Tier 3	SP
REBINYN	Tier 3	SP
RIXUBIS	Tier 3	SP
<b>Factor X Preparations</b>		
COAGADEX	Tier 3	SP
<b>Factor Xiii Preparations</b>		
CORIFACT	Tier 3	SP
TRETTEN	Tier 3	SP
<b>Hematinics,Other</b>		
MIRCERA	Tier 3	PA; SP
RETACRIT	Tier 2	PA; SP
<b>Hemophilia Treatment Agents,Non-Factor Replacement</b>		
HEMLIBRA	Tier 3	PA; SP
<b>Hemorrhologic Agents</b>		
<i>pentoxifylline</i>	Tier 1	
<b>Heparin And Related Preparations</b>		
<i>enoxaparin subcutaneous solution</i> (Lovenox)	Tier 1	SP; QL (30 ML per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox)	Tier 1	SP
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	Tier 1	SP; QL (24 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	Tier 1	SP; QL (15 ML per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	Tier 1	SP; QL (12 ML per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	Tier 1	SP; QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML	Tier 2	SP; QL (8 ML per 1 day)

Drug	Status	Notes
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	Tier 2	SP; QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	Tier 2	SP; QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	Tier 2	SP; QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	Tier 2	SP; QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	Tier 2	SP; 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 2	SP; QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	Tier 2	SP; 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)</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 solution 100 unit/ml (1 ml)</i>	Tier 1	

Drug	Status	Notes
<i>heparin, porcine (pf) intravenous syringe</i> (Heparin LockFlush(Porcine)(PF))	Tier 1	
<i>heparin, porcine (pf) subcutaneous</i>	Tier 1	
<b>Human Monoclonal Antibody Complement(C5) Inhibitor</b>		
FABHALTA	Tier 2	PA; SP
TAVNEOS	Tier 3	PA; SP
VOYDEYA	Tier 3	PA; SP
ZILBRYSQ	Tier 3	PA; SP
<b>Hypoxia Inducible Factor Prolyl Hydroxylase Inh.</b>		
JESDUVROQ	Tier 3	PA
<b>Leukocyte (Wbc) Stimulants</b>		
LEUKINE INJECTION RECON SOLN	Tier 2	PA; SP
NEULASTA	Tier 3	PA; SP
NEULASTA ONPRO	Tier 3	PA; SP
NEUPOGEN	Tier 3	PA; SP
NIVESTYM	Tier 2	PA; SP
NYVEPRIA	Tier 2	PA; SP
<b>Plasma Proteins</b>		
RYPLAZIM	Tier 3	PA; SP
<b>Platelet Aggregation Inhibitors</b>		
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	
BRILINTA	Tier 2	QL (2 EA per 1 day)

Drug	Status	Notes
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</i> (Effient)	Tier 1	QL (1 EA per 1 day)
ST JOSEPH ASPIRIN (aspirin)	\$0	
ST. JOSEPH ASPIRIN (aspirin)	\$0	
ZONTIVITY	Tier 3	QL (1 EA per 1 day)
<b>Platelet Reducing Agents</b>		
<i>anagrelide</i> (Agrylin)	Tier 1	
<b>Pyruvate Kinase Activators</b>		
PYRUKYND	Tier 3	PA; SP
<b>Sickle Cell Anemia Agents</b>		
DROXIA	Tier 3	
ENDARI (glutamine (sickle cell))	Tier 3	PA; SP
<i>glutamine (sickle cell)</i> (Endari)	Tier 1	PA; SP
OXBRYTA	Tier 3	PA; SP
SIKLOS ORAL TABLET 1,000 MG	Tier 3	ST: Requires prior prescription Droxia and Hydroxyurea within the past 365 days
SIKLOS ORAL TABLET 100 MG	Tier 3	QL (2 EA per 1 day)
<b>Spleen Tyrosine Kinase Inhibitors</b>		
TAVALISSE	Tier 2	PA; SP
<b>Thrombin Inhibitors, Selective, Direct, &amp; Reversible</b>		
<i>dabigatran etexilate</i> (Pradaxa)	Tier 1	QL (2 EA per 1 day)
PRADAXA ORAL PELLETS IN PACKET	Tier 3	PA
<b>Thrombopoietin Receptor Agonists</b>		
ALVAIZ	Tier 3	PA; SP
DOPTELET (10 TAB PACK)	Tier 2	PA; SP



Drug	Status	Notes
DOPTELET (15 TAB PACK)	Tier 2	PA; SP
DOPTELET (30 TAB PACK)	Tier 2	PA; SP
MULPLETA	Tier 3	PA; SP
PROMACTA	Tier 2	PA; SP
<b>Topical Hemostatics</b>		
ASTRINGYN	Tier 3	
AVITENE	Tier 3	
AVITENE FLOUR	Tier 3	
ENDO AVITENE	Tier 3	
EVARREST	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 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	
<b>Vitamin K Preparations</b>		
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	(Vitamin K1)	Tier 1
<i>phytonadione (vitamin k1) injection syringe</i>		Tier 1

Drug	Status	Notes
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 1	
VITAMIN K (phytonadione (vitamin k1))	Tier 1	
VITAMIN K1 INJECTION (phytonadione (vitamin k1))	Tier 1	
<b>Hormonal Deficiency</b>		
<b>Androgenic Agents</b>		
ANDRODERM	Tier 3	PA
KYZATREX	Tier 3	PA
METHITEST (methyltestosterone)	Tier 3	PA
<i>methyltestosterone oral capsule</i>	Tier 1	PA
<i>testosterone cypionate</i> (Depo-Testosterone)	Tier 1	PA
<i>testosterone enanthate</i>	Tier 1	PA
<i>testosterone transdermal</i> (AndroGel)	Tier 1	PA
TLANDO	Tier 3	PA
XYOSTED	Tier 3	PA
<b>Estrogen &amp; Progestin With Antimineralocorticoid Cb</b>		
ANGELIQ	Tier 3	
<b>Estrogen &amp; Selective Estrogen Recept Mod(Serm)Comb</b>		
DUAVEE	Tier 2	
<b>Estrogen And Progestin Combinations</b>		
BIJUVA ORAL CAPSULE 0.5-100 MG	Tier 2	QL (1 EA per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG	Tier 2	QL (30 EA per 30 days)
<b>Estrogen/Androgen Combinations</b>		
COVARYX (estrogens-methyltestosterone)	Tier 1	
COVARYX H.S. (estrogens-methyltestosterone)	Tier 1	
EEMT (estrogens-methyltestosterone)	Tier 1	

Drug	Status	Notes
EEMT HS (estrogens-methyltestosterone)	Tier 1	
ESTRATEST F.S. (estrogens-methyltestosterone)	Tier 1	
<i>estrogens-methyltestosterone</i> (Covaryx)	Tier 1	
<b>Estrogenic Agents</b>		
CLIMARA PRO	Tier 3	QL (1 EA per 7 days)
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 Alora or Estradiol within the past 120 days; QL (52 GM per 30 days)
<i>estradiol oral</i> (Estrace)	Tier 1	
<i>estradiol transdermal gel in metered-dose pump</i> (EstroGel)	Tier 1	ST: Requires prior prescription for Alora or Estradiol 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	QL (30 EA per 30 days)
<i>estradiol transdermal gel in packet 1 mg/gram (0.1 %)</i> (Divigel)	Tier 1	QL (30 GM per 30 days)
<i>estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)</i> (Divigel)	Tier 1	QL (37.5 GM per 30 days)
<i>estradiol transdermal patch semiweekly</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	
<i>estradiol-norethindrone acet</i> (Mimvey)	Tier 1	
EVAMIST	Tier 3	ST: Requires prior prescription for Alora or Estradiol within the past 120 days; QL (16.2 ML per 30 days)

Drug	Status	Notes
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	
<b>Menopausal Symptoms Suppressant - Ssris</b>		
<i>paroxetine mesylate(menop.sym)</i>	Tier 1	ST: Requires prior prescription for Paroxetine or Venlafaxine within the past 120 days; QL (1 EA per 1 day)
<b>Menopausal Symptoms Suppressant- Nk3 Receptor Antag</b>		
VEOZAH	Tier 3	
<b>Progestational Agents</b>		
CRINONE VAGINAL GEL 4 %	Tier 3	
<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	
<b>Immunization</b>		
<b>Antisera</b>		
CUTAQUIG	Tier 3	PA; SP
CUVITRU	Tier 3	PA; SP

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
GAMMAGARD LIQUID	Tier 2	PA; SP
GAMMAKED	Tier 3	PA; SP
GAMUNEX-C	Tier 3	PA; SP
HIZENTRA	Tier 3	PA; SP
HYQVIA	Tier 3	PA; SP
HYQVIA IG COMPONENT	Tier 3	PA; SP
XEMBIFY	Tier 3	PA; SP
<b>Covid-19 Vaccines</b>		
COMIRNATY 2024-25 (12Y UP)(PF)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.3 AND 12 YEARS OF AGE OR OLDER
MODERNA COVID 24-25(6M-11Y)PF	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.25 AND 6 MONTHS TO 11 YEARS OF AGE
NOVAVAX COVID 2024-25(PF)(EUA)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND 12 YEARS OF AGE OR OLDER
PFIZER COVID 2024-25(5Y-11Y)PF	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.3 AND 5-11 YEARS OF AGE
PFIZER COVID 2024-25(6MO-4Y)PF	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.3 AND 6 MONTHS TO 4 YEARS OF AGE
SPIKEVAX 2024-2025(12Y UP)(PF)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND 12 YEARS OF AGE OR OLDER
<b>Enteric Virus Vaccines</b>		
IPOL	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 3 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER

Drug	Status	Notes
<b>Gram Negative Cocci Vaccines</b>		
BEXSERO	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 2 IN 365 DAYS, AND 10-25 YEARS OF AGE
MENQUADFI (PF)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 2 IN 365 DAYS, AND 11-17 YEARS OF AGE \$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 365 DAYS, AND 18-23 YEARS OF AGE
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS AND 11-17 YEARS OF AGE \$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 1 IN 365 DAYS AND 18-23 YEARS OF AGE
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 2 IN 365 DAYS, AND 11-17 YEARS OF AGE \$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 365 DAYS, AND 18-23 YEARS OF AGE
PENBRAYA (PF)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND 18-25 YEARS OF AGE
TRUMENBA	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 3 IN 365 DAYS, AND 10-25 YEARS OF AGE
<b>Gram Positive Cocci Vaccines</b>		

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Drug	Status	Notes
PNEUMOVAX-23 INJECTION SYRINGE	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 365 DAYS AND 65 YEARS OF AGE OR OLDER
PREVNAR 20 (PF)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 365 DAYS AND 65 YEARS OF AGE OR OLDER
VAXNEUVANCE (PF)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 365 DAYS AND 65 YEARS OF AGE OR OLDER
<b>Influenza Virus Vaccines</b>		
AFLURIA TRIV 2024-2025	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS
AFLURIA TRIV 2024-2025 (PF)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS
FLUAD TRIV 2024-25(65Y UP)(PF)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 180 DAYS, AND 65 YEARS OF AGE OR OLDER
FLUARIX TRIV 2024-2025 (PF)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS
FLUBLOK TRIV 2024-2025 (PF)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 180 DAYS, AND 18 YEARS OF AGE OR OLDER
FLUCELVAX TRIV 2024-2025	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
FLUCELVAX TRIV 2024-2025 (PF)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS
FLULAVAL TRIV 2024-2025 (PF)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS
FLUMIST TRIVALENT 2024-2025	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1 AND FILL OF 1 IN 180 DAYS
FLUZONE HIGH-DOSE TRIV 24-25	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 180 DAYS, AND 65 YEARS OF AGE OR OLDER
FLUZONE TRIV 2024-2025	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS
FLUZONE TRIV 2024-2025 (PF)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS
<b>Vaccine/Toxoid Preparations,Combinations</b>		
ADACEL(TDAP ADOLESN/ADULT)(PF)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
BOOSTRIX TDAP	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
M-M-R II (PF)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER



Drug	Status	Notes
PRIORIX (PF)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
TDVAX (tetanus-diphtheria toxoids-td)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
TENIVAC (PF)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
<b>Viral/Tumorigenic Vaccines</b>		
ABRYSVO (PF)	\$0	\$0 COPAY IF FEMALE, QUANTITY IS LIMITED TO 1, FILL OF 1 IN 365 DAYS, 59 YEARS OF AGE OR YOUNGER, AND NO HISTORY OF AREXVY \$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 1 IN 365 DAYS, 60 YEARS OF AGE OR OLDER, AND NO HISTORY OF AREXVY
AREXVY (PF)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 1 IN 365 DAYS, AND 60 YEARS OF AGE OR OLDER
ENGERIX-B (PF)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 4 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER

Drug	Status	Notes
GARDASIL 9 (PF)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 3 IN 365 DAYS AND 9-45 YEARS OF AGE
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
HEPLISAV-B (PF)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 2 IN 365 AND 18 YEARS OF AGE OR OLDER
PREHEVBRIO (PF)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 3 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 3 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 3 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
SHINGRIX (PF)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS AND 50 YEARS OF AGE OR OLDER
TWINRIX (PF)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 4 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER

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Drug	Status	Notes
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
VARIVAX (PF)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
<b>Immunosuppression/Modulation</b>		
<b>Immunomodulators</b>		
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)
QUIDROXZAR	Tier 3	
QUIHOXAXIA (imiquimod-levocetirizin-niacin)	Tier 3	
QUIHOXVAR (imiquimod-tretinoin-levocetir)	Tier 3	
<b>Immunosuppressives</b>		
<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	

Drug	Status	Notes
<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	
SANDIMMUNE ORAL CAPSULE (cyclosporine)	Tier 3	
<i>sirolimus</i>	Tier 1	
<i>tacrolimus oral capsule</i> (Prograf)	Tier 1	
<i>tacrolimus oral capsule, extended release 24hr</i> (Astagraf XL)	Tier 1	ST: Requires prior prescription for generic Tacrolimus within the past 120 days
<b>Rho Kinase Inhibitor</b>		
REZUROCK	Tier 2	PA; SP
<b>Infectious Disease - Bacterial</b>		
<b>Absorbable Sulfonamides</b>		
<i>sulfadiazine</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral</i> (Bactrim)	Tier 1	
SULFATRIM (sulfamethoxazole-trimethoprim)	Tier 1	
<b>Betalactams</b>		
CAYSTON	Tier 2	PA; SP
<b>Cephalosporins - 1St Generation</b>		
<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	
<b>Cephalosporins - 2Nd Generation</b>		
<i>cefaclor oral capsule</i>	Tier 1	

Drug	Status	Notes
<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	
<b>Cephalosporins - 3Rd Generation</b>		
<i>cefdinir</i>	Tier 1	
<i>cefixime</i>	Tier 1	
<i>cefpodoxime</i>	Tier 1	
<b>Chemotherapeutics, Antibacterial, Misc.</b>		
<i>fosfomicin tromethamine</i>	Tier 1	
<i>methenamine hippurate</i> (Hiprex)	Tier 1	
<i>methenamine mandelate</i>	Tier 1	
<i>methen-sod phos-meth blue-hyos</i> (Urogescic-Blue)	Tier 1	
PRIMSOL	Tier 2	
<i>trimethoprim</i>	Tier 1	
URETRON D-S	Tier 2	
URIBEL TABS	Tier 3	
URIMAR-T ORAL TABLET	Tier 3	
URO-458	Tier 1	
UROGESIC-BLUE (methen-sod phos-meth blue-hyos)	Tier 1	
URO-MP	Tier 1	
<b>Fecal Microbiota Transplantation (Fmt)</b>		
REBYOTA	Tier 3	PA; SP
VOWST	Tier 2	PA; SP
<b>Macrolides</b>		
<i>azithromycin oral</i> (Zithromax)	Tier 1	

Drug	Status	Notes
<i>clarithromycin</i>	Tier 1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	Tier 2	QL (10 ML per 1 day)
DIFICID ORAL TABLET	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	
<b>Nitrofurantoin Derivatives</b>		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i> (Macrochantin)	Tier 1	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i> (Macrochantin)	Tier 1	QL (4 EA per 1 day)
<i>nitrofurantoin monohyd/m-cryst</i> (Macrobid)	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i> (Furadantin)	Tier 1	PA
<b>Oxazolidinones</b>		
<i>linezolid</i> (Zyvox)	Tier 1	
SIVEXTRO ORAL	Tier 2	ST: Requires prior prescription for Linezolid (600mg tablets) within the past 120 days; QL (6 EA per 6 days)
<b>Penicillins</b>		
<i>amoxicillin oral capsule</i>	Tier 1	
<i>amoxicillin oral suspension for reconstitution</i>	Tier 1	
<i>amoxicillin oral tablet</i>	Tier 1	

Drug	Status	Notes
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 1	
<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	
<b>Pleuromutilin Derivatives</b>		
XENLETA ORAL	Tier 3	PA
<b>Quinolones</b>		
BAXDELA ORAL	Tier 3	PA
CIPRO ORAL (ciprofloxacin) SUSPENSION, MICROCAPSULE RECON	Tier 2	
<i>ciprofloxacin</i> (Cipro)	Tier 1	
<i>ciprofloxacin hcl oral</i> (Cipro)	Tier 1	
FACTIVE	Tier 3	
<i>levofloxacin oral</i>	Tier 1	
<i>moxifloxacin oral</i>	Tier 1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 1	
<b>Tetracyclines</b>		
<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> (Acticlate)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 150mg tablets within the past 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
doxycycline hyclate oral tablet 50 mg (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)
doxycycline hyclate oral tablet 75 mg (Acticlate)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
doxycycline monohydrate oral capsule 100 mg (Mondoxyne NL)	Tier 1	
doxycycline monohydrate oral capsule 150 mg	Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral capsule 50 mg (Monodox)	Tier 1	
doxycycline monohydrate oral capsule 75 mg (Mondoxyne NL)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
doxycycline monohydrate oral suspension for reconstitution	Tier 1	
doxycycline monohydrate oral tablet 100 mg (Avidoxy)	Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral tablet 150 mg	Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral tablet 50 mg, 75 mg	Tier 1	
minocycline oral capsule	Tier 1	
minocycline oral tablet	Tier 1	
MONDOXYNE NL ORAL CAPSULE 100 MG (doxycycline monohydrate)	Tier 1	



Drug	Status	Notes
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	
<b>Infectious Disease - Fungal</b>		
<b>Antifungal Agents</b>		
<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	
<b>Antifungal Antibiotics</b>		
BREXAFEMME	Tier 3	PA
<i>griseofulvin microsize</i>	Tier 1	
<i>griseofulvin ultramicrosize</i>	Tier 1	
<i>nystatin oral</i>	Tier 1	
<b>Infectious Disease - Miscellaneous</b>		
<b>Aminoglycosides</b>		
ARIKAYCE	Tier 3	PA; SP
<i>neomycin</i>	Tier 1	

Drug	Status	Notes
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
<b>Antibacterial Agents,Miscellaneous</b>		
<i>glycine urologic solution</i> (Glycine Urologic)	Tier 1	
<b>Antileptotics</b>		
<i>dapsone oral</i>	Tier 1	
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 2	PA; SP
<b>Anti-Mycobacterium Agents</b>		
<i>ethambutol</i>	Tier 1	
<i>isoniazid oral</i>	Tier 1	
PASER	Tier 3	
<i>pyrazinamide</i>	Tier 1	
<i>rifabutin</i> (Mycobutin)	Tier 1	
TRECTOR	Tier 3	
<b>Antitubercular Antibiotics</b>		
<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
<b>Lincosamides</b>		
<i>clindamycin hcl</i> (Cleocin HCl)	Tier 1	
<i>clindamycin palmitate hcl</i> (Clindamycin Pediatric)	Tier 1	
CLINDAMYCIN PEDIATRIC (clindamycin palmitate hcl)	Tier 1	
<b>Rifamycins And Related Derivative Antibiotics</b>		

Drug	Status	Notes
AEMCOLO	Tier 3	ST: Requires prior prescription for generic oral Azithromycin, Ciprofloxacin, Levofloxacin, or Ofloxacin within the past 120 days; QL (12 EA per 1 FILL)
XIFAXAN ORAL TABLET 200 MG	Tier 3	PA
XIFAXAN ORAL TABLET 550 MG	Tier 2	PA
<b>Vancomycin And Derivatives</b>		
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	Tier 1	QL (56 EA per 1 FILL)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	Tier 1	QL (112 EA per 1 FILL)
<i>vancomycin oral recon soln 25 mg/ml</i> (Firvanq)	Tier 1	QL (300 ML per 1 FILL)
<i>vancomycin oral recon soln 50 mg/ml</i> (Firvanq)	Tier 1	QL (600 ML per 1 FILL)
<b>Infectious Disease - Parasitic</b>		
<b>2Nd Gen. Anaerobic Antiprotozoal-Antibacterial</b>		
SOLOSEC	Tier 3	ST: At least 2 prior prescriptions for Clindamycin vaginal cream, Metronidazole vaginal gel, Tinidazole, or Vandazole gel within the past 365 days; QL (1 EA per 30 days)
<i>tinidazole</i>	Tier 1	
<b>Amebicides</b>		
<i>paromomycin</i> (Humatin)	Tier 1	
<b>Anaerobic Antiprotozoal-Antibacterial Agents</b>		
LIKMEZ	Tier 3	PA
<i>metronidazole oral</i> (Flagyl)	Tier 1	
<b>Anthelmintics</b>		
<i>albendazole</i>	Tier 1	
EGATEN	Tier 3	

Drug	Status	Notes
EMVERM (mebendazole)	Tier 2	PA
<i>ivermectin oral</i> (Stromectol)	Tier 1	
<i>praziquantel</i> (Biltricide)	Tier 1	
<b>Antimalarial Drugs</b>		
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)
<b>Antiparasitics</b>		
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)
<b>Antiprotozoal Drugs, Miscellaneous</b>		
<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	

Drug	Status	Notes
<b>Infectious Disease - Viral</b>		
<b>Antiretroviral - Capsid Inhibitors</b>		
SUNLENCA ORAL	Tier 2	PA; SP
<b>Antiretroviral-Integrase Inhibitor And Nrti Comb.</b>		
JULUCA	Tier 2	SP; QL (1 EA per 1 day)
<b>Antiretroviral-Integrase Inhibitor And Nrti Comb.</b>		
DOVATO	Tier 2	SP; QL (1 EA per 1 day)
<b>Antiretroviral- Nucleoside,Nucleotide,Protease Inh.</b>		
SYMTUZA	Tier 2	SP; QL (1 EA per 1 day)
<b>Antiviral - Main Protease (Mpro) Inhibitor</b>		
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	Tier 2	QL (20 EA per 28 days); Age (Min 12 Years)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	Tier 2	QL (30 EA per 28 days); Age (Min 12 Years)
<b>Antiviral Nucleotide Analogs</b>		
LAGEVRIO (EUA)	Tier 1	QL (40 EA per 29 days); Age (Min 18 Years)
<b>Antivirals, General</b>		
<i>acyclovir oral capsule</i>	Tier 1	
<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)

Drug	Status	Notes
<i>ribavirin inhalation</i> (Virazole)	Tier 1	
<i>rimantadine</i> (Flumadine)	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 20 MG, 40 MG	Tier 2	QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 80 MG	Tier 2	QL (2 EA per 180 days)
<b>Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib</b>		
APTIVUS	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)
<b>Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog</b>		
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	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada)	Tier 1	SP; QL (1 EA per 1 day)

Drug	Status	Notes
<i>emtricitabine-tenofovir (tdf) oral tablet</i> (Truvada) 200-300 mg	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
<b>Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb</b>		
<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)
<b>Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.</b>		
<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)
<b>Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor</b>		
RUKOBIA	Tier 2	PA; SP
<b>Antivirals, Hiv-Specific, Fusion Inhibitors</b>		
FUZEON SUBCUTANEOUS RECON SOLN	Tier 2	SP; QL (2 EA per 1 day)
<b>Antivirals, Hiv-Specific, Non-Nucleoside, Rti</b>		
EDURANT	Tier 2	SP; QL (1 EA per 1 day)
<i>efavirenz</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)

Drug	Status	Notes
<b>Antivirals, Hiv-Specific, Nucleoside Analog, Rti</b>		
<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	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION	Tier 2	SP; QL (850 ML per 30 days)
<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</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)
<b>Antivirals, Hiv-Specific, Nucleotide Analog, Rti</b>		
<i>tenofovir disoproxil fumarate</i> (Viread)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
VIREAD ORAL POWDER	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)
<b>Antivirals, Hiv-Specific, Protease Inhibitor Comb</b>		



Drug	Status	Notes
<i>lopinavir-ritonavir oral solution</i> (Kaletra)	Tier 1	SP; QL (480 ML per 30 days)
<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)
<b>Antivirals, Hiv-Specific, Protease Inhibitors</b>		
<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 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
<b>Antivirals, Hiv-1 Integrase Strand Transfer Inhibtr</b>		
APRETUDE (cabotegravir)	\$0	ST: Requires prior prescription for Descovy or generic Truvada within the past 120 days; \$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)

Drug	Status	Notes
<i>cabotegravir intramuscular suspension, extended release 600 mg/3 ml (200 mg/ml)</i> (Apretude)	\$0	ST: Requires prior prescription for Descovy or generic Truvada within the past 120 days; \$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
ISENTRESS HD	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)
VOCABRIA	Tier 2	SP; QL (1 EA per 1 day); Age (Min 12 Years)
<b>Arv Cmb Nucleoside, Nucleotide, &amp; Non-Nucleoside Rti</b>		
<i>efavirenz-emtricitabin-tenofovir</i> (Atripla)	Tier 1	SP; QL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> (Symfi)	Tier 1	SP; QL (1 EA per 1 day)
ODEFSEY	Tier 2	SP; QL (1 EA per 1 day)
<b>Arv Cmb-Nrti, N(T)Rti, Integrase Inhibitor</b>		
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)
<b>Arv Comb-Nrtis &amp; Integrase Inhibitor</b>		
TRIUMEQ	Tier 2	SP; QL (1 EA per 1 day)
TRIUMEQ PD	Tier 2	SP; QL (6 EA per 1 day)
<b>Cytochrome P450 Inhibitors</b>		

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Drug	Status	Notes
TYBOST	Tier 2	QL (1 EA per 1 day)
<b>Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo</b>		
VOSEVI	Tier 2	PA; SP
<b>Hep C Virus - Ns5a &amp; Ns5b Polymerase Inhib. Combo.</b>		
EPCLUSA (sofosbuvir-velpatasvir)	Tier 2	PA; SP
HARVONI (ledipasvir-sofosbuvir)	Tier 2	PA; SP
<b>Hep C Virus, Nucleotide Analog Ns5b Polymerase Inh</b>		
SOVALDI	Tier 3	PA; SP
<b>Hepatitis B Treatment Agents</b>		
<i>adefovir</i> (Hepsera)	Tier 1	SP; QL (1 EA per 1 day)
BARACLUDE ORAL SOLUTION	Tier 2	SP; QL (630 ML per 30 days)
<i>entecavir</i> (Baraclude)	Tier 1	SP; QL (1 EA per 1 day)
<i>lamivudine oral tablet 100 mg</i>	Tier 1	QL (1 EA per 1 day)
VEMLIDY	Tier 2	SP; QL (1 EA per 1 day)
<b>Hepatitis C Treatment Agents</b>		
PEGASYS	Tier 2	PA; SP
<i>ribavirin oral capsule</i>	Tier 1	
<i>ribavirin oral tablet 200 mg</i>	Tier 1	
<b>Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb</b>		
MAVYRET	Tier 3	PA; SP
<b>Inflammatory Disease</b>		
<b>Anti-Arthritic And Chelating Agents</b>		
CUPRIMINE (penicillamine)	Tier 3	PA; SP
D-PENAMINE	Tier 1	PA; SP
<i>penicillamine</i> (Cuprimine)	Tier 1	PA; SP
<b>Anti-Arthritic, Folate Antagonist Agents</b>		
OTREXUP (PF)	Tier 2	QL (1.6 ML per 28 days)

Drug	Status	Notes
<b>Anti-Flam. Interleukin-1 Receptor Antagonist</b>		
ARCALYST	Tier 3	PA; SP
KINERET	Tier 3	PA; SP
<b>Anti-Inflammatory Tumor Necrosis Factor Inhibitor</b>		
<i>adalimumab-adaz</i> (Hyrimoz(CF))	Tier 2	PA; SP
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	Tier 2	PA; SP
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	Tier 2	PA; SP
CIMZIA	Tier 3	PA; SP
CIMZIA POWDER FOR RECONST	Tier 3	PA; SP
CIMZIA STARTER KIT	Tier 3	PA; SP
CYLTEZO(CF) (adalimumab-adbm)	Tier 2	PA; SP
CYLTEZO(CF) PEN (adalimumab-adbm)	Tier 2	PA; SP
CYLTEZO(CF) PEN CROHN'S-UC-HS (adalimumab-adbm)	Tier 2	PA; SP
CYLTEZO(CF) PEN PSORIASIS-UV (adalimumab-adbm)	Tier 2	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
HUMIRA PEN	Tier 2	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 2	PA; SP
HUMIRA(CF)	Tier 2	PA; SP
HUMIRA(CF) PEN	Tier 2	PA; SP
HUMIRA(CF) PEN CROHNS-UC-HS	Tier 2	PA; SP
HUMIRA(CF) PEN PEDIATRIC UC	Tier 2	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS	Tier 2	PA; SP

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Drug	Status	Notes
HYRIMOZ PEN CROHN'S-UC STARTER	Tier 2	PA; SP
HYRIMOZ PEN PSORIASIS STARTER	Tier 2	PA; SP
HYRIMOZ(CF) (adalimumab-adaz)	Tier 2	PA; SP
HYRIMOZ(CF) PEDI CROHN STARTER	Tier 2	PA; SP
HYRIMOZ(CF) PEN (adalimumab-adaz)	Tier 2	PA; SP
SIMLANDI(CF) AUTOINJECTOR (adalimumab-ryvk)	Tier 2	PA; SP
SIMPONI	Tier 3	PA; SP
<b>Anti-Inflammatory, Pyrimidine Synthesis Inhibitor</b>		
<i>leflunomide</i> (Arava)	Tier 1	
<b>Anti-Inflammatory, Phosphodiesterase-4(Pde4) Inhib.</b>		
OTEZLA	Tier 2	PA; SP
OTEZLA STARTER	Tier 2	PA; SP
<b>Anti-Inflammatory/Antiarthritics Agents, Misc.</b>		
EUFLEXXA	Tier 2	PA
SYNVISC	Tier 2	PA
SYNVISC-ONE	Tier 2	PA
<b>Antinflammatory, Sel.Costim.Mod., T-Cell Inhibitor</b>		
ORENCIA	Tier 3	PA; SP
ORENCIA CLICKJECT	Tier 3	PA; SP
<b>Bradykinin B2 Receptor Antagonists</b>		
<i>icatibant</i> (Sajazir)	Tier 1	PA; SP
SAJAZIR (icatibant)	Tier 1	PA; SP
<b>C1 Esterase Inhibitors</b>		
BERINERT	Tier 3	PA; SP
CINRYZE	Tier 3	PA; SP
HAEGARDA	Tier 3	PA; SP
RUCONEST	Tier 3	PA; SP

Drug	Status	Notes
<b>Glucocorticoids</b>		
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 Disodium 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	
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	
PREDNISONO INTENSOL	Tier 2	
SOLU-CORTEF	Tier 3	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML	Tier 3	
TARPEYO	Tier 3	PA; SP

Drug	Status	Notes
TRILOAN II SUIK	Tier 3	
TRILOAN SUIK	Tier 3	
<b>Gold Salts</b>		
RIDAURA	Tier 3	
<b>Immunomodulator,B-Lymphocyte Stim(Blys)-Spec Inhib</b>		
BENLYSTA SUBCUTANEOUS	Tier 3	PA; SP
<b>Interleukin-6 (II-6) Receptor Inhibitors</b>		
ACTEMRA ACTPEN	Tier 3	PA; SP
ACTEMRA SUBCUTANEOUS	Tier 3	PA; SP
ENSPRYNG	Tier 3	PA; SP
KEVZARA	Tier 3	PA; SP
TYENNE AUTOINJECTOR	Tier 3	PA; SP
TYENNE SUBCUTANEOUS	Tier 3	PA; SP
<b>Janus Kinase (Jak) Inhibitors</b>		
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
<b>Mineralocorticoids</b>		
<i>fludrocortisone</i>	Tier 1	
<b>Monoclonal Antibody-Human Interleukin 12/23 Inhib</b>		
STELARA SUBCUTANEOUS	Tier 2	PA; SP
<b>Nsaids (Cox Non-Specific Inhib)&amp; Prostaglandin Cmb</b>		
<i>diclofenac-misoprostol</i> (Arthrotec 50)	Tier 1	
<b>Nsaids, Cyclooxygenase 2 Inhibitor - Type</b>		
<i>celecoxib</i> (Celebrex)	Tier 1	

Drug	Status	Notes
<b>Nsaids, Cyclooxygenase Inhibitor-Type</b>		
<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>	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	
<i>indomethacin oral capsule, extended release</i>	Tier 1	
<i>indomethacin rectal suppository 100 mg</i>	Tier 1	
<i>ketoprofen oral capsule</i> (Kiprofen)	Tier 1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	Tier 1	
<i>ketorolac injection solution</i>	Tier 1	
<i>ketorolac injection syringe</i>	Tier 1	
<i>ketorolac intramuscular solution</i>	Tier 1	
<i>ketorolac intramuscular syringe</i>	Tier 1	
<i>ketorolac oral</i>	Tier 1	QL (20 EA per 5 days)
KIPROFEN (ketoprofen)	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-Naproxen)	Tier 1	
<i>naproxen sodium oral tablet 275 mg</i>	Tier 1	



Drug	Status	Notes
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	Tier 1	
<i>oxaprozin oral tablet</i> (Daypro)	Tier 1	
<i>piroxicam</i> (Feldene)	Tier 1	
<i>sulindac</i>	Tier 1	
<i>tolmetin oral capsule</i>	Tier 1	
TORONOVA II SUIK	Tier 3	
TORONOVA SUIK	Tier 3	
<b>Plasma Kallikrein Inhibitors</b>		
ORLADEYO	Tier 3	PA; SP
TAKHZYRO	Tier 3	PA; SP
<b>Local Anesthesia</b>		
<b>Local Anesthetics</b>		
GLYDO (lidocaine hcl)	Tier 1	
KOVANAZE	Tier 3	
<i>lidocaine hcl mucous membrane jelly in applicator</i> (Glydo)	Tier 1	
<i>lidocaine hcl mucous membrane solution</i> (Lidocaine Viscous)	Tier 1	
LIDOCAINE VISCOUS (lidocaine hcl)	Tier 1	
MARVONA SUIK (PF)	Tier 3	
<b>Periodontal Anesthetics</b>		
ORAQIX	Tier 3	
<b>Lower Gastrointestinal Disorders - Bowel Inflammation</b>		
<b>Chronic Inflammation of the Colon, 5-Aminosalicylate, Rectal Treatment</b>		
<i>mesalamine rectal</i> (Canasa)	Tier 1	
<i>mesalamine with cleansing wipe</i> (Rowasa)	Tier 1	
<b>Drug Treatment of Chronic Inflammation of the Colon, 5-Aminosalicylate</b>		
<i>balsalazide</i> (Colazal)	Tier 1	
<i>mesalamine oral capsule, extended release</i> (Pentasa)	Tier 1	

Drug	Status	Notes
<i>mesalamine oral capsule, extended release 24hr</i> (Apriso)	Tier 1	
<i>mesalamine oral tablet, delayed release (dr/ec)</i> (Lialda)	Tier 1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	Tier 2	
<i>sulfasalazine</i> (Azulfidine)	Tier 1	
<b>Hemorrhoidal Prep, Anti-Inflam Steroid/Local Anesth</b>		
ANA-LEX KIT (lidocaine-hydrocortisone- aloe)	Tier 1	
<i>hydrocortisone-pramoxine rectal cream</i> (Analpram-HC)	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal</i>	Tier 1	
<i>lidocaine-hydrocortisone-aloe</i>	Tier 1	
PROCORT	Tier 3	
PROCTOFOAM HC	Tier 2	
ZYPRAM	Tier 3	
<b>Ibs Agents, Mixed Opioid Recep Agonists/Antagonists</b>		
VIBERZI	Tier 3	PA
<b>Integrin Receptor Antagonist, Monoclonal Antibody</b>		
ENTYVIO PEN	Tier 3	PA; SP
<b>Irritable Bowel Agents, Guanylate Cylase-C Agonist</b>		
LINZESS	Tier 2	QL (1 EA per 1 day)
<b>Local Anorectal Nitrate Preparations</b>		
<i>nitroglycerin rectal</i> (Rectiv)	Tier 1	
<b>Rectal Preparations</b>		
ANUCORT-HC (hydrocortisone acetate)	Tier 1	
<i>hydrocortisone acetate rectal</i> (Anucort-HC)	Tier 1	
<b>Rectal/Lower Bowel Prep., Glucocort. (Non-Hemorr)</b>		

Drug	Status	Notes
<i>budesonide rectal</i> (Uceris)	Tier 1	
CORTIFOAM	Tier 3	
<i>hydrocortisone rectal</i> (Cortenema)	Tier 1	
<b>Lower Gastrointestinal Disorders - Other</b>		
<b>Ammonia Inhibitors</b>		
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
<b>Antidiarrheal - G.I. Chloride Channel Inhibitors</b>		
MYTESI	Tier 2	SP; ST: Requires prior prescription for Antiretrovirals within the past 120 days; QL (2 EA per 1 day)
<b>Antidiarrheal - Tryptophan Hydroxylase Inhibitor</b>		
XERMELO	Tier 2	PA; SP
<b>Antidiarrheals</b>		
<i>diphenoxylate-atropine</i> (Lomotil)	Tier 1	
<i>loperamide oral capsule</i> (Anti-Diarrheal (loperamide))	Tier 1	
<i>opium tincture</i>	Tier 1	
<b>Bile Salts</b>		
CHENODAL	Tier 3	PA; SP
CHOLBAM	Tier 3	PA; SP

Drug	Status	Notes
<i>ursodiol oral capsule 300 mg</i>	Tier 1	
<i>ursodiol oral tablet</i> (URSO Forte)	Tier 1	
<b>Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog</b>		
OCALIVA	Tier 2	PA; SP
<b>Ileal Bile Acid Transporter (Ibat) Inhibitor</b>		
BYLVAY	Tier 3	PA; SP
LIVMARLI	Tier 3	PA; SP
<b>Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type</b>		
<i>alose tron</i> (Lotronex)	Tier 1	
<b>Laxatives And Cathartics</b>		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 320, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (320 ML per 1 FILL)
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	\$0	\$0 COPAY IF QUANTITY IS 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 IS 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 IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)

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Drug	Status	Notes
GAVILYTE-N (peg-electrolyte soln)	\$0	\$0 COPAY IF QUANTITY IS 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</i> (Amitiza)	Tier 1	QL (2 EA per 1 day)
<i>peg 3350-electrolytes</i> (GaviLyte-G)	\$0	\$0 COPAY IF QUANTITY IS 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 IS 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 IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
PLENVU	\$0	ST: Prior prescription for Sutab, Clenpiq, or generic bowel prep within the past 120 days; \$0 COPAY IF QUANTITY IS LIMITED TO 3, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (3 EA per 1 FILL)
<i>sodium,potassium,mag sulfates</i> (Suprep Bowel Prep Kit)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 354, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (354 ML per 1 FILL)

Drug	Status	Notes
SUFLAVE	\$0	ST: Prior prescription for Sutab, Clenpiq, or generic bowel prep within the past 120 days; \$0 COPAY IF QUANTITY IS 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 IS LIMITED TO 24, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (24 EA per 1 FILL)
<b>Narcotic Antagonists, Peripherally-Acting</b>		
<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
<b>Ppar Agonist</b>		
IQIRVO	Tier 3	PA; SP
LIVDELZI	Tier 3	PA; SP
<b>Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs</b>		
GATTEX 30-VIAL	Tier 2	PA; SP
GATTEX ONE-VIAL	Tier 2	PA; SP
<b>Medical Supplies</b>		
<b>Bandages And Related Supplies</b>		
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	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
CARRASYN HYDROGEL WOUND DRESS	Tier 3	
CURAD XEROFORM PETROLATM DRESS	Tier 3	
CURAFIL GEL WOUND	Tier 3	
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	
KENDALL AMD ANTIMICRB FOAM DRS	Tier 3	
KERAGEL	Tier 3	
KERLIX AMD	Tier 3	
MAXORB EXTRA TOPICAL BANDAGE 4 X 4 "	Tier 3	
MEDIHONEY (HYDROCOLLOID-HONEY)	Tier 3	
OASIS WOUND MATRIX FENESTRATED	Tier 3	
OASIS WOUND MATRIX MESHED	Tier 3	
PETROLEUM GAUZE	Tier 3	
PIVOT SILVER ALGINATE	Tier 3	
PURACOL PLUS AG	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	
SILINOIN	Tier 3	

Drug	Status	Notes
SPECTRAGEL	Tier 3	
STRATACTX	Tier 3	
STRATAGRT	Tier 3	
STRATAVRT	Tier 3	
THERAHONEY	Tier 3	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 4 X 4 ", 5 X 9 "	Tier 3	
ZENPHOR	Tier 3	
<b>Blood Administration Sets</b>		
IVENIX BLOOD PRODUCT ADMIN SET	Tier 3	
<b>Catheters And Related Devices</b>		
ADVANCE PLUS INTERMITTENT (catheter)	Tier 3	
APOGEE IC INTERMIT CATHETER	Tier 3	
APOGEE PLUS INTERMITT CATHETER	Tier 3	
BARDEX I.C. FOLEY CATHETER	Tier 3	
CURITY DRAINAGE BAG	Tier 3	
DOVER COATED LATEX FOLEY	Tier 3	
DOVER FOLEY CATHETER 24 FR	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 HYDRO-KIT	Tier 3	
LOFRIC ORIGO (catheter)	Tier 3	
LOFRIC PRIMO NELATON CATHETER	Tier 3	
LOFRIC SENSE NELATON CATHETER	Tier 3	



Drug	Status	Notes
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	
<b>Durable Medical Equipment,Misc</b>		
ALL FLOW 1000 KIT (nebulizer accessories)	Tier 3	
ALL FLOW 1000 PFT FILTER (nebulizer accessories)	Tier 3	
ALL FLOW 3000 KIT (nebulizer accessories)	Tier 3	
ALL FLOW 3000 PFT FILTER (nebulizer accessories)	Tier 3	
ALL FLOW 4000 KIT (nebulizer accessories)	Tier 3	
ALL FLOW 4000 PFT FILTER (nebulizer accessories)	Tier 3	
ALL FLOW 5000 KIT (nebulizer accessories)	Tier 3	
ALL FLOW 5000 PFT FILTER (nebulizer accessories)	Tier 3	
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	
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	

Drug	Status	Notes
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	
PRO-CEPTION	Tier 3	
PRONEB ULTRA II FILTER ASSEM (nebulizer accessories)	Tier 3	
PTS COLLECT CAPILLARY TUBE	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	
<b>Durable Medical Equipment,Misc(Group 1)</b>		
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	
ALTERNATE SITE LANCET (lancets)	Tier 2	
ASSURE LANCE (lancets)	Tier 2	
ASSURE LANCE PLUS (lancets)	Tier 2	
BD MICROTAINER LANCET (lancets)	Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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 (lancets)	Tier 2	
COMFORT TOUCH PLUS SAFETY LANC (lancets)	Tier 2	
COMFORT TOUCH ULT THIN LANCETS	Tier 2	
DROPLET LANCETS (lancets)	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	

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Drug	Status	Notes
FREESTYLE UNISTIK 2 (lancets)	Tier 2	
GLUCOCOM LANCETS (lancets)	Tier 2	
GOJJI LANCETS (lancets)	Tier 2	
HEALTHY ACCENTS UNILET LANCET (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 , 28 GAUGE (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	
MICRODOT LANCET (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	
ON CALL PLUS LANCET (lancets)	Tier 2	
ONETOUCH DELICA PLUS LANCET (lancets)	Tier 2	
ONETOUCH DELICA SAFETY LANCET (lancets)	Tier 2	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ONETOUCH ULTRASOFT 2 LANCET (lancets)	Tier 2	
ON-THE-GO LANCETS (lancets)	Tier 2	
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 (lancets)	Tier 2	
RELIAMED LANCET (lancets)	Tier 2	
RELIAMED SAFETY SEAL LANCETS (lancets)	Tier 2	
RELIAMED TWIST AND CAP LANCET (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	
SOFT TOUCH LANCETS (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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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 FINE LANCETS (lancets)	Tier 2	
ULTRA THIN II LANCETS (lancets)	Tier 2	
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 COMFORT LANCET (lancets)	Tier 2	
UNISTIK 3 EXTRA LANCET (lancets)	Tier 2	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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 28 GAUGE (lancets)	Tier 2	
VIVAGUARD LANCET (lancets)	Tier 2	
VIVAGUARD SAFETY LANCET (lancets)	Tier 2	
<b>Feeding Devices</b>		
ENTERAL GRAVITY BAG SET-ENFIT	Tier 3	
KANGAROO 924 SAFETY SCREW (pump set)	Tier 3	
KANGAROO EPUMP SET	Tier 3	
KANGAROO GRAVITY SET	Tier 3	
RELIZORB	Tier 3	
<b>Incontinence Supplies</b>		
FLEXI-SEAL SIGNAL FMS	Tier 3	
TENSCARE ITOUCH SURE	Tier 3	
<b>Medical Supplies,Miscellaneous</b>		
VARITHENA ADMINISTRATION PACK	Tier 3	
VIBRANT	Tier 3	
VIBRANT STARTER KIT	Tier 3	
<b>Medical Supplies,Miscellaneous(Group 2)</b>		

Drug	Status	Notes
EAR POPPER INFLATION DEVICE	Tier 3	
PCCA ACCUPEN-15	Tier 3	
<b>Medical Supplies,Miscellaneous(Group 3)</b>		
XENOVIEW EMPTY DELIVERY BAG	Tier 3	
<b>Parenteral Administration Sets</b>		
BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1", 24 GAUGE X 3/4"	Tier 3	
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4"	Tier 3	
FILTERED EXTENSION SET	Tier 3	
HALO B-LOCK CLOSED LINE ADAPTR	Tier 3	
HALO CLOSED BAG ADAPTOR	Tier 3	
HALO CLOSED LINE ADAPTOR	Tier 3	
HALO CLOSED SYRINGE ADAPTOR	Tier 3	
HI-VOLUME PUMPING CHAMBER SET	Tier 3	
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	
IVENIX ADMIN SET SINGLE-INLET (iv administration set)	Tier 3	
MICROBORE EXTENSION SET (iv admin extension 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	

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Drug	Status	Notes
PHASEAL INJECTOR LUER	Tier 3	
PHASEAL INJECTOR LUER LOCK	Tier 3	
PHASEAL SECONDARY SET	Tier 3	
PHASEAL Y-SITE	Tier 3	
RATE FLOW REGULATOR IV SET (iv administration set)	Tier 3	
TRANSFER SET	Tier 3	
<b>Syringes And Accessories</b>		
BD INSULIN SYRINGE (HALF UNIT)	Tier 2	
BD INSULIN SYRINGE U-500	Tier 2	
BD INSULIN SYRINGE ULTRA-FINE (insulin syringe-needle u-100)	Tier 2	
BD VEO INSULIN SYR (HALF UNIT)	Tier 2	
BD VEO INSULIN SYRINGE UF (insulin syringe-needle u-100)	Tier 2	
EXTENDED RESERVOIR	Tier 3	
INTERLINK LEVER LOCK CANNULA	Tier 3	
KENDALL DISINFECTANT CAP	Tier 3	
PARADIGM RESERVOIR	Tier 3	
<b>Miscellaneous Agents</b>		
<b>Amyloidosis Agents-Transthyretin (Ttr) Suppression</b>		
TEGSEDI	Tier 3	PA; SP
WAINUA	Tier 3	PA; SP
<b>Anaphylaxis Therapy Agents</b>		
<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)
SYMJEPI (epinephrine)	Tier 2	QL (4 EA per 1 FILL)
<b>Cxcr4 Chemokine Receptor Antagonist</b>		
XOLREMDI	Tier 3	PA; SP
<b>Genetic D/O Tx-Exon Inclusion Antisense Oligonucle</b>		

Drug	Status	Notes
EVRYSDI	Tier 3	PA; SP
<b>Miscellaneous Agents</b>		
NEXAVIR	Tier 3	
<b>Parasympathetic Agents</b>		
<i>bethanechol chloride</i>	Tier 1	
<i>cevimeline</i> (Evoxac)	Tier 1	
<i>pilocarpine hcl oral</i> (Salagen (pilocarpine))	Tier 1	
<b>Pharmacological Chaperone-Alpha-Galactosid.A Stabz</b>		
GALAFOLD	Tier 3	PA; SP
<b>Pku Treatment Agents - Phenylalanine Ammonia Lyase</b>		
PALYNZIQ	Tier 2	PA; SP
<b>Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase</b>		
JAVYGTOR (sapropterin)	Tier 1	SP
KUVAN (sapropterin)	Tier 2	SP
<i>sapropterin</i> (Javygtor)	Tier 1	SP
<b>Systemic Enzyme Inhibitors</b>		
ARALAST NP	Tier 3	SP
JOENJA	Tier 3	PA; SP
PROLASTIN-C INTRAVENOUS SOLUTION	Tier 3	SP
VIJOICE	Tier 3	PA; SP
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	Tier 3	SP
ZOKINVY	Tier 3	PA; SP
<b>Thyroid Hormone Receptor (Thr) Agonist</b>		
REZDIFFRA	Tier 3	PA; SP
<b>Topical Anticholinergic Hyperhidrosis Tx Agents</b>		
QBREXZA	Tier 2	PA

Drug	Status	Notes
<b>Neoplastic Disease</b>		
<b>Alkylating Agents</b>		
<i>cyclophosphamide oral</i>	Tier 1	SP
GLEOSTINE (lomustine)	Tier 3	PA; SP
<i>hydroxyurea</i> (Hydrea)	Tier 1	
LEUKERAN	Tier 2	SP
MYLERAN	Tier 2	SP
<i>temozolomide</i>	Tier 1	PA; SP
<b>Antiandrogenic Agents</b>		
<i>abiraterone</i> (Zytiga)	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
<b>Antibiotic Antineoplastics</b>		
JELMYTO	Tier 3	PA; SP
<b>Antimetabolites</b>		
<i>capecitabine</i> (Xeloda)	Tier 1	PA; SP
INQOVI	Tier 2	PA; SP
JYLAMVO	Tier 3	PA
LONSURF	Tier 2	PA; SP
<i>mercaptopurine</i>	Tier 1	
<i>methotrexate sodium</i>	Tier 1	
<i>methotrexate sodium (pf)</i>	Tier 1	
ONUREG	Tier 2	PA; SP
PURIXAN	Tier 2	SP; ST: Requires prior prescription for Mercaptopurine within the past 120 days

Drug	Status	Notes
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)
<b>Antineoplastic Aromatase Inhibitors</b>		
<i>anastrozole</i> (Arimidex)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<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	
<b>Antineoplastic - Braf Kinase Inhibitors</b>		
BRAFTOVI	Tier 2	PA; SP
OJEMDA	Tier 3	PA; SP
TAFINLAR	Tier 2	PA; SP
ZELBORAF	Tier 2	PA; SP
<b>Antineoplastic - Hedgehog Pathway Inhibitor</b>		
DAURISMO	Tier 2	PA; SP
ERIVEDGE	Tier 2	PA; SP
ODOMZO	Tier 2	PA; SP
<b>Antineoplastic - Janus Kinase (Jak) Inhibitors</b>		
JAKAFI	Tier 2	PA; SP
<b>Antineoplastic - Kras Protein Inhibitor</b>		
KRAZATI	Tier 2	PA; SP
LUMAKRAS	Tier 2	PA; SP

Drug	Status	Notes
<b>Antineoplastic - Mek1 And Mek2 Kinase Inhibitors</b>		
COTELLIC	Tier 2	PA; SP
KOSELUGO	Tier 2	PA; SP
MEKINIST	Tier 2	PA; SP
MEKTOVI	Tier 2	PA; SP
<b>Antineoplastic - Mtor Kinase Inhibitors</b>		
<i>everolimus (antineoplastic)</i> (Afinitor Disperz)	Tier 1	PA; SP
TORPENZ (everolimus (antineoplastic))	Tier 1	PA; SP
<b>Antineoplastic - Protein Methyltransferase Inhibit</b>		
TAZVERIK	Tier 2	PA; SP
<b>Antineoplastic - Topoisomerase I Inhibitors</b>		
HYCAMTIN ORAL	Tier 2	SP
<b>Antineoplastic Immunomodulator Agents</b>		
<i>lenalidomide</i> (Revlimid)	Tier 1	PA; SP
POMALYST	Tier 2	PA; SP
REVLIMID (lenalidomide)	Tier 2	PA; SP
<b>Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs</b>		
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)
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG	Tier 3	QL (2 EA per 365 days)
ORGOVYX	Tier 2	PA; SP
<b>Antineoplastic Systemic Enzyme Inhibitors</b>		
ALECENSA	Tier 2	PA; SP

Drug	Status	Notes
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
<i>erlotinib</i> (Tarceva)	Tier 1	PA; SP
FOTIVDA	Tier 2	PA; SP
FRUZAQLA	Tier 2	SP
GAVRETO	Tier 2	PA; SP
<i>gefitinib</i> (Iressa)	Tier 1	PA; SP
GILOTRIF	Tier 2	PA; SP
IBRANCE	Tier 2	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
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Tier 2	PA; SP
INLYTA	Tier 2	PA; SP
INREBIC	Tier 2	PA; SP
IWILFIN	Tier 2	PA; SP
JAYPIRCA	Tier 2	PA; SP
KISQALI	Tier 2	PA; SP
<i>lapatinib</i> (Tykerb)	Tier 1	PA; SP

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Drug	Status	Notes
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
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	Tier 2	PA; SP
ROZLYTREK	Tier 2	PA; SP
RUBRACA	Tier 3	PA; SP
RYDAPT	Tier 2	PA; SP
SCSEMBLIX	Tier 2	PA; SP
<i>sorafenib</i> (Nexavar)	Tier 1	PA; SP
SPRYCEL (dasatinib)	Tier 2	PA; SP
STIVARGA	Tier 2	PA; SP
<i>sunitinib malate</i> (Sutent)	Tier 1	PA; SP
TABRECTA	Tier 2	PA; SP
TAGRISZO	Tier 2	PA; SP
TALZENNA	Tier 2	PA; SP
TASIGNA	Tier 2	PA; SP
TEPMETKO	Tier 2	PA; SP
TRUQAP	Tier 2	PA; SP

Drug	Status	Notes
TUKYSA	Tier 2	PA; SP
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 2	PA; SP
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
<b>Antineoplastic,Histone Deacetylase Inhibitors,Hdis</b>		
ZOLINZA	Tier 2	SP
<b>Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors</b>		
VENCLEXTA	Tier 2	PA; SP
VENCLEXTA STARTING PACK	Tier 2	PA; SP
<b>Antineoplastic-Enzyme Inhib, Antiandrogen Comb.</b>		
AKEEGA	Tier 2	PA; SP
<b>Antineoplastic-Hypoxia Inducible Factor (Hif) Inh</b>		
WELIREG	Tier 2	PA; SP
<b>Antineoplastic-Isocitrate Dehydrogenase Inhibitors</b>		
IDHIFA	Tier 3	PA; SP
REZLIDHIA	Tier 2	PA; SP
TIBSOVO	Tier 2	PA; SP
VORANIGO	Tier 2	PA; SP
<b>Antineoplastics,Miscellaneous</b>		



Drug	Status	Notes
<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
<b>Antineoplastic-Select Inhib Of Nuclear Exp (Sine)</b>		
XPOVIO	Tier 2	PA; SP
<b>Chemotherapy Rescue/Antidote Agents</b>		
<i>leucovorin calcium oral</i>	Tier 1	
MESNEX ORAL	Tier 3	
VISTOGARD	Tier 2	SP; QL (24 EA per 14 days)
<b>Intrapleural Sclerosing Agents, Antineoplast. Adj.</b>		
SCLEROSOL INTRAPLEURAL	Tier 3	
<i>sterile talc</i>	Tier 1	
STERITALC	Tier 3	
<b>Photoactivated, Antineopls. &amp; Premalignant Lesions</b>		
AMELUZ	Tier 3	
LEVULAN	Tier 3	
<b>Radioactive Therapeutic Agents</b>		
HICON	Tier 3	
<i>sodium iodide-123</i>	Tier 1	
<i>sodium iodide-131</i>	Tier 1	
<b>Selective Estrogen Receptor Modulators (Serm)</b>		
ORSERDU	Tier 3	PA; SP
SOLTAMOX	Tier 2	

Drug	Status	Notes
<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
<b>Selective Retinoid X Receptor Agonists (Rxr)</b>		
<i>bexarotene oral</i> (Targretin)	Tier 1	PA; SP
<b>Steroid Antineoplastics</b>		
<i>megestrol oral tablet</i>	Tier 1	
<b>Neurological Disease - Miscellaneous</b>		
<b>Agents To Treat Multiple Sclerosis</b>		
AVONEX	Tier 2	PA; SP
BETASERON (interferon beta-1b)	Tier 2	PA; SP
COPAXONE SUBCUTANEOUS SYRINGE (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 2	PA; SP
<i>glatiramer</i> (Glatopa)	Tier 1	PA; SP
GLATOPIA (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
MAYZENT STARTER(FOR 1MG MAINT)	Tier 2	PA; SP
MAYZENT STARTER(FOR 2MG MAINT)	Tier 2	PA; SP

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Drug	Status	Notes
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
<b>Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr</b>		
<i>dalfampridine</i> (Ampyra)	Tier 1	PA; SP
FIRDAPSE	Tier 3	PA; SP
<b>Amyotrophic Lateral Sclerosis Agents</b>		
EXSERVAN	Tier 3	PA; SP
RADICAVA ORS	Tier 3	PA; SP
RADICAVA ORS STARTER KIT SUSP	Tier 3	PA; SP
<i>riluzole</i> (Rilutek)	Tier 1	
TEGLUTIK	Tier 3	PA; SP
TIGLUTIK	Tier 3	PA; SP
<b>Genetic Disorder Therapy - Hdac Inhibitor</b>		
DUVYZAT	Tier 3	PA; SP
<b>Glypromate (Gpe) Analogs</b>		
DAYBUE	Tier 3	PA; SP
<b>Metabolic Disease Enzyme Replacement, Mocd</b>		
NULIBRY	Tier 3	PA; SP
<b>Movement Disorders(Drug Therapy)</b>		
AUSTEDO	Tier 2	PA; SP
AUSTEDO XR	Tier 2	PA; SP
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

Drug	Status	Notes
INGREZZA INITIATION PK(TARDIV)	Tier 2	PA; SP
INGREZZA SPRINKLE	Tier 2	PA; SP
<i>tetrabenazine</i> (Xenazine)	Tier 1	PA; SP
<b>Nuclear Factor Erythroid 2-Rel. Factor 2 Activator</b>		
SKYCLARYS	Tier 3	PA; SP
<b>Pseudobulbar Affect (Pba) Agents, Nmda Antagonists</b>		
NUDEXTA	Tier 3	PA
<b>Sphingosine 1-Phosphate (S1p) Receptor Modulator</b>		
ZEPOSIA	Tier 3	PA; SP
ZEPOSIA STARTER KIT (28-DAY)	Tier 3	PA; SP
ZEPOSIA STARTER PACK (7-DAY)	Tier 3	PA; SP
<b>Oral/Pharyngeal Disorders</b>		
<b>Dental Aids And Preparations</b>		
<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> (Oralone)	Tier 1	
<b>Nose Preparations, Miscellaneous (Rx)</b>		
<i>cocaine</i> (Numbrino)	Tier 1	
<i>ipratropium bromide nasal</i>	Tier 1	
NUMBRINO (cocaine)	Tier 1	
<b>Periodontal Collagenase Inhibitors</b>		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	
<b>Other Drugs</b>		
<b>Abortifacient, Progesterone Receptor Antagonist-Typ</b>		

Drug	Status	Notes
MIFEPREX (mifepristone)	Tier 3	
<i>mifepristone oral tablet 200 mg</i> (Mifeprex)	Tier 1	
<b>Agents For Stomatological Use</b>		
DEBACTEROL MUCOUS MEMBRANE SOLUTION	Tier 3	
<b>Antivenins</b>		
ANASCORP	Tier 3	
<b>Appetite Stim. For Anorexia,Cachexia,Wasting Synd.</b>		
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	Tier 1	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	Tier 1	ST: Requires prior prescription for Megestrol Acetate within the past 120 days
<b>Blood Collection Set With Local Anesthetics</b>		
CADIRA COMPLIANT BLOOD STAT	Tier 3	
LIDO BDK	Tier 3	
<b>Blood Testing Preparations,In-Vitro</b>		
COAGUCHEK XS	Tier 3	
<b>Cardioplegic Solutions</b>		
CARDIOPLEGIA DEL NIDO FORMULA	Tier 1	
CARDIOPLEGIA HIGH POTASSIUM	Tier 1	
CARDIOPLEGIA IND 4:1 PLASMALYT	Tier 1	
CARDIOPLEGIA IND 4:1 RINGER	Tier 1	
CARDIOPLEGIA IND 8:1 NON-ENRCH	Tier 1	
CARDIOPLEGIA INDUCTION 4:1	Tier 1	
CARDIOPLEGIA INDUCTION 8:1	Tier 1	
CARDIOPLEGIA MAIN 8:1 NO-ENRCH	Tier 1	
CARDIOPLEGIA MAINT 4:1 PLASMA	Tier 3	
CARDIOPLEGIA MAINT 4:1 RINGER	Tier 1	

Drug	Status	Notes
CARDIOPLEGIA MAINTENANCE 4:1	Tier 1	
CARDIOPLEGIA MAINTENANCE 8:1	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/500 ML (POTASSIUM), 7.5 MEQ/238.75 ML (POTASSIUM)	Tier 3	
CARDIOPLEGIA WARM INDUCT 4:1	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	
CUSTODIOL HTK	Tier 3	
<i>microplegic solution no.1</i>	Tier 1	
<i>microplegic solution no.1-cp2d</i>	Tier 1	
<b>Cholinesterase Reactivat.&amp;Muscarinic Antg.Antidote</b>		
DUODOTE	Tier 3	
<b>Cholinesterase Reactivating,Organophos. Antidotes</b>		
<i>pralidoxime</i>	Tier 3	
<b>Conception Assistance Supplies</b>		
CONCEPTION	Tier 3	
<b>Condoms</b>		
AIMSCO LATEX CONDOM	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX AIR CONDOM	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX AVANTI BARE REAL FEEL	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX EXTRA SENSITIVE CONDOM	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
DUREX TROPICAL CONDOM	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
FANTASY CONDOM	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
FC2 FEMALE CONDOM	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO LUBRICATED CONDOMS	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO MICROTHIN AQUA LUBE CON	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO MICROTHIN CONDOMS	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO MICROTHIN LARGE CONDOMS	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO TEXTURED CONDOMS	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO THIN LUBRICATED CONDOMS	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUE COVER CONDOM	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX LATEX CONDOM	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX LUBRICATED CONDOMS	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX NON-LUB CONDOMS	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX-RIA LUB/SPERMICIDE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX-RIA LUBRICATED CONDOMS	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX-RIA NON-LUB CONDOMS	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
<b>Cryopreservative Agents</b>		
CRYOSERV	Tier 3	
<b>Cystic Fibrosis - Inhaled Osmotic Agents</b>		

Drug	Status	Notes
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)
<b>Diagnostic Test Devices And Supplies</b>		
<i>eua patient assessment</i>	Tier 3	
<b>Diluent Solutions</b>		
DILUENT FOR ROTARIX	Tier 3	
DILUTING MEDIUM FOR NOVOLOG	Tier 3	
STERILE HYDROGEL FOR JELMYTO	Tier 3	
<b>Drugs To Treat Hereditary Tyrosinemia</b>		
<i>nitisinone</i> (Orfadin)	Tier 1	PA; SP
NITYR	Tier 2	PA; SP
ORFADIN (nitisinone)	Tier 2	PA; SP
<b>Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing</b>		
CERDELGA	Tier 2	SP
<i>miglustat</i> (Yargesa)	Tier 1	PA; SP
OPFOLDA	Tier 3	PA; SP
YARGESA (miglustat)	Tier 1	PA; SP
<b>Environment Allergens And Irritants, Other</b>		
T.R.U.E. TEST ALLERGEN	Tier 3	
<b>General Anesthetics - Benzodiazepine, Injectable</b>		
<i>midazolam (pf) injection solution 5 mg/ml</i>	Tier 1	
<i>midazolam injection solution 5 mg/ml</i>	Tier 1	
<b>General Anesthetics, Inhalant</b>		
<i>desflurane</i> (Suprane)	Tier 1	
<i>isoflurane</i> (Terrell)	Tier 1	
<i>sevoflurane</i> (Ultane)	Tier 1	



Drug	Status	Notes
SUPRANE (desflurane)	Tier 3	
TERRELL (isoflurane)	Tier 1	
<b>General Inhalation Agents</b>		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	Tier 3	
NEBUSAL INHALATION SOLUTION (sodium chloride) FOR NEBULIZATION 3 %	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	Tier 3	
<i>sodium chloride inhalation</i> (Hyper-Sal)	Tier 1	
<b>Homeopathic Drugs</b>		
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	
SYZYGIIUM COMPOSITUM	Tier 3	
VERTIGOHEEL	Tier 3	
<b>Intra-Uterine Devices (IUD's)</b>		
KYLEENA	\$0	
LILETTA	\$0	
MIRENA	\$0	
PARAGARD T 380A	\$0	
SKYLA	\$0	
<b>Medical Imaging Supplies</b>		
ECOVUE HV ULTRASOUND GEL	Tier 3	

Drug	Status	Notes
ECOVUE ULTRASOUND GEL	Tier 3	
<b>Metabolic Deficiency Agents</b>		
<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	
<b>Metabolic Disease Enzyme Replace, Hypophosphatasia</b>		
STRENSIQ	Tier 2	PA; SP
<b>Metabolic Dx Enzyme Replacemt, Sev. Comb. Immune Def.</b>		
REVCIVI	Tier 3	PA; SP
<b>Metallic Poison, Agents To Treat</b>		
CHEMET	Tier 3	
CUVRIOR	Tier 3	PA; SP
<i>deferasirox</i> (Exjade)	Tier 1	PA; SP
<i>deferiprone</i> (Ferroprox)	Tier 1	PA; SP
<i>deferoxamine</i> (Desferal)	Tier 1	PA
GALZIN	Tier 3	
RADIOGARDASE	Tier 3	
<i>trientine</i> (Syprine)	Tier 1	PA; SP
WILZIN	Tier 3	
<b>Muscarinic Receptor Antagonists</b>		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML	Tier 3	
<b>Needles/Needleless Devices</b>		
BD AUTOSHIELD DUO PEN NEEDLE	Tier 2	
BD NANO 2ND GEN PEN NEEDLE (pen needle, diabetic)	Tier 2	
BD ULTRA-FINE MICRO PEN NEEDLE (pen needle, diabetic)	Tier 2	
BD ULTRA-FINE MINI PEN NEEDLE (pen needle, diabetic)	Tier 2	

Drug	Status	Notes
BD ULTRA-FINE NANO PEN NEEDLE (pen needle, diabetic)	Tier 2	
BD ULTRA-FINE ORIG PEN NEEDLE (pen needle, diabetic)	Tier 2	
BD ULTRA-FINE SHORT PEN NEEDLE (pen needle, diabetic)	Tier 2	
HALO VIAL CONVERTER	Tier 3	
<b>Ointment/Cream Bases</b>		
RADIAGEL	Tier 3	
<b>Oral Lipid Supplements</b>		
DOJOLVI	Tier 3	PA; SP
<b>Oral Mucositis/Stomatitis Agents</b>		
GELX	Tier 3	
ORAMAGICRX	Tier 3	
<b>Saliva Stimulant Agents</b>		
NUMOISYN MUCOUS MEMBRANE LOZENGE	Tier 3	
<b>Saliva Substitute Agents</b>		
NUMOISYN MUCOUS MEMBRANE LIQUID	Tier 3	
<b>Sexual Dysfunction Devices</b>		
RAPPORT VACUUM THERAPY	Tier 3	
<b>Skin Tissue Replacement</b>		
APLIGRAF	Tier 3	
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 7 X 7 CM	Tier 3	
GRAFIX CORE	Tier 3	
GRAFIX PRIME	Tier 3	
GRAFIX XC	Tier 3	
MIRO3D	Tier 3	
MIRODERM FENESTRATED PLUS	Tier 3	

Drug	Status	Notes
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	
STRAVIX	Tier 3	
TRUSKIN	Tier 3	
<b>Solvents</b>		
<i>isopropyl alcohol</i> (Alcohol, Rubbing)	Tier 3	
MURI-LUBE	Tier 3	
<b>Somatostatic Agents</b>		
MYCAPSSA	Tier 3	PA; SP
<i>octreotide acetate</i> (Sandostatin)	Tier 1	SP
SIGNIFOR	Tier 3	PA; SP
<b>Support Hosiery</b>		
T.E.D. ANTI-EMBOLISM STOCKING	Tier 3	
T.E.D. KNEE LENGTH-M-LONG	Tier 3	
T.E.D. KNEE LENGTH-S-REGULAR	Tier 3	
<b>Suspending Agents</b>		
GELFILM IMPLANT	Tier 3	
<i>hydroxypropyl cellulose</i>	Tier 3	
<b>Tissue/Wound Adhesives</b>		
ARTISS	Tier 3	
TISSEEL VHSD (APROTININ, SYN)	Tier 3	
<b>Vehicles</b>		
<i>citric acid anhydrous (bulk)</i>	Tier 3	
GEL VEHICLE FOR NEXOBRID	Tier 3	
<b>Wound Healing Agents, Local</b>		
FILSUVEZ	Tier 3	PA; SP
<b>Other Respiratory Disorders</b>		
<b>Antifibrotic Therapy - Pyridone Analogs</b>		
<i>pirfenidone</i> (Esbriet)	Tier 1	PA; SP

Drug	Status	Notes
<b>Cystic Fib.Transmemb Conduct.Reg.(Cftr)Potentiator</b>		
KALYDECO	Tier 2	PA; SP
<b>Cystic Fibrosis-Cftr Potentiator &amp; Corrector Comb.</b>		
ORKAMBI	Tier 2	PA; SP
SYMDEKO	Tier 2	PA; SP
TRIKAFTA	Tier 2	PA; SP
<b>Lung Surfactants</b>		
CUROSURF	Tier 3	
INFASURF	Tier 3	
SURVANTA	Tier 3	
<b>Mucolytics</b>		
<i>acetylcysteine</i>	Tier 1	
PULMOZYME	Tier 2	PA; SP
<b>Pulmonary Fibrosis - Systemic Enzyme Inhibitors</b>		
OFEV	Tier 2	PA; SP
<b>Pain Management - Analgesics</b>		
<b>Analgesic, Non-Salicylate &amp; Barbiturate Comb.</b>		
<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	
<b>Analgesic, Salicylate, Barbiturate,&amp; Xanthine Cmb</b>		
<i>butalbital-aspirin-caffeine</i>	Tier 1	

Drug	Status	Notes
<b>Analgesic, Non-Salicylate, Barbiturate, &amp; Xanthine Cmb</b>		
<i>butalbital-acetaminophen-caff</i> (Esgic)	Tier 1	
FIORICET (butalbital-acetaminophen-caff)	Tier 1	
<b>Analgesic/Antipyretics, Salicylates</b>		
<i>aspirin oral tablet</i> (Bayer Aspirin)	\$0	
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i> (Bayer Aspirin)	\$0	
BAYER ASPIRIN (aspirin)	\$0	
<i>choline, magnesium salicylate</i>	Tier 1	
<i>diflunisal</i>	Tier 1	
ECOTRIN (aspirin)	\$0	
<i>salsalate</i> (Disalcid)	Tier 1	
<b>Analgesics, Narcotic Agonist And Nsaid Combination</b>		
<i>hydrocodone-ibuprofen</i>	Tier 1	
<b>Analgesics, Narcotics</b>		
BELBUCA (buprenorphine hcl)	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>belladonna alkaloids-opium</i>	Tier 1	
<i>buprenorphine</i> (Butrans)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
<i>buprenorphine hcl injection</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>butorphanol</i>	Tier 1	

Drug	Status	Notes
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
<i>codeine sulfate oral tablet 60 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
DEMEROL (PF) INJECTION SYRINGE	Tier 3	
DILAUDID (PF) INJECTION SYRINGE (hydromorphone (pf)) 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML	Tier 3	
<i>fentanyl</i>	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>fentanyl citrate (pf) intravenous patient control.analgesia soln</i>	Tier 1	
<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</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, 2 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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<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	
<i>morphine concentrate oral solution</i>	Tier 1	PA
<i>morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 275 mg/55 ml (5 mg/ml)</i>	Tier 1	
<i>morphine in 0.9 % sodium chlor intravenous solution</i>	Tier 1	
<i>morphine intramuscular</i>	Tier 1	



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<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 3	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)

Drug	Status	Notes
<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)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG (oxycodone)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG (oxycodone)	Tier 2	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	
<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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<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 3	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 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day)
<b>Antimigraine Preparations</b>		
AIMOVIG AUTOINJECTOR	Tier 2	PA
AJOVY AUTOINJECTOR	Tier 2	PA
AJOVY SYRINGE	Tier 2	PA

Drug	Status	Notes
<i>almotriptan malate</i>	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate 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 Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (8 ML per 28 days)
<i>eletriptan</i> (Relpax)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)
ELYXYB	Tier 3	PA
EMGALITY PEN	Tier 2	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 2	PA
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 Rizatriptan Benzoate or Sumatriptan Succinate 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
QULIPTA	Tier 2	PA
REYVOW	Tier 2	PA
<i>rizatriptan</i> (Maxalt)	Tier 1	QL (27 EA per 30 days)

Drug	Status	Notes
<i>sumatriptan</i>	Tier 1	QL (36 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)	Tier 1	QL (3 EA per 5 days)
<i>sumatriptan succinate subcutaneous cartridge</i> (Imitrex STATdose Refill)	Tier 1	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector</i> (Imitrex STATdose Pen)	Tier 1	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution</i> (Imitrex)	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 Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 ML per 28 days); Age (Min 18 Years)
UBRELVY	Tier 2	PA
ZAVZPRET	Tier 3	PA
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i> (Zomig)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)
<i>zolmitriptan oral</i> (Zomig)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)
ZOMIG ORAL (zolmitriptan)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)

Drug	Status	Notes
<b>Calcitonin Gene-Related Peptide (Cgrp) Inhibitors</b>		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	Tier 2	PA
<b>Narc. &amp; Non-Sal. Analgesic, Barbiturate &amp; Xanthine Cmb</b>		
<i>butalbital-acetaminop-caf-cod</i> (Fioricet with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<b>Narcotic &amp; Salicylate Analgesics, Barb. &amp; Xanthine</b>		
ASCOMP WITH CODEINE (codeine-butalbital-asa-caff)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine-butalbital-asa-caff</i> (Ascomp with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<b>Narcotic Analgesic &amp; Non-Salicylate Analgesic Comb</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	Tier 1	QL (150 ML per 1 day); 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)
<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 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 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 7.5-325 mg/15 ml</i>	Tier 1	QL (184 ML per 1 day)

Drug	Status	Notes
<i>hydrocodone-acetaminophen oral tablet</i> 10-300 mg, 5-300 mg, 7.5-300 mg	Tier 1	QL (13 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet</i> 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral solution</i> 5-325 mg/5 ml	Tier 1	QL (61 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet</i> (Endocet) 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	QL (12 EA per 1 day)
PERCO CET (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)
<b>Narcotic Withdrawal Therapy Agents</b>		
<i>buprenorphine hcl sublingual</i>	Tier 1	QL (3 EA per 1 day)
<i>buprenorphine-naloxone sublingual film</i> (Suboxone) 12-3 mg, 8-2 mg	Tier 1	QL (2 EA per 1 day)
<i>buprenorphine-naloxone sublingual film</i> (Suboxone) 2-0.5 mg, 4-1 mg	Tier 1	QL (1 EA per 1 day)
<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)
<b>Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist</b>		
<i>lofexidine</i> (Lucemyra)	Tier 1	PA
LUCEMYRA (lofexidine)	Tier 3	PA
<b>Skeletal Muscle Relaxant, Salicylate, Narc Analgesic</b>		
<i>carisoprodol-aspirin-codeine</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
<b>Parkinsons Disease</b>		

Drug	Status	Notes
<b>Antiparkinsonism Drugs, Anticholinergic</b>		
<i>benztropine oral</i>	Tier 1	
<i>trihexyphenidyl</i>	Tier 1	
<b>Antiparkinsonism Drugs, Other</b>		
<i>amantadine hcl</i>	Tier 1	
<i>apomorphine</i> (APOKYN)	Tier 1	PA; SP
<i>bromocriptine</i> (Parlodel)	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	Tier 3	PA; SP
NEUPRO	Tier 2	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
ONGENTYS	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 immediate-release Pramipexole or immediate-release Ropinirole 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	



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>ropinirole oral tablet extended release 24 hr</i>	Tier 1	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
RYTARY	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 Entacapone within the past 120 days; QL (3 EA per 1 day)
XADAGO	Tier 3	ST: Requires prior prescription for Carbidopa/Levodopa (Sinemet IR, Sinemet CR, Duopa, Parcopa, or Rytary) 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)
<b>Decarboxylase Inhibitors</b>		
<i>carbidopa</i> (Lodosyn)	Tier 1	
<b>Seizure Disorder</b>		
<b>Anticonvulsant - Benzodiazepine Type</b>		
<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	

Drug	Status	Notes
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)
<b>Anticonvulsant - Cannabinoid Type</b>		
EPIDIOLEX	Tier 2	SP; ST: At least 2 prior prescriptions for Clobazam, Lamotrigine, Levetiracetam, Topiramate, or Valproic Acid within the past 365 days
<b>Anticonvulsants</b>		
APTIOM ORAL TABLET 200 MG, 400 MG	Tier 3	QL (1 EA per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG	Tier 3	QL (2 EA per 1 day)
BRIVIACT 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> (Epilex)	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	

Drug	Status	Notes
DILANTIN-125 (phenytoin)	Tier 3	
<i>divalproex</i> (Depakote)	Tier 1	
EPITOL (carbamazepine)	Tier 1	
EPRONTIA	Tier 3	PA
<i>ethosuximide</i> (Zarontin)	Tier 1	
<i>felbamate oral suspension</i>	Tier 1	QL (30 ML per 1 day)
<i>felbamate oral tablet 400 mg</i> (Felbatol)	Tier 1	QL (9 EA per 1 day)
<i>felbamate oral tablet 600 mg</i> (Felbatol)	Tier 1	QL (6 EA per 1 day)
FINTEPLA	Tier 3	PA; SP
FYCOMPA ORAL SUSPENSION	Tier 2	QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	Tier 2	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	Tier 2	QL (120 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	Tier 2	QL (60 EA per 30 days)
<i>gabapentin oral capsule</i> (Neurontin)	Tier 1	
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	Tier 1	
<i>gabapentin oral solution 300 mg/6 ml (6 ml)</i>	Tier 1	
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	Tier 1	
<i>lacosamide oral solution</i> (Vimpat)	Tier 1	QL (1200 ML per 30 days)
<i>lacosamide oral tablet</i> (Vimpat)	Tier 1	QL (2 EA per 1 day)
LAMICTAL XR STARTER (BLUE)	Tier 3	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
LAMICTAL XR STARTER (GREEN)	Tier 3	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
LAMICTAL XR STARTER (ORANGE)	Tier 3	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
<i>lamotrigine oral tablet</i> (Lamictal)	Tier 1	

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
<i>lamotrigine oral tablet disintegrating, dose pk</i>	(Lamictal ODT Starter (Blue))	Tier 1	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
<i>lamotrigine oral tablet extended release 24hr 100 mg</i>	(Lamictal XR)	Tier 1	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (3 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg</i>	(Lamictal XR)	Tier 1	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (2 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr 25 mg, 50 mg</i>	(Lamictal XR)	Tier 1	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (6 EA per 1 day)
<i>lamotrigine oral tablet, chewable dispersible</i>	(Lamictal)	Tier 1	
<i>lamotrigine oral tablet, disintegrating 100 mg</i>	(Lamictal ODT)	Tier 1	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (3 EA per 1 day)
<i>lamotrigine oral tablet, disintegrating 200 mg</i>	(Lamictal ODT)	Tier 1	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (2 EA per 1 day)
<i>lamotrigine oral tablet, disintegrating 25 mg, 50 mg</i>	(Lamictal ODT)	Tier 1	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (6 EA per 1 day)
<i>lamotrigine oral tablets, dose pack</i>	(Lamictal Starter (Blue) Kit)	Tier 1	
<i>levetiracetam oral solution 100 mg/ml</i>	(Keppra)	Tier 1	
<i>levetiracetam oral tablet</i>	(Keppra)	Tier 1	

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
<i>levetiracetam oral tablet extended release 24 hr</i>	(Keppra XR)	Tier 1	
<i>methsuximide</i>	(Celontin)	Tier 1	
<i>oxcarbazepine oral suspension</i>	(Trileptal)	Tier 1	
<i>oxcarbazepine oral tablet</i>	(Trileptal)	Tier 1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	(oxcarbazepine)	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (1 EA per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	(oxcarbazepine)	Tier 3	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)
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	

Drug	Status	Notes
<i>rufinamide oral suspension</i> (Banzel)	Tier 1	ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (80 ML per 1 day)
<i>rufinamide oral tablet 200 mg</i> (Banzel)	Tier 1	ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (16 EA per 1 day)
<i>rufinamide oral tablet 400 mg</i> (Banzel)	Tier 1	ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (8 EA per 1 day)
SABRIL ORAL TABLET (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)

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Drug	Status	Notes
<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, 200 mg</i> (Trokendi XR)	Tier 1	QL (2 EA per 1 day)
<i>topiramate oral capsule, extended release 24hr 25 mg</i> (Trokendi XR)	Tier 1	QL (8 EA per 1 day)
<i>topiramate oral capsule, extended release 24hr 50 mg</i> (Trokendi XR)	Tier 1	QL (4 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 25 mg, 50 mg</i> (Qudexy XR)	Tier 1	ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (1 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr 150 mg, 200 mg</i> (Qudexy XR)	Tier 1	ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (2 EA per 1 day)
<i>topiramate oral tablet</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

Drug	Status	Notes
VIMPAT ORAL TABLETS,DOSE PACK	Tier 2	
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	
<b>Neuroactive Steroid Gaba-A Receptor Modulator</b>		
ZTALMY	Tier 3	PA; SP
<b>Skeletal Muscle Disorder</b>		
<b>Agents To Tx Periodic Paralysis - Carbon Anhyd Inh</b>		
<i>dichlorphenamide</i> (Ormalvi)	Tier 1	PA; SP
KEVEYIS (dichlorphenamide)	Tier 2	PA; SP
ORMALVI (dichlorphenamide)	Tier 1	PA; SP
<b>Retinoic Acid Receptor (Rar) Agonists</b>		
SOHONOS	Tier 3	PA; SP
<b>Skeletal Muscle Relaxants</b>		
<i>baclofen oral solution</i> (Ozobax)	Tier 1	PA
<i>baclofen oral suspension</i> (Fleqsuvy)	Tier 1	PA
<i>baclofen oral tablet 10 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>baclofen oral tablet 20 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>baclofen oral tablet 5 mg</i>	Tier 1	QL (16 EA per 1 day)
<i>carisoprodol</i> (Soma)	Tier 1	QL (4 EA per 1 day)
<i>carisoprodol-aspirin</i>	Tier 1	
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>dantrolene oral capsule 100 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	Tier 1	QL (3 EA per 1 day)
<i>dantrolene oral capsule 50 mg</i>	Tier 1	QL (3 EA per 1 day)



Drug	Status	Notes
<i>metaxalone oral tablet 400 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>metaxalone oral tablet 800 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>methocarbamol oral tablet 500 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>methocarbamol oral tablet 750 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>orphenadrine citrate oral</i>	Tier 1	QL (2 EA per 1 day)
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i> (Norgesic)	Tier 1	QL (8 EA per 1 day)
<i>tizanidine oral capsule 2 mg</i> (Zanaflex)	Tier 1	QL (18 EA per 1 day)
<i>tizanidine oral capsule 4 mg</i> (Zanaflex)	Tier 1	QL (9 EA per 1 day)
<i>tizanidine oral capsule 6 mg</i> (Zanaflex)	Tier 1	QL (6 EA per 1 day)
<i>tizanidine oral tablet 2 mg</i>	Tier 1	QL (18 EA per 1 day)
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	Tier 1	QL (9 EA per 1 day)
<b>Smoking Cessation</b>		
<b>Smoking Deterrent Agents (Ganglionic Stim, Others)</b>		
<i>nicotine</i> (Nicoderm CQ)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal gum</i> (Quit 2)	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal lozenge</i> (Quit 2)	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal mini lozenge</i> (Nicorette)	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER

Drug	Status	Notes
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 DAYS IN 365, 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 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL GUM (nicotine (polacrilex))	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL LOZENGE (nicotine (polacrilex))	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
STOP SMOKING AID (nicotine (polacrilex))	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<b>Smoking Deterrent-Nicotinic Recept.Partial Agonist</b>		
varenicline (Chantix)	\$0	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)

Drug	Status	Notes
<b>Smoking Deterrents, Other</b>		
<i>bupropion hcl (smoking deter)</i>	\$0	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<b>Upper Gastrointestinal Disorders - Digestive</b>		
<b>Gastric Enzymes</b>		
SUCRAID	Tier 3	PA; SP
<b>Pancreatic Enzymes</b>		
CREON	Tier 2	
VIOKACE	Tier 3	
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	Tier 2	
<b>Upper Gastrointestinal Disorders - Spastic Disease</b>		
<b>Anticholinergics/Antispasmodics</b>		
<i>dicyclomine oral capsule</i>	Tier 1	
<i>dicyclomine oral solution</i>	Tier 1	
<i>dicyclomine oral tablet</i>	Tier 1	
<b>Belladonna Alkaloids</b>		
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	

Drug		Status	Notes
OSCIMIN SL	(hyoscyamine sulfate)	Tier 1	
SYMAX DUOTAB	(hyoscyamine sulfate)	Tier 3	
<b>Upper Gastrointestinal Disorders - Ulcer Disease</b>			
<b>Anticholinergics, Quaternary Ammonium</b>			
<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)</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	
<b>Anti-Ulcer Preparations</b>			
<i>misoprostol</i>	(Cytotec)	Tier 1	
<i>sucralfate</i>	(Carafate)	Tier 1	
<b>Anti-Ulcer-H.Pylori Agents</b>			
<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
VOQUEZNA TRIPLE PAK		Tier 3	PA
<b>Histamine H2-Receptor Inhibitors</b>			
<i>cimetidine</i>	(Acid Reducer (cimetidine))	Tier 1	

Drug	Status	Notes
<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	
<b>Intestinal Motility Stimulants</b>		
GIMOTI	Tier 3	PA; SP
<i>metoclopramide hcl oral solution</i>	Tier 1	
<i>metoclopramide hcl oral tablet</i> (Reglan)	Tier 1	
<b>Potassium-Competitive Acid Blockers (Pcabs)</b>		
VOQUEZNA	Tier 3	PA
<b>Proton-Pump Inhibitors</b>		
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, 20 mg</i> (Nexium Packet)	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)

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

Drug	Status	Notes
<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)
<b>Urinary Tract - Functional Disorders</b>		
<b>Benign Prostatic Hypertrophy/Micturition Agents</b>		
<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	
<b>Bph Agents, 5-Alpha-Red Inh &amp; Alpha-1-Adr Antg Cmb</b>		
<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
<b>Cystine-Depleting Agents, Nephropathic Cystinosis</b>		
CYSTAGON	Tier 3	SP
PROCYSBI	Tier 2	PA; SP
<b>Endothelin-Angiotensin Receptor Antagonist</b>		
FILSPARI	Tier 3	PA; SP
<b>Kidney Stone Agents</b>		
THIOLA EC (tiopronin)	Tier 2	SP
<i>tiopronin</i> (Thiola)	Tier 1	SP
<b>Overactive Bladder Agents, Beta-3 Adrenergic Recep</b>		

Drug	Status	Notes
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON	Tier 2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR (mirabegron)	Tier 1	QL (1 EA per 1 day)
<b>Oxalosis Agent - Oxalate Inhibitor, Sirna Based</b>		
RIVFLOZA	Tier 3	PA; SP
<b>Polycystic Kidney Disease Agent, Avp Recep. Antag</b>		
JYNARQUE	Tier 2	PA; SP
<b>Urinary Ph Modifiers</b>		
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	
<b>Urinary Tract Analgesic Agents</b>		
ELMIRON	Tier 2	PA
<b>Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)</b>		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i> (Pyridium)	Tier 1	
<b>Urinary Tract Antispasmodic, M(3) Selective Antag.</b>		
<i>darifenacin</i>	Tier 1	
<i>solifenacin</i> (Vesicare)	Tier 1	
<b>Urinary Tract Antispasmodic/Antiincontinence Agent</b>		
<i>fesoterodine</i> (Toviaz)	Tier 1	QL (1 EA per 1 day)



Drug	Status	Notes
<i>flavoxate</i>	Tier 1	
GELNIQUE TRANSDERMAL GEL IN PACKET	Tier 3	ST: Requires prior prescriptions for Myrbetriq and Oxybutynin Chloride within the past 365 days; QL (1 GM per 1 day)
<i>oxybutynin chloride</i>	Tier 1	
OXYTROL	Tier 3	ST: Requires prior prescriptions for Myrbetriq and Oxybutynin Chloride within the past 365 days
<i>tolterodine</i> (Detrol)	Tier 1	
<i>trospium</i>	Tier 1	
<b>Vaginal Disorders</b>		
<b>Vaginal Antibiotics</b>		
CLEOCIN VAGINAL SUPPOSITORY	Tier 3	ST: At least 2 prior prescriptions for Clindamycin vaginal cream, Metronidazole vaginal gel, Tinidazole, or Vandazole gel 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 Clindamycin vaginal cream within the past 120 days
<i>metronidazole vaginal</i> (Nuversa)	Tier 1	
NUVESSA (metronidazole)	Tier 3	
<b>Vaginal Antifungals</b>		
GYNAZOLE-1	Tier 2	
MICONAZOLE-3 VAGINAL SUPPOSITORY	Tier 1	
<i>terconazole</i>	Tier 1	
<b>Vaginal Antiseptics</b>		

Drug	Status	Notes
FEM PH	Tier 3	
RELAGARD	Tier 3	
TRIMO-SAN JELLY	Tier 3	
<b>Vaginal Estrogen For Sexual Dysfunction</b>		
IMVEXXY MAINTENANCE PACK	Tier 3	ST: Requires prior prescriptions for Estradiol Vaginal and Estrogens Conjugated Vaginal within the past 365 days; QL (18 EA per 28 days)
IMVEXXY STARTER PACK	Tier 3	ST: Requires prior prescriptions for Estradiol Vaginal and Estrogens Conjugated Vaginal within the past 365 days; QL (18 EA per 28 days)
<b>Vaginal Estrogen Preparations</b>		
<i>estradiol vaginal</i> (Estrace)	Tier 1	
PREMARIN VAGINAL	Tier 2	
YUVAFEM (estradiol)	Tier 1	
<b>Vitamin And/Or Mineral Deficiency</b>		
<b>Fluoride Preparations</b>		
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 AGE 6 MONTHS TO 6 YEARS
<i>fluoride (sodium) oral tablet, chewable</i> (Ludent Fluoride)	\$0	\$0 COPAY IF AGE 6 MONTHS TO 6 YEARS

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
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	
<b>Folic Acid Preparations</b>			
<i>folic acid injection</i>		Tier 1	
<i>folic acid oral tablet 1 mg</i>		Tier 1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>		\$0	
<b>Iron Replacement</b>			
TRIFERIC		Tier 3	
<b>Vitamin D Preparations</b>			
<i>calcitriol oral</i>	(Rocaltrol)	Tier 1	
<b>Weight Reduction</b>			
<b>Anorexic Agents</b>			
<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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<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</i> (Adipex-P)	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
<b>Anti-Obesity - Incretin Mimetics Combination</b>		
ZEPBOUND SUBCUTANEOUS PEN INJECTOR	Tier 2	PA
<b>Anti-Obesity - Melanocortin 4 Receptor Agonists</b>		
IMCIVREE	Tier 3	PA; SP
<b>Anti-Obesity Glucagon-Like Peptide-1 Recept Agonist</b>		
SAXENDA	Tier 2	PA
WEGOVI	Tier 2	PA
<b>Fat Absorption Decreasing Agents</b>		
<i>orlistat</i> (Xenical)	Tier 1	PA

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