Standard Formulary

Portfolio Medium

April, 2025

MedImpact

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Portfolio Medium Formulary

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).

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

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Drug	Status	Notes
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	Tier 2	PA; SP
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	Tier 2	PA; SP
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	Tier 2	PA; SP
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG	Tier 2	PA; SP
PALFORZIA INITIAL (1-3 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3 MG	Tier 2	PA; SP
PALFORZIA INITIAL (4-17 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	Tier 2	PA; SP
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	Tier 2	PA; SP
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	Tier 2	PA
Antihistamines - 1St Generation		
carbinoxamine maleate oral liquid 4 mg/5 ml	Tier 1	Age (Min 2 Years)
carbinoxamine maleate oral suspension,extended rel 12 hr 4 mg/5 ml (Karbinal ER)	Tier 1	ST: Requires prior prescription for immediate release Carbinoxamine Maleate oral solution within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
carbinoxamine maleate oral tablet 4 mg	Tier 1	Age (Min 2 Years)
clemastine oral tablet 2.68 mg	Tier 1	
cyproheptadine oral syrup 2 mg/5 ml	Tier 1	
cyproheptadine oral tablet 4 mg	Tier 1	
DIPHEN ORAL ELIXIR 12.5 MG/5 ML (diphenhydramine hcl)	Tier 1	
hydroxyzine hcl oral solution 10 mg/5 ml	Tier 1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	Tier 1	

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Drug		Status	Notes
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML	(carbinoxamine maleate)	Tier 3	ST: Requires prior prescription for immediate release Carbinoxamine Maleate oral solution within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
promethazine injection solution 25 mg/ml, 50 mg/ml	(Phenergan)	Tier 1	
promethazine oral syrup 6.25 mg/5 ml		Tier 1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg		Tier 1	
Antihistamines - 2Nd Generation			
cetirizine oral solution 1 mg/ml	(Allergy Relief (cetirizine))	Tier 1	
desloratadine oral tablet 5 mg	(Clarinex)	Tier 1	QL (1 EA per 1 day)
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg		Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (1 EA per 1 day)
levocetirizine oral solution 2.5 mg/5 ml	(Xyzal)	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (10 ML per 1 day)
levocetirizine oral tablet 5 mg	(24HR Allergy Relief)	Tier 1	
Nasal Antihistamine			
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)		Tier 1	QL (60 ML per 30 days)
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	(Astepro Allergy)	Tier 1	QL (60 ML per 30 days)
olopatadine nasal spray,non-aerosol 0.6 %		Tier 1	QL (30.5 GM per 30 days)

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Drug		Status	Notes
Nasal Antihistamine & Anti-Inflam. Steroid Comb.			
azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray	(Dymista)	Tier 1	ST: Requires prior prescription for Flunisolide (nasal formulation) or Fluticasone within the past 120 days; QL (23 GM per 30 days)
Nasal Anti-Inflammatory Steroids			
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)		Tier 1	QL (25 ML per 30 days)
fluticasone propionate nasal spray,suspension 50 mcg/actuation	(24 Hour Allergy Relief)	Tier 1	QL (16 GM per 30 days)
mometasone nasal spray,non-aerosol 50 mcg/actuation	(Allergy Nasal (mometasone))	Tier 1	QL (17 GM per 30 days)
OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG		Tier 3	ST: Requires prior prescription for Flunisolide or Fluticasone within the past 120 days; QL (5 GM per 12 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION		Tier 2	QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION		Tier 2	QL (10.6 GM per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION		Tier 2	ST: Requires prior prescription for one of the following intranasal corticosteroids: Flunisolide, Fluticasone Propionate, or Mometasone within the past 120 days; QL (32 ML per 30 days)
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION		Tier 3	ST: Requires prior prescription for Fluticasone or Flunisolide within the past 120 days; QL (6.1 GM per 30 days)

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Drug		Status	Notes
Antiemesis/Antivertigo			
Antiemetic, Cannibinoid-Type			
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	(Marinol)	Tier 1	ST: Requires prior prescription for a 5HT3 antagoist, corticosteroid, Emend, or Megestrol suspension within the past 120 days; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML		Tier 3	ST: Requires prior prescription for generic Dronabinol capsules or Megestrol suspension within the past 120 days; QL (60 ML per 30 days)
Antiemetic/Antivertigo Agents			
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG		Tier 2	QL (1 EA per 28 days)
aprepitant oral capsule 125 mg		Tier 1	QL (1 EA per 21 days)
aprepitant oral capsule 40 mg		Tier 1	QL (1 EA per 28 days)
aprepitant oral capsule 80 mg	(Emend)	Tier 1	QL (2 EA per 21 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	(Emend)	Tier 1	QL (3 EA per 21 days)
COMPRO RECTAL SUPPOSITORY 25 MG	(prochlorperazine)	Tier 1	
doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg	(Diclegis)	Tier 1	QL (120 EA per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)		Tier 2	QL (3 EA per 21 days)
granisetron hcl oral tablet 1 mg		Tier 1	ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (8 EA per 30 days)
meclizine oral tablet 12.5 mg		Tier 1	
meclizine oral tablet 25 mg	(Dramamine (meclizine))	Tier 1	
ondansetron hcl oral solution 4 mg/5 ml		Tier 1	QL (50 ML per 15 days)

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Drug		Status	Notes
ondansetron hcl oral tablet 4 mg, 8 mg		Tier 1	
ondansetron oral tablet,disintegrating 4 mg, 8 mg		Tier 1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	(Compazine)	Tier 1	
prochlorperazine rectal suppository 25 mg	(Compro)	Tier 1	
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg	(Promethegan)	Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	(promethazine)	Tier 1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR		Tier 3	ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (1 EA per 7 days)
scopolamine base transdermal patch 3 day 1 mg over 3 days	(Transderm-Scop)	Tier 1	
trimethobenzamide oral capsule 300 mg		Tier 1	
VARUBI ORAL TABLET 90 MG		Tier 3	QL (2 EA per 14 days)
Asthma And Copd			
Anticholinergic, Orally Inhaled Short Acting			
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION		Tier 2	QL (25.8 GM per 30 days)
ipratropium bromide inhalation solution 0.02 %		Tier 1	
Anticholinergics, Orally Inhaled Long Acting			
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION		Tier 3	ST: Requires prior prescription for Spiriva within the past 120 days; QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION		Tier 2	QL (4 GM per 30 days)

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Drug		Status	Notes
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	(tiotropium bromide)	Tier 1	QL (30 EA per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION		Tier 3	ST: Requires prior prescription for Spiriva within the past 120 days; QL (1 EA per 30 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML		Tier 3	ST: Requires prior prescription for Lonhala Magnair within the past 120 days; QL (90 ML per 30 days)
Beta-Adrenergic Agents			
albuterol sulfate oral syrup 2 mg/5 ml		Tier 1	
albuterol sulfate oral tablet 2 mg, 4 mg		Tier 1	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg		Tier 1	
terbutaline oral tablet 2.5 mg, 5 mg		Tier 1	
Beta-Adrenergic Agents, Inhaled, Short Acting			
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	(Ventolin HFA)	Tier 1	
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml		Tier 1	
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml		Tier 1	
levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation	(Xopenex HFA)	Tier 1	
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting			
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION		Tier 2	QL (4 GM per 30 days)
Beta-Adrenergic Agents, Orally Inhaled,Long Acting			
arformoterol inhalation solution for nebulization 15 mcg/2 ml	(Brovana)	Tier 1	QL (120 ML per 30 days)

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Drug		Status	Notes
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	(Perforomist)	Tier 1	QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE		Tier 2	QL (60 EA per 30 days)
Beta-Adrenergic And Anticholinergic Combinations			
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION		Tier 2	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG		Tier 3	ST: Requires prior prescriptions for Anoro Ellipta and Stiolto Respimat within the past 365 days; QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION		Tier 2	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION		Tier 3	ST: Requires prior prescriptions for Anoro Ellipta and Stiolto Respimat within the past 365 days; QL (1 EA per 30 days)
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml		Tier 1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION		Tier 2	QL (4 GM per 30 days)
Beta-Adrenergic And Glucocorticoid Combinations			
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	(fluticasone propion-salmeterol)	Tier 2	QL (12 GM per 30 days)
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION		Tier 3	ST: Requires prior prescription for Advair HFA or Breo Ellipta within the past 120 days; QL (1 EA per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION		Tier 2	QL (32.1 GM per 30 days)

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Drug		Status	Notes
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate-vilanterol)	Tier 2	QL (60 EA per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE		Tier 2	QL (60 EA per 30 days)
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	(budesonide-formoterol)	Tier 1	QL (30.9 GM per 30 days)
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	(Breyna)	Tier 1	QL (30.9 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50-5 MCG/ACTUATION		Tier 3	ST: Requires prior prescription for Advair HFA or Breo Ellipta within the past 120 days; QL (39 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION		Tier 3	ST: Requires prior prescription for Advair HFA or Breo Ellipta within the past 120 days; QL (13 GM per 30 days)
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation	(AirDuo RespiClick)	Tier 3	ST: Requires prior prescription for Advair HFA or Breo Ellipta within the past 120 days; QL (1 EA per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	(Wixela Inhub)	Tier 1	QL (60 EA per 30 days)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	(fluticasone propion-salmeterol)	Tier 1	QL (60 EA per 30 days)
Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled			
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION		Tier 2	QL (10.7 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG		Tier 2	QL (60 EA per 30 days)

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Drug	Status	Notes
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	Tier 2	QL (2 EA per 1 day)
Glucocorticoids, Orally Inhaled		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 3	ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (12.2 GM per 30 days)
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 232 MCG/ACTUATION	Tier 3	ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (1 EA per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 2	QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 3	ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	Tier 3	ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (1 EA per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml (Pulmicort)	Tier 1	QL (120 ML per 30 days)
fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation	Tier 1	QL (60 EA per 30 days)
fluticasone propionate inhalation blister with device 250 mcg/actuation	Tier 1	QL (120 EA per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation	Tier 1	QL (12 GM per 30 days)

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

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Drug		Status	Notes
Mast Cell Stabilizers, Orally Inhaled			
cromolyn inhalation solution for nebulization 20 mg/2 ml		Tier 1	
Monoclonal Antibodies To Immunoglobulin E(Ige)			
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		Tier 2	PA; SP
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG		Tier 2	PA; SP
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		Tier 2	PA; SP
Monoclonal Antibody - Interleukin-5 Antagonists			
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML		Tier 2	PA; SP
NUCALA SUBCUTANEOUS RECON SOLN 100 MG		Tier 2	PA; SP
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML		Tier 2	PA; SP
Phosphodiesterase-4 (Pde4) Inhibitors			
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML		Tier 3	PA
roflumilast oral tablet 250 mcg, 500 mcg	(Daliresp)	Tier 1	QL (1 EA per 1 day)
Respiratory Aids,Devices,Equipment			
ACE AEROSOL CLOUD ENHANCER SPACER	(inhalational spacing device)	Tier 3	
AEROBIKA OSCILLATING PEP SYSTM DEVICE		Tier 3	
AEROCHAMBER MECHANICAL VENT SPACER	(inhalational spacing device)	Tier 3	
AEROCHAMBER MINI SPACER	(inhalational spacing device)	Tier 3	
AEROCHAMBER MV SPACER	(inhalational spacing device)	Tier 3	
AEROCHAMBER PLUS FLOW-VU SPACER	(inhalational spacing device)	Tier 3	

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Drug		Status	Notes
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER		Tier 3	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER		Tier 3	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER		Tier 3	
AEROCHAMBER PLUS Z STAT LG MSK SPACER		Tier 3	
AEROCHAMBER PLUS Z STAT MD MSK SPACER		Tier 3	
AEROCHAMBER PLUS Z STAT SM MSK SPACER		Tier 3	
AEROCHAMBER PLUS Z STAT SPACER	(inhalational spacing device)	Tier 3	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER	(inhalational spacing device)	Tier 3	
AEROECLIPSE II NEBULIZER	(nebulizers)	Tier 3	
AEROECLIPSE XL NEBULIZER	(nebulizers)	Tier 3	
AEROGEAR ACTION ASTHMA KIT KIT		Tier 3	
AERONEB GO NEBULIZER	(nebulizers)	Tier 3	
AEROTRACH PLUS SPACER	(inhalational spacing device)	Tier 3	
AEROVENT PLUS SPACER	(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 KIT		Tier 3	
AURA PORTANEB	(nebulizers)	Tier 3	
BREATHERITE MDI SPACER SPACER	(inhalational spacing device)	Tier 3	
BREATHERITE SPACER-MASK, NEO. SPACER		Tier 3	
BREATHERITE SPACER-MASK,ADULT SPACER		Tier 3	
BREATHERITE SPACER-MASK,CHILD SPACER		Tier 3	

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Drug		Status	Notes
BREATHERITE SPACER-MASK,INFANT SPACER		Tier 3	
BREATHERITE SPACER-MASK,S.CHLD SPACER		Tier 3	
BREATHERITE VALVED MDI CHAMBER SPACER	(inhalational spacing device)	Tier 3	
BREATHERITE VALVED MDI SPACER SPACER	(inhalational spacing device)	Tier 3	
CLEVER CHOICE CHAMBER-LRG MASK SPACER		Tier 3	
CLEVER CHOICE CHAMBER-MED MASK SPACER		Tier 3	
CLEVER CHOICE CHAMBER-SM MASK SPACER		Tier 3	
CLEVER CHOICE NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
CLEVER CHOICE WHISPER AIRE PED DEVICE	(nebulizer and compressor)	Tier 3	
COMFORTSEAL LARGE MASK DEVICE		Tier 3	
COMFORTSEAL MEDIUM MASK DEVICE		Tier 3	
COMFORTSEAL SMALL MASK DEVICE		Tier 3	
COMPACT SPACE CHAMBER SPACER	(inhalational spacing device)	Tier 3	
COMPACT SPACE CHAMBER-LRG MASK SPACER		Tier 3	
COMPACT SPACE CHAMBER-MED MASK SPACER		Tier 3	
COMPACT SPACE CHAMBER-SM MASK SPACER		Tier 3	
COMP-AIR NEBULIZER COMPRESSOR DEVICE	(nebulizer and compressor)	Tier 3	
DEVILBISS DISPOSABLE NEBULIZER	(nebulizers)	Tier 3	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE		Tier 3	
DEVILBISS PULMOMATE COMPRESSOR DEVICE		Tier 3	

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Drug		Status	Notes
DEVILBISS PULMONEB LT COMP-NEB DEVICE	(nebulizer and compressor)	Tier 3	
DEVILBISS TRAVELER COMPRESSOR DEVICE	(nebulizer and compressor)	Tier 3	
EASIVENT HOLDING CHAMBER SPACER	(inhalational spacing device)	Tier 3	
EASIVENT MASK LARGE DEVICE		Tier 3	
EASIVENT MASK MEDIUM DEVICE		Tier 3	
EASIVENT MASK SMALL DEVICE		Tier 3	
EASY NEB COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
EBASE CONTROLLER DEVICE		Tier 3	
FLEXICHAMBER SPACER	(inhalational spacing device)	Tier 3	
FLEXICHAMBER-LG CHILD MASK DEVICE		Tier 3	
FLEXICHAMBER-SM ADULT MASK DEVICE		Tier 3	
FLEXICHAMBER-SM CHILD MASK DEVICE		Tier 3	
HOME NEBULIZER PLUS SIDESTREAM DEVICE	(nebulizer and compressor)	Tier 3	
INNOSPIRE DELUXE DEVICE	(nebulizer and compressor)	Tier 3	
INNOSPIRE ELEGANCE DEVICE	(nebulizer and compressor)	Tier 3	
INNOSPIRE ESSENCE DEVICE	(nebulizer and compressor)	Tier 3	
INNOSPIRE GO NEBULIZER	(nebulizers)	Tier 3	
INNOSPIRE MINI DEVICE	(nebulizer and compressor)	Tier 3	
INSPIRACHAMBER SPACER	(inhalational spacing device)	Tier 3	
INSPIRACHAMBER WITH MASK-LARGE SPACER		Tier 3	
INSPIRACHAMBER WITH MASK-MED SPACER		Tier 3	

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

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Drug		Status	Notes
PARI SINUS AEROSOL SYSTEM DEVICE	(nebulizer and compressor)	Tier 3	
PARI TREK S COMBO PACK DEVICE	(nebulizer and compressor)	Tier 3	
PARI TREK S COMPACT COMPRESSOR DEVICE	(nebulizer and compressor)	Tier 3	
PEDIATRIC BEAR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
PEDIATRIC COMP-AIR COMPRES NEB DEVICE	(nebulizer and compressor)	Tier 3	
PEDIATRIC DINOSAUR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
PEDIATRIC DOG NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
PEDIATRIC FROG NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
PFLEX INSPIRATORY TRAINER DEVICE		Tier 3	
POCKET CHAMBER SPACER	(inhalational spacing device)	Tier 3	
PORTABLE NEBULIZER SYSTEM DEVICE	(nebulizer and compressor)	Tier 3	
PRIMEAIRE SPACER	(inhalational spacing device)	Tier 3	
PROCARE COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
PROCARE PEDIATRIC NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
PROCARE SPACER WITH ADULT MASK SPACER		Tier 3	
PROCARE SPACER WITH CHILD MASK SPACER		Tier 3	
PROCHAMBER SPACER	(inhalational spacing device)	Tier 3	
PRODIGY MINI-MIST NEBULIZER	(nebulizers)	Tier 3	
PRONEB MAX COMPRESSOR-LC PLUS DEVICE	(nebulizer and compressor)	Tier 3	
PRONEB MAX COMPRESSR-LC SPRINT DEVICE	(nebulizer and compressor)	Tier 3	

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Drug		Status	Notes
PROVENT NASAL DEVICE		Tier 3	
PROVENT STARTER NASAL DEVICE		Tier 3	
PULMO-AIDE COMPRESSOR DEVICE		Tier 3	
PULMONEB LT COMPRESSOR NEBUL DEVICE	(nebulizer and compressor)	Tier 3	
PUREAIR MINI NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
QUAKE VIBRATORY PEP DEVICE		Tier 3	
RITEFLO AEROCHAMBER SPACER	(inhalational spacing device)	Tier 3	
SAMI THE SEAL DEVICE	(nebulizer and compressor)	Tier 3	
SIDESTREAM	(nebulizers)	Tier 3	
SIDESTREAM NEBULIZER	(nebulizers)	Tier 3	
SIDESTREAM PLUS	(nebulizers)	Tier 3	
SILICONE MASK - INFANT DEVICE		Tier 3	
SINUSTAR NEBULIZER	(nebulizers)	Tier 3	
SMARTNEB COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
SOOTHENEB COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
SOOTHENEB MESH NEBULIZER	(nebulizers)	Tier 3	
SPACE CHAMBER SPACER	(inhalational spacing device)	Tier 3	
SPACE CHAMBER WITH LARGE MASK SPACER		Tier 3	
SPACE CHAMBER WITH MEDIUM MASK SPACER		Tier 3	
SPACE CHAMBER WITH SMALL MASK SPACER		Tier 3	
STRIVE PEAK FLOW METER DEVICE	(peak flow meter)	Tier 3	
SUNRISE COMPRESSOR-NEBULIZER DEVICE		Tier 3	
THRESHOLD IMT TRAINER DEVICE		Tier 3	
THRESHOLD PEP DEVICE DEVICE		Tier 3	
TRUNEB NEBULIZER	(nebulizers)	Tier 3	

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Drug		Status	Notes
TRUZONE PEAK FLOW METER DEVICE	(peak flow meter)	Tier 3	
VIOS AEROSOL DELIVERY SYSTEM DEVICE	(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 SPACER	(inhalational spacing device)	Tier 3	
VORTEX VHC FROG MASK-CHILD SPACER		Tier 3	
VORTEX VHC LADYBUG MASK-TODDLR SPACER		Tier 3	
VORTEX VHC PEDIATRIC MASK SPACER		Tier 3	
WILLIS THE WHALE COMPRESSR NEB DEVICE	(nebulizer and compressor)	Tier 3	
Thymic Stromal Lymphopoietin (Tslp) Inhibitors			
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)		Tier 2	PA; SP
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)		Tier 2	PA; SP
Xanthines			
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)		Tier 1	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	(theophylline)	Tier 1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG		Tier 2	
theophylline oral elixir 80 mg/15 ml	(Elixophyllin)	Tier 1	
theophylline oral solution 80 mg/15 ml		Tier 1	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg		Tier 1	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg		Tier 1	

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

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Drug		Status	Notes
Cholinesterase Inhibitors			
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR		Tier 3	PA
donepezil oral tablet 10 mg, 23 mg, 5 mg	(Aricept)	Tier 1	
donepezil oral tablet,disintegrating 10 mg, 5 mg		Tier 1	
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg		Tier 1	QL (30 EA per 30 days)
galantamine oral solution 4 mg/ml		Tier 1	QL (200 ML per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg		Tier 1	QL (60 EA per 30 days)
pyridostigmine bromide oral syrup 60 mg/5 ml	(Mestinon)	Tier 1	
pyridostigmine bromide oral tablet 30 mg		Tier 1	
pyridostigmine bromide oral tablet 60 mg	(Mestinon)	Tier 1	
pyridostigmine bromide oral tablet extended release 180 mg	(Mestinon Timespan)	Tier 1	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg		Tier 1	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	(Exelon Patch)	Tier 1	QL (30 EA per 30 days)
Behavioral Health - Antidepressants			
Alpha-2 Receptor Antagonist Antidepressants			
mirtazapine oral tablet 15 mg, 30 mg	(Remeron)	Tier 1	
mirtazapine oral tablet 45 mg, 7.5 mg		Tier 1	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	(Remeron SolTab)	Tier 1	
Antidepressant - Nmda Receptor Antagonist			
SPRAVATO NASAL SPRAY,NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)		Tier 3	PA; SP

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Drug		Status	Notes
Antidepressant - Postpartum Depression (Ppd)			
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG		Tier 2	PA; SP
Maois - Non-Selective & Irreversible			
MARPLAN ORAL TABLET 10 MG		Tier 3	
phenelzine oral tablet 15 mg	(Nardil)	Tier 1	
tranylcypromine oral tablet 10 mg	(Parnate)	Tier 1	
Monoamine Oxidase(Mao) Inhibitors			
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR		Tier 3	QL (1 EA per 1 day)
Ndma Receptor Antagonist And Ndri Comb			
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG		Tier 3	
Norepinephrine And Dopamine Reuptake Inhib (Ndris)			
bupropion hcl oral tablet 100 mg, 75 mg		Tier 1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	(Wellbutrin XL)	Tier 1	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	(Wellbutrin SR)	Tier 1	
Selective Serotonin Reuptake Inhibitor (Ssris)			
citalopram oral solution 10 mg/5 ml		Tier 1	
citalopram oral tablet 10 mg, 20 mg, 40 mg	(Celexa)	Tier 1	
escitalopram oxalate oral solution 5 mg/5 ml		Tier 1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	(Lexapro)	Tier 1	
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	(Prozac)	Tier 1	
fluoxetine oral capsule,delayed release(dr/ec) 90 mg		Tier 1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)		Tier 1	

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Drug		Status	Notes
fluoxetine oral tablet 10 mg, 20 mg, 60 mg		Tier 1	
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg		Tier 1	QL (2 EA per 1 day)
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg		Tier 1	
paroxetine hcl oral suspension 10 mg/5 ml	(Paxil)	Tier 1	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	(Paxil)	Tier 1	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	(Paxil CR)	Tier 1	
sertraline oral capsule 150 mg, 200 mg		Tier 3	QL (1 EA per 1 day)
sertraline oral concentrate 20 mg/ml	(Zoloft)	Tier 1	
sertraline oral tablet 100 mg, 25 mg, 50 mg	(Zoloft)	Tier 1	
Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)			
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg		Tier 1	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg		Tier 1	
Serotonin-Norepinephrine Reuptake-Inhib (Snris)			
desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg		Tier 1	ST: At least 2 prior prescriptions for generic Paroxetine HCL, Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Sertraline, or Venlafaxine ER/IR within the past 365 days; QL (1 EA per 1 day)
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	(Pristiq)	Tier 1	
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	(Cymbalta)	Tier 1	

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Drug		Status	Notes
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26), 20 MG (2)- 40 MG (5)		Tier 2	QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG		Tier 2	QL (1 EA per 1 day)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	(Effexor XR)	Tier 1	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		Tier 1	
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg		Tier 1	
Ssri & 5Ht1a Partial Agonist Antidepressant			
vilazodone oral tablet 10 mg, 20 mg, 40 mg	(Viibryd)	Tier 1	
Ssri & Serotonin Receptor Modulator Antidepressant			
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		Tier 2	QL (1 EA per 1 day)
Tricyclic Antidepressant/Benzodiazepine Combinatns			
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg		Tier 1	
Tricyclic Antidepressant/Phenothiazine Combinatns			
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg		Tier 1	
Tricyclic Antidepressants & Rel. Non-Sel. Ru-Inhib			
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		Tier 1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg		Tier 1	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	(Anafranil)	Tier 1	
desipramine oral tablet 10 mg, 25 mg	(Norpramin)	Tier 1	

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Drug	Status	Notes
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg	Tier 1	
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	
doxepin oral concentrate 10 mg/ml	Tier 1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	Tier 1	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)	Tier 1	
nortriptyline oral solution 10 mg/5 ml	Tier 1	
protriptyline oral tablet 10 mg, 5 mg	Tier 1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
Behavioral Health - Other		
Adrenergics, Aromatic, Non-Catecholamine		
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	Tier 3	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day)
amphetamine sulfate oral tablet 10 mg, 5 mg (Evekeo)	Tier 1	PA
dextroamphetamine sulfate oral capsule, extended release 10 mg (Dexedrine Spansule)	Tier 1	QL (60 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 15 mg	Tier 1	QL (120 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 5 mg	Tier 1	QL (60 EA per 30 days)
dextroamphetamine sulfate oral solution 5 mg/5 ml (ProCentra)	Tier 1	QL (1800 ML per 30 days)
dextroamphetamine sulfate oral tablet 10 mg (Zenzedi)	Tier 1	QL (180 EA per 30 days)

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Drug	Status	Notes
dextroamphetamine sulfate oral tablet 15 mg (Zenzedi)	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)
dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg (Zenzedi)	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)
dextroamphetamine sulfate oral tablet 20 mg, 30 mg (Zenzedi)	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
dextroamphetamine sulfate oral tablet 5 mg (Zenzedi)	Tier 1	QL (90 EA per 30 days)
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg (Mydayis)	Tier 1	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg (Adderall XR)	Tier 1	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg (Adderall XR)	Tier 1	QL (2 EA per 1 day)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg (Adderall)	Tier 1	QL (2 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	Tier 3	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (240 ML per 30 days)

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Drug		Status	Notes
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG		Tier 3	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day)
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	(Vyvanse)	Tier 1	QL (1 EA per 1 day)
lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	(Vyvanse)	Tier 1	QL (1 EA per 1 day)
methamphetamine oral tablet 5 mg	(Desoxyn)	Tier 1	QL (150 EA per 30 days)
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR		Tier 3	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day); Age (Min 6 Years)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	(dextroamphetamine sulfate)	Tier 3	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)
Anti-Alcoholic Preparations			
acamprosate oral tablet,delayed release (dr/ec) 333 mg		Tier 1	
disulfiram oral tablet 250 mg, 500 mg		Tier 1	
Anti-Anxiety - Benzodiazepines			
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML		Tier 2	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	(Xanax)	Tier 1	
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	(Xanax XR)	Tier 1	
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg		Tier 1	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg		Tier 1	

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Drug		Status	Notes
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg		Tier 1	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	(diazepam)	Tier 1	
diazepam oral concentrate 5 mg/ml	(Diazepam Intensol)	Tier 1	
diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)		Tier 1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	(Valium)	Tier 1	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	(lorazepam)	Tier 1	
lorazepam oral concentrate 2 mg/ml	(Lorazepam Intensol)	Tier 1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	(Ativan)	Tier 1	
oxazepam oral capsule 10 mg, 15 mg, 30 mg		Tier 1	
Anti-Anxiety Drugs			
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg		Tier 1	
meprobamate oral tablet 200 mg, 400 mg		Tier 1	
Anti-Mania Drugs			
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG		Tier 3	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg		Tier 1	
lithium carbonate oral tablet 300 mg		Tier 1	
lithium carbonate oral tablet extended release 300 mg	(Lithobid)	Tier 1	
lithium carbonate oral tablet extended release 450 mg		Tier 1	
lithium citrate oral solution 8 meq/5 ml		Tier 1	
Anti-Narcolepsy & Anti-Cataplexy,Sedative-Type Agt			
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM		Tier 3	PA; SP

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Drug	Status	Notes
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM	Tier 3	PA; SP
sodium oxybate oral solution 500 mg/ml (Xyrem)	Tier 2	PA; SP
XYWAV ORAL SOLUTION 0.5 GRAM/ML	Tier 2	PA; SP
Antipsych,Dopamine Antag.,Diphenylbutylpiperidines		
pimozide oral tablet 1 mg, 2 mg	Tier 1	
Antipsychotic-Atypical,D3/D2 Partial Ag-5Ht Mixed		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 2	QL (1 EA per 1 day)
Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed		
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 INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	Tier 2	SP; QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	Tier 2	SP; QL (1 EA per 26 days)
aripiprazole oral solution 1 mg/ml	Tier 1	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg (Abilify)	Tier 1	
aripiprazole oral tablet,disintegrating 10 mg	Tier 1	QL (3 EA per 1 day)
aripiprazole oral tablet,disintegrating 15 mg	Tier 1	QL (2 EA per 1 day)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	Tier 3	SP

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Drug	Status	Notes
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	Tier 2	SP; QL (3.9 ML per 14 days)
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)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	Tier 3	ST: Requires prior prescription for generic Aripiprazole tablets within the past 120 days
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	QL (1 EA per 1 day)
REXULTI ORAL TABLETS,DOSE PACK 0.5 MG (7)- 1 MG (7), 1 MG (4)- 2 MG (3)	Tier 2	QL (1 EA per 1 day)
Antipsychotics, Dopamine & Serotonin Antagonists		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Tier 2	SP
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	
Antipsychotics,Atypical,Dopamine,& Serotonin Antag		
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg (Saphris)	Tier 1	QL (2 EA per 1 day)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 3	ST: Requires prior prescription for Rexulti or Vraylar within the past 120 days; QL (1 EA per 1 day)
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg (Clozaril)	Tier 1	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	Tier 1	QL (3 EA per 1 day)

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Drug	Status	Notes
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	QL (2 EA per 1 day)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	Tier 3	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)
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)
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg (Latuda)	Tier 1	QL (30 EA per 30 days)
lurasidone oral tablet 80 mg (Latuda)	Tier 1	QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	Tier 3	PA
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg (Zyprexa)	Tier 1	

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Drug		Status	Notes
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	(Zyprexa Zydis)	Tier 1	
paliperidone oral tablet extended release 24hr 1.5 mg		Tier 1	QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 3 mg, 9 mg	(Invega)	Tier 1	QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 6 mg	(Invega)	Tier 1	QL (2 EA per 1 day)
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG		Tier 2	SP; QL (1 EA per 28 days)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	(Seroquel)	Tier 1	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	(Seroquel XR)	Tier 1	
risperidone oral solution 1 mg/ml	(Risperdal)	Tier 1	
risperidone oral tablet 0.25 mg		Tier 1	
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	(Risperdal)	Tier 1	
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg		Tier 1	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR		Tier 3	QL (1 EA per 1 day)
SEROQUEL XR ORAL TABLET, EXT REL 24HR DOSE PACK 50 MG(3)-200 MG (1)-300 MG(11)		Tier 3	
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML		Tier 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 56 days)

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Drug	Status	Notes
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	Tier 2	SP; QL (0.56 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	Tier 2	SP; QL (0.7 ML per 56 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)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 3	QL (18 ML per 1 day)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	Tier 1	
Antipsychotics,Dopamine Antagonists, Thioxanthenes		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Antipsychotics,Dopamine Antagonists,Butyrophenones		
haloperidol lactate oral concentrate 2 mg/ml	Tier 1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Tier 1	
Antipsychotics,Dopamine Antagonst,Dihydroindolones		
molindone oral tablet 10 mg	Tier 1	QL (8 EA per 1 day)
molindone oral tablet 25 mg	Tier 1	QL (9 EA per 1 day)
molindone oral tablet 5 mg	Tier 1	
Anti-Psychotics,Phenothiazines		
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	Tier 1	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
fluphenazine hcl oral concentrate 5 mg/ml	Tier 1	
fluphenazine hcl oral elixir 2.5 mg/5 ml	Tier 1	

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Drug	Status	Notes
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Tier 1	
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Barbiturates		
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	Tier 1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	Tier 1	
Cholinergic And Anticholinergic Combinations		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	Tier 3	ST: Requires prior prescription for a generic atypical Antipsychotic, Rexulti, or Vraylar within the past 120 days; QL (2 EA per 1 day)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	Tier 3	ST: Requires prior prescription for a generic atypical Antipsychotic, Rexulti, or Vraylar within the past 120 days
Hsdd Agents-Mixed Serotonin Agonist/Antagonists		
ADDYI ORAL TABLET 100 MG	Tier 3	PA
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML	Tier 3	PA
Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Tier 3	PA; SP
tasimelteon oral capsule 20 mg (Hetlioz)	Tier 1	PA; SP

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Drug		Status	Notes
Narcolepsy And Sleep Disorder Therapy Agents			
armodafinil oral tablet 150 mg, 200 mg, 250 mg	(Nuvigil)	Tier 1	QL (1 EA per 1 day)
armodafinil oral tablet 50 mg	(Nuvigil)	Tier 1	QL (3 EA per 1 day)
modafinil oral tablet 100 mg, 200 mg	(Provigil)	Tier 1	QL (2 EA per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG		Tier 3	PA
Narcolepsy Tx-H3-Recept.Antagonist/Inverse Agonist			
WAKIX ORAL TABLET 17.8 MG, 4.45 MG		Tier 3	PA; SP
Narcotic Antagonists			
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION		Tier 2	QL (4 EA per 30 days)
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG		Tier 3	
naloxone injection auto-injector 10 mg/0.4 ml		Tier 1	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml		Tier 1	
naloxone nasal spray,non-aerosol 4 mg/actuation	(Narcan)	Tier 1	QL (4 EA per 30 days)
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG		Tier 3	
naltrexone oral tablet 50 mg		Tier 1	
OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION		Tier 3	QL (4 EA per 30 days)
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML		Tier 3	QL (2 ML per 30 days)
Sedative-Hypnotics - Benzodiazepines			
estazolam oral tablet 1 mg, 2 mg		Tier 1	
flurazepam oral capsule 15 mg, 30 mg		Tier 1	
midazolam oral syrup 2 mg/ml		Tier 1	
quazepam oral tablet 15 mg	(Doral)	Tier 1	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	(Restoril)	Tier 1	
triazolam oral tablet 0.125 mg		Tier 1	

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Drug		Status	Notes
triazolam oral tablet 0.25 mg	(Halcion)	Tier 1	
Sedative-Hypnotics,Non-Barbiturate			
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		Tier 2	QL (1 EA per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG		Tier 3	QL (1 EA per 1 day)
doxepin oral tablet 3 mg, 6 mg	(Silenor)	Tier 1	QL (1 EA per 1 day)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	(Lunesta)	Tier 1	QL (1 EA per 1 day)
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG		Tier 3	PA
QUVIVIQ ORAL TABLET 25 MG, 50 MG		Tier 3	PA
zaleplon oral capsule 10 mg, 5 mg		Tier 1	QL (1 EA per 1 day)
zolpidem oral tablet 10 mg, 5 mg	(Ambien)	Tier 1	QL (1 EA per 1 day)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	(Ambien CR)	Tier 1	QL (1 EA per 1 day)
zolpidem sublingual tablet 1.75 mg, 3.5 mg		Tier 1	QL (1 EA per 1 day)
Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)			
NUPLAZID ORAL CAPSULE 34 MG		Tier 3	PA; SP
NUPLAZID ORAL TABLET 10 MG		Tier 3	PA; SP
Ssri &Antipsych,Atyp,Dopamine&Serotonin Antag Comb			
olanzapine-fluoxetine oral capsule 12-25 mg, 6-50 mg		Tier 1	QL (1 EA per 1 day)
olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg	(Symbyax)	Tier 1	QL (1 EA per 1 day)
Tx For Adhd - Selective Alpha-2A Receptor Agonist			
clonidine hcl oral tablet extended release 12 hr 0.1 mg		Tier 1	
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	(Intuniv ER)	Tier 1	

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Drug	Status	Notes
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML	Tier 3	ST: Requires prior prescription for Clonidine 0.1mg ER tablets within the past 120 days; QL (4 ML per 1 day); Age (Min 6 Years)
Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy		
AZSTARYS ORAL CAPSULE 26.1 MG-5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG-10.4 MG	Tier 2	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 8.6 MG	Tier 3	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 25.9 MG	Tier 3	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (2 EA per 1 day)
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg (Focalin XR)	Tier 1	QL (1 EA per 1 day)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg (Focalin)	Tier 1	QL (2 EA per 1 day)
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	Tier 2	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day)

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Drug		Status	Notes
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	(Aptensio XR)	Tier 3	ST: Requires prior prescription for one of the following generics: Concerta, Metadate CD, Ritalin LA, Methylin ER, or Ritalin-SR within the past 120 days; QL (1 EA per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg	(Metadate CD)	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70 30 mg	(Metadate CD)	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg	(Ritalin LA)	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 30 mg	(Ritalin LA)	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 60 mg		Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	(Methylin)	Tier 1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	(Ritalin)	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 10 mg		Tier 1	QL (3 EA per 1 day)
methylphenidate hcl oral tablet extended release 20 mg	(Metadate ER)	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	(Concerta)	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral tablet extended release 24hr 36 mg	(Concerta)	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg		Tier 1	QL (90 EA per 30 days)

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Drug	Status	Notes
methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr (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)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	Tier 3	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	Tier 3	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (2 EA per 1 day)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	120mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (240 ML per 30 days)

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Drug	Status	Notes
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	150ml BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (300 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	180Ml BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (360 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	60mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (60 ML per 30 days)
Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type		
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg (Strattera)	Tier 1	

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

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Drug		Status	Notes
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	(Tikosyn)	Tier 1	
flecainide oral tablet 100 mg, 150 mg, 50 mg		Tier 1	
mexiletine oral capsule 150 mg, 200 mg, 250 mg		Tier 1	
MULTAQ ORAL TABLET 400 MG		Tier 2	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG		Tier 2	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 150 MG	(disopyramide phosphate)	Tier 2	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	(amiodarone)	Tier 1	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg		Tier 1	
propafenone oral tablet 150 mg, 225 mg, 300 mg		Tier 1	
quinidine gluconate oral tablet extended release 324 mg		Tier 1	
quinidine sulfate oral tablet 200 mg, 300 mg		Tier 1	
Cardiovascular Disease - Cardiac Stimulant			
Adrenergic Agents,Catecholamines			
epinephrine injection syringe 0.1 mg/ml		Tier 1	
Digitalis Glycosides			
DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	(digoxin)	Tier 1	
digoxin oral solution 50 mcg/ml (0.05 mg/ml)		Tier 2	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(Digitek)	Tier 1	
digoxin oral tablet 62.5 mcg (0.0625 mg)	(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

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Drug		Status	Notes
Cardiovascular Disease - Hypertension			
Ace Inhibitor/Calcium Channel Blocker Combination			
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg	(Lotrel)	Tier 1	
amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg		Tier 1	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg		Tier 1	
Ace Inhibitor/Thiazide & Thiazide-Like Diuretic			
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	Tier 1	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		Tier 1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg		Tier 1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	(Vaseretic)	Tier 1	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		Tier 1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg		Tier 1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Zestoretic)	Tier 1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Accuretic)	Tier 1	
Alpha/Beta-Adrenergic Blocking Agents			
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	(Coreg)	Tier 1	
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg	(Coreg CR)	Tier 1	QL (1 EA per 1 day)
labetalol oral tablet 100 mg, 200 mg, 300 mg, 400 mg		Tier 1	

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Drug		Status	Notes
Alpha-Adrenergic Blocking Agents			
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG		Tier 3	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	(Cardura)	Tier 1	
phenoxybenzamine oral capsule 10 mg	(Dibenzyline)	Tier 1	PA; SP
prazosin oral capsule 1 mg, 2 mg, 5 mg		Tier 1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg		Tier 1	
Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb			
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	(Exforge HCT)	Tier 1	
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	(Tribenzor)	Tier 1	
Angiotensin Receptor Antag./Thiazide Diuretic Comb			
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	(Atacand HCT)	Tier 1	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG		Tier 3	ST: Requires prior prescription for an ACE inhibitor, ACE inhibitor combination, ARB, or ARB combination within the past 120 days
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	Tier 1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	(Hyzaar)	Tier 1	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	(Benicar HCT)	Tier 1	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	(Micardis HCT)	Tier 1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	(Diovan HCT)	Tier 1	

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Drug		Status	Notes
Angiotensin Receptor Antgnst & Calc.Channel Blockr			
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	(Azor)	Tier 1	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	(Exforge)	Tier 1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg		Tier 1	
Antihypertensives, Ace Inhibitors			
benazepril oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	Tier 1	
benazepril oral tablet 5 mg		Tier 1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		Tier 1	
enalapril maleate oral solution 1 mg/ml	(Epaned)	Tier 1	ST: Requires prior prescription for Enalapril tablets within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days)
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	Tier 1	
fosinopril oral tablet 10 mg, 20 mg, 40 mg		Tier 1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	(Zestril)	Tier 1	
moexipril oral tablet 15 mg, 7.5 mg		Tier 1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		Tier 1	
QBRELIS ORAL SOLUTION 1 MG/ML		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)
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Accupril)	Tier 1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	(Altace)	Tier 1	

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Drug		Status	Notes
trandolapril oral tablet 1 mg, 2 mg, 4 mg		Tier 1	
Antihypertensives, Angiotensin Receptor Antagonist			
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Atacand)	Tier 1	
EDARBI ORAL TABLET 40 MG, 80 MG		Tier 3	ST: Requires prior prescription for an ACE inhibitor, ACE inhibitor combination, ARB, or ARB combination within the past 120 days
eprosartan oral tablet 600 mg		Tier 1	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	(Avapro)	Tier 1	
losartan oral tablet 100 mg, 25 mg, 50 mg	(Cozaar)	Tier 1	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	(Benicar)	Tier 1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	(Micardis)	Tier 1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	Tier 1	
Antihypertensives, Miscellaneous			
metyrosine oral capsule 250 mg	(Demser)	Tier 1	SP
Antihypertensives, Sympatholytic			
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg		Tier 1	
clonidine transdermal patch weekly 0.1 mg/24 hr	(Catapres-TTS-1)	Tier 1	
clonidine transdermal patch weekly 0.2 mg/24 hr	(Catapres-TTS-2)	Tier 1	
clonidine transdermal patch weekly 0.3 mg/24 hr	(Catapres-TTS-3)	Tier 1	
guanfacine oral tablet 1 mg, 2 mg		Tier 1	
methyldopa oral tablet 250 mg, 500 mg		Tier 1	
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg		Tier 1	

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Drug		Status	Notes
Antihypertensives, Vasodilators			
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		Tier 1	
minoxidil oral tablet 10 mg, 2.5 mg		Tier 1	
Antihypertensives,Endothelin Receptor Antagonists			
TRYVIO ORAL TABLET 12.5 MG		Tier 3	PA; SP
Beta-Adrenergic Blocking Agents			
acebutolol oral capsule 200 mg, 400 mg		Tier 1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	(Tenormin)	Tier 1	
betaxolol oral tablet 10 mg, 20 mg		Tier 1	
bisoprolol fumarate oral tablet 10 mg, 5 mg		Tier 1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML		Tier 3	ST: 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 ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 200 MG, 25 MG, 50 MG		Tier 3	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	(Toprol XL)	Tier 1	
metoprolol tartrate oral tablet 100 mg, 50 mg	(Lopressor)	Tier 1	
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg		Tier 1	
nadolol oral tablet 20 mg, 40 mg		Tier 1	
nadolol oral tablet 80 mg	(Corgard)	Tier 1	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Bystolic)	Tier 1	
pindolol oral tablet 10 mg, 5 mg		Tier 1	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	(Inderal LA)	Tier 1	

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

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Drug		Status	Notes
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(Tiadylt ER)	Tier 1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	Tier 1	
diltiazem hcl oral capsule,extended release 24hr 360 mg	(Cardizem CD)	Tier 1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	(Cardizem)	Tier 1	
diltiazem hcl oral tablet 90 mg		Tier 1	
diltiazem hcl oral tablet extended release 24 hr 120 mg	(Cardizem LA)	Tier 1	
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(Matzim LA)	Tier 1	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	(diltiazem hcl)	Tier 1	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg		Tier 1	
isradipine oral capsule 2.5 mg, 5 mg		Tier 1	
levamlodipine oral tablet 2.5 mg, 5 mg	(Conjupri)	Tier 1	PA
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	(diltiazem hcl)	Tier 1	
nicardipine oral capsule 20 mg, 30 mg		Tier 1	
nifedipine oral capsule 10 mg, 20 mg		Tier 1	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	(Procardia XL)	Tier 1	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg		Tier 1	
nimodipine oral capsule 30 mg		Tier 1	
nimodipine oral solution 60 mg/20 ml		Tier 1	PA; SP
nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg	(Sular)	Tier 1	
nisoldipine oral tablet extended release 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg		Tier 1	

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Drug		Status	Notes
NYMALIZE ORAL SOLUTION 60 MG/10 ML		Tier 3	PA; SP
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML		Tier 3	PA; SP
TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	(diltiazem hcl)	Tier 1	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	(Verelan PM)	Tier 1	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg		Tier 1	
verapamil oral tablet 120 mg, 40 mg, 80 mg		Tier 1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg		Tier 1	
Loop Diuretics			
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg		Tier 1	
ethacrynic acid oral tablet 25 mg	(Edecrin)	Tier 1	PA
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML		Tier 3	SP
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)		Tier 1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	(Lasix)	Tier 1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg		Tier 1	
Potassium Sparing Diuretics			
amiloride oral tablet 5 mg		Tier 1	
eplerenone oral tablet 25 mg, 50 mg	(Inspra)	Tier 1	
KERENDIA ORAL TABLET 10 MG, 20 MG		Tier 3	PA
spironolactone oral tablet 100 mg, 25 mg, 50 mg	(Aldactone)	Tier 1	
triamterene oral capsule 100 mg, 50 mg	(Dyrenium)	Tier 1	

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Drug		Status	Notes
Potassium Sparing Diuretics In Combination			
amiloride-hydrochlorothiazide oral tablet 5-50 mg		Tier 1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg		Tier 1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg		Tier 1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg		Tier 1	
Pulm Anti-Htn,Soluble Guanylate Cyclase Stimulator			
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		Tier 2	PA; SP
Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib			
ALYQ ORAL TABLET 20 MG	(tadalafil (pulm. hypertension))	Tier 1	PA; SP
LIQREV ORAL SUSPENSION 10 MG/ML		Tier 3	PA; SP
sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml		Tier 1	PA
sildenafil (pulm.hypertension) oral tablet 20 mg	(Revatio)	Tier 1	PA
tadalafil (pulm. hypertension) oral tablet 20 mg	(Alyq)	Tier 1	PA; SP
Pulmonary Anti-Htn, Endothelin Receptor Antagonist			
ambrisentan oral tablet 10 mg, 5 mg	(Letairis)	Tier 1	PA; SP
bosentan oral tablet 125 mg, 62.5 mg	(Tracleer)	Tier 1	PA; SP
OPSUMIT ORAL TABLET 10 MG		Tier 2	PA; SP
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG		Tier 2	PA; SP
Pulmonary Antihyper Agent, Actriia-Fc			
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG		Tier 2	PA; SP

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Drug	Status	Notes
Pulmonary Antihypertensives, Prostacyclin-Type		
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	Tier 2	PA; SP
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	Tier 2	PA; SP
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)- 1MG	Tier 2	PA; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 2	PA; SP
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML (treprostinil sodium)	Tier 3	PA; SP
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml (Remodulin)	Tier 1	PA; SP
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG	Tier 3	PA; SP
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 3	PA; SP
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 3	PA; SP
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 3	PA; SP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 3	PA; SP
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 2	PA; SP

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Drug		Status	Notes
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)		Tier 2	PA; SP
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML		Tier 3	PA; SP
Pulmonary Htn-Endothelin Recept Antg-Cgmp Pde5 Inh			
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG		Tier 3	PA; SP
Renin Inhibitor, Direct			
aliskiren oral tablet 150 mg, 300 mg	(Tekturna)	Tier 1	
Thiazide And Related Diuretics			
chlorthalidone oral tablet 25 mg, 50 mg		Tier 1	
DIURIL ORAL SUSPENSION 250 MG/5 ML		Tier 3	
hydrochlorothiazide oral capsule 12.5 mg		Tier 1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		Tier 1	
indapamide oral tablet 1.25 mg, 2.5 mg		Tier 1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		Tier 1	
Vasodilators, Combination			
isosorbide-hydralazine oral tablet 20-37.5 mg	(BiDil)	Tier 1	
Cardiovascular Disease - Lipid Irregularity			
Antihyperlip.Hmg Coa Reduct Inhib&Cholest.Ab.Inhib			
ezetimibe-simvastatin oral tablet 10-10 mg	(Vytorin 10-10)	Tier 1	QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-20 mg	(Vytorin 10-20)	Tier 1	QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-40 mg	(Vytorin 10-40)	Tier 1	QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-80 mg	(Vytorin 10-80)	Tier 1	PA; QL (1 EA per 1 day)

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Drug	Status	Notes
Antihyperlipidemic - Apo B-100 Synthesis Inhibitor		
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	Tier 3	PA; SP
Antihyperlipidemic - Atp Citrate Lyase Inhibitor		
NEXLETOL ORAL TABLET 180 MG	Tier 2	ST: Requires prior prescription for generic statin within the past 120 days
Antihyperlipidemic - Hmg Coa Reductase Inhibitors		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	Tier 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 ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	Tier 3	PA
atorvastatin oral tablet 10 mg, 20 mg (Lipitor)	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
atorvastatin oral tablet 40 mg, 80 mg (Lipitor)	Tier 1	QL (1 EA per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	Tier 3	QL (1 EA per 1 day)
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) (simvastatin)	Tier 3	PA
FLOLIPID ORAL SUSPENSION 40 MG/5 ML (8 MG/ML)	Tier 3	PA

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Drug	Status	Notes
fluvastatin oral capsule 20 mg	$0	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; $0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
fluvastatin oral capsule 40 mg	$0	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; $0 COPAY IF QUANTITY 2 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
fluvastatin oral tablet extended release 24 hr 80 mg (Lescol XL)	$0	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; $0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)

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

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Drug	Status	Notes
simvastatin oral tablet 5 mg	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin oral tablet 80 mg	Tier 1	PA; QL (1 EA per 1 day)
Antihyperlipidemic - Mtp Inhibitor		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	Tier 2	PA; SP
Antihyperlipidemic - Pcsk9 Inhibitors		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	Tier 3	ST: Requires prior prescription for Repatha withn the past 120 days
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	Tier 2	ST: Requires prior prescription for generic statin within the past 120 days
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	Tier 2	ST: Requires prior prescription for generic statin within the past 120 days
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Tier 2	ST: Requires prior prescription for generic statin within the past 120 days
Antihyperlipidemic-Acly And Choles Absorp Inhib		
NEXLIZET ORAL TABLET 180-10 MG	Tier 2	ST: Requires prior prescription for generic statin within the past 120 days
Bile Salt Sequestrants		
cholestyramine (with sugar) oral powder 4 gram (Questran)	Tier 1	
cholestyramine (with sugar) oral powder in packet 4 gram (Questran)	Tier 1	

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Drug		Status	Notes
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	(cholestyramine-aspartame)	Tier 1	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	(cholestyramine-aspartame)	Tier 1	
cholestyramine-aspartame oral powder in packet 4 gram	(Cholestyramine Light)	Tier 1	
colesevelam oral powder in packet 3.75 gram	(WelChol)	Tier 1	
colesevelam oral tablet 625 mg	(WelChol)	Tier 1	
colestipol oral granules 5 gram	(Colestid)	Tier 1	
colestipol oral packet 5 gram		Tier 1	
colestipol oral tablet 1 gram	(Colestid)	Tier 1	
PREVALITE ORAL POWDER 4 GRAM	(cholestyramine-aspartame)	Tier 1	
PREVALITE ORAL POWDER IN PACKET 4 GRAM	(cholestyramine-aspartame)	Tier 1	
Lipotropics			
ezetimibe oral tablet 10 mg	(Zetia)	Tier 1	QL (1 EA per 1 day)
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg		Tier 1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	(Tricor)	Tier 1	
fenofibrate oral capsule 150 mg, 50 mg	(Lipofen)	Tier 1	
fenofibrate oral tablet 120 mg, 40 mg	(Fenoglide)	Tier 1	
fenofibrate oral tablet 160 mg, 54 mg		Tier 1	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	(Trilipix)	Tier 1	
fenofibric acid oral tablet 105 mg, 35 mg	(Fibricor)	Tier 1	
gemfibrozil oral tablet 600 mg	(Lopid)	Tier 1	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg		Tier 1	
NIACOR ORAL TABLET 500 MG	(niacin)	Tier 1	
omega-3 acid ethyl esters oral capsule 1 gram	(Lovaza)	Tier 1	ST: Requires prior prescription for generic Fenofibrate within the past 120 days; QL (4 EA per 1 day)

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Drug		Status	Notes
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)
Niacin Preparations			
niacin oral tablet 500 mg	(Niacor)	Tier 1	
Cardiovascular Disease - Miscellaneous Agents			
Adrenergic Vasopressor Agents			
droxidopa oral capsule 100 mg, 200 mg, 300 mg	(Northera)	Tier 1	PA; SP
midodrine oral tablet 10 mg, 2.5 mg, 5 mg		Tier 1	
Angiotensin Recept-Neprilysin Inhibitor Comb(Arni)			
ENTRESTO ORAL TABLET 24-26 MG	(sacubitril-valsartan)	Tier 2	QL (6 EA per 1 day)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	(sacubitril-valsartan)	Tier 2	QL (2 EA per 1 day)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG		Tier 2	QL (8 EA per 1 day)
Antianginal & Anti-Ischemic Agents,Non-Hemodynamic			
ranolazine oral tablet extended release 12 hr 1,000 mg		Tier 1	QL (60 EA per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg		Tier 1	QL (120 EA per 30 days)
Antianginal, Heart Rate Reducing, I(F) Inhibitor			
CORLANOR ORAL SOLUTION 5 MG/5 ML		Tier 2	QL (20 ML per 1 day)
ivabradine oral tablet 5 mg, 7.5 mg	(Corlanor)	Tier 1	QL (2 EA per 1 day)
Antihyperlip - Hmg-Coa&Calcium Channel Blocker Cb			
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	(Caduet)	Tier 1	QL (1 EA per 1 day)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		Tier 1	QL (1 EA per 1 day)

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Drug		Status	Notes
Cardiac Myosin Inhibitor			
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG		Tier 3	PA; SP
Protein Stabilizers			
ATTRUBY ORAL TABLET 356 MG		Tier 3	PA; SP
VYNDAMAX ORAL CAPSULE 61 MG		Tier 3	PA; SP
VYNDAQEL ORAL CAPSULE 20 MG		Tier 3	PA; SP
Soluble Guanylate Cyclase (Sgc) Stimulator			
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG		Tier 3	PA
Cardiovascular Disease - Vasodilation			
Vasodilators,Coronary			
amyl nitrite inhalation solution 0.3 ml		Tier 1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		Tier 1	
isosorbide dinitrate oral tablet 40 mg	(Isordil)	Tier 1	
isosorbide dinitrate oral tablet 5 mg	(Isordil Titradose)	Tier 1	
isosorbide mononitrate oral tablet 10 mg, 20 mg		Tier 1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg		Tier 1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	(nitroglycerin)	Tier 2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR		Tier 2	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	(Nitrostat)	Tier 1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(Nitro-Dur)	Tier 1	
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	(Nitrolingual)	Tier 1	
NITROMIST TRANSLINGUAL AEROSOL,SPRAY 400 MCG/SPRAY	(nitroglycerin)	Tier 3	

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Drug		Status	Notes
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG	(nitroglycerin)	Tier 1	
Vasodilators,Peripheral			
ergoloid oral tablet 1 mg		Tier 1	
papaverine injection solution 30 mg/ml		Tier 1	
Contraception/Oxytocics			
Contraceptives, Intravaginal, Systemic			
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR		$0	
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	(etonogestrel-ethinyl estradiol)	$0	
ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR	(etonogestrel-ethinyl estradiol)	$0	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	(EluRyng)	$0	
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR	(etonogestrel-ethinyl estradiol)	$0	
Contraceptives,Implantable			
NEXPLANON SUBDERMAL IMPLANT 68 MG		$0	$0 COPAY IF LIMITED TO 1 IN 365 DAYS
Contraceptives,Injectable			
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML		$0	$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (0.65 ML per 84 days)
medroxyprogesterone intramuscular suspension 150 mg/ml	(Depo-Provera)	$0	$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
medroxyprogesterone intramuscular syringe 150 mg/ml	(Depo-Provera)	$0	$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
Contraceptives,Intravaginal			
PHEXXI VAGINAL GEL 1.8-1-0.4 %		$0	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %		$0	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %		$0	

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Drug		Status	Notes
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %		$0	
Contraceptives,Oral			
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
AFTER PILL ORAL TABLET 1.5 MG	(levonorgestrel)	$0	
AFTERA ORAL TABLET 1.5 MG	(levonorgestrel)	$0	
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
APRI ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG		$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUBRA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS

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Drug		Status	Notes
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
AVIANE ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
AYUNA ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG		$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
BRIELLYN ORAL TABLET 0.4-35 MG-MCG		$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
CAMILA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
CAZIANT (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
CRYSELLE (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
CYRED EQ ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
CYRED ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS

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Drug		Status	Notes
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
DEBLITANE ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Azurette (28))	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
DOLISHALE ORAL TABLET 90-20 MCG (28)	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)	(Beyaz)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)	(Safyral)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	(Jasmiel (28))	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	(Ocella)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ECONTRA EZ ORAL TABLET 1.5 MG	(levonorgestrel)	$0	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	(levonorgestrel)	$0	
ELINEST ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ELLA ORAL TABLET 30 MG		$0	
EMZAHH ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ENSKYCE ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ERRIN ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	(Kelnor 1/35 (28))	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS

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Drug		Status	Notes
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Kelnor 1/50 (28))	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
FEIRZA ORAL TABLET 1 MG-20 MCG (21)/75 MG (7), 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
FEMLYV ORAL TABLET,DISINTEGRATING 1 MG- 20 MCG		$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
FINZALA ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
GEMMILY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
HAILEY ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
HEATHER ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
HER STYLE ORAL TABLET 1.5 MG	(levonorgestrel)	$0	
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
INCASSIA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ISIBLOOM ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
JAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
JASMIEL (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
JENCYCLA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS

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Drug		Status	Notes
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
JOYEAUX ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	(levonorgest-eth.estradiol-iron)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (28 EA per 28 days)
JULEBER ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
JULIE ORAL TABLET 1.5 MG	(levonorgestrel)	$0	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
KALLIGA ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
KELNOR 1/50 (28) ORAL TABLET 1-50 MG-MCG	(ethynodiol diac-eth estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
KURVELO (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	(Camrese Lo)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	(Rivelsa)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS

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Drug		Status	Notes
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(Amethia)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG		$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LESSINA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	(Joyeaux)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (28 EA per 28 days)
levonorgestrel oral tablet 1.5 mg	(After Pill)	$0	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	(Afirmelle)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	(Altavera (28))	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)	(Amethyst (28))	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(Iclevia)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Enpresse)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LEVORA-28 ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS

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Drug		Status	Notes
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)		$0	ST: Requires prior prescriptions for two generic oral contraceptives within the past 365 days; $0 COPAY IF QUANTITY 28 IN 28 DAYS
LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
LORYNA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LYLEQ ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LYZA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
MERZEE ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
MILI ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS

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Drug		Status	Notes
MINZOYA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	(levonorgest-eth.estradiol-iron)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (28 EA per 28 days)
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
MY CHOICE ORAL TABLET 1.5 MG	(levonorgestrel)	$0	
MY WAY ORAL TABLET 1.5 MG	(levonorgestrel)	$0	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG		$0	ST: Requires prior prescriptions for two generic oral contraceptives within the past 365 days; $0 COPAY IF QUANTITY 28 IN 28 DAYS
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
NEW DAY ORAL TABLET 1.5 MG	(levonorgestrel)	$0	
NEXTSTELLIS ORAL TABLET 3 MG-14.2 MG (28)		$0	ST: Requires prior prescriptions for two generic oral contraceptives within the past 365 days; $0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (1 EA per 1 day)
NIKKI (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
NORA-BE ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	(Wymzya Fe)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	(Kaitlib Fe)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
norethindrone (contraceptive) oral tablet 0.35 mg	(Camila)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	(Aurovela 1.5/30 (21))	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	(Aurovela 1/20 (21))	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS

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Drug		Status	Notes
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	(Gemmily)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Aurovela Fe 1-20 (28))	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Aurovela Fe 1.5/30 (28))	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(Tilia Fe)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	(Charlotte 24 Fe)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(Tri-Estarylla)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg	(Estarylla)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)		$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
OCELLA ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
OPCICON ONE-STEP ORAL TABLET 1.5 MG	(levonorgestrel)	$0	
OPILL ORAL TABLET 0.075 MG		$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
OPTION-2 ORAL TABLET 1.5 MG	(levonorgestrel)	$0	
PHILITH ORAL TABLET 0.4-35 MG-MCG		$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS

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Drug		Status	Notes
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
PORTIA 28 ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	(l norgest/e.estradiol-e.estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
SHAROBEL ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
SLYND ORAL TABLET 4 MG (28)		$0	ST: Requires prior prescription for Norethindrone 0.35mg tablets within the past 120 days; $0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (28 EA per 28 days)
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
SRONYX ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
SYEDA ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TAKE ACTION ORAL TABLET 1.5 MG	(levonorgestrel)	$0	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS

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Drug		Status	Notes
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TULANA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG		$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	(drospirenone-e.estradiol-lm.fa)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
VALTYA ORAL TABLET 1-50 MG-MCG	(ethynodiol diac-eth estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS

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Drug		Status	Notes
VESTURA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
VIENVA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG		$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
WERA (28) ORAL TABLET 0.5-35 MG-MCG		$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	(noreth-ethinyl estradiol-iron)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ZARAH ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	$0	$0 COPAY IF QUANTITY 28 IN 28 DAYS
Contraceptives,Transdermal			
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	(Xulane)	$0	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR		$0	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradiol)	$0	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradiol)	$0	
Diaphragms/Cervical Cap			
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM		$0	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM		$0	

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Drug		Status	Notes
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM		$0	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM		$0	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM		$0	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM		$0	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM		$0	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM		$0	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM		$0	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM		$0	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM		$0	
Oxytocics			
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG		Tier 3	
methylergonovine oral tablet 0.2 mg		Tier 1	QL (28 EA per 30 days)
PREPIDIL VAGINAL GEL 0.5 MG/3 G		Tier 3	
Cough And Cold			
1St Gen Antihistamine & Decongestant Combinations			
PROMETHAZINE VC ORAL SYRUP 6.25-5 MG/5 ML	(promethazine-phenylephrine)	Tier 1	
promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml	(Promethazine VC)	Tier 1	
1St Gen Antihist-Decongest-Anticholinergic Comb			
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG		Tier 1	
Antitussives,Non-Narcotic			
benzonatate oral capsule 100 mg, 150 mg, 200 mg		Tier 1	

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Drug		Status	Notes
Narcotic Antituss-1St Gen. Antihistamine-Decongest			
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML		Tier 3	Age (Min 12 Years)
MAR-COF BP ORAL LIQUID 2-30-7.5 MG/5 ML		Tier 1	Age (Min 12 Years)
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML		Tier 3	Age (Min 12 Years)
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML		Tier 3	Age (Min 12 Years)
RYDEX ORAL LIQUID 1.3-10-6.3 MG/5 ML		Tier 1	Age (Min 12 Years)
Narcotic Antituss-Decongestant-Expectorant Comb			
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML		Tier 3	Age (Min 12 Years)
GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML		Tier 1	Age (Min 12 Years)
Narcotic Antitussive-1St Generation Antihistamine			
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml		Tier 1	QL (10 ML per 1 day); Age (Min 18 Years)
promethazine-codeine oral syrup 6.25-10 mg/5 ml		Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG		Tier 3	ST: Requires prior prescription for Promethazine/Codeine within the past 120 days; QL (2 EA per 1 day); Age (Min 18 Years)
Narcotic Antitussive-Anticholinergic Comb.			
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	(Hydromet)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
hydrocodone-homatropine oral tablet 5-1.5 mg	(Hycodan (with homatropine))	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
HYDROMET ORAL SYRUP 5-1.5 MG/5 ML	(hydrocodone-homatropine)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)

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Drug		Status	Notes
Narcotic Antitussive-Expectorant Combination			
codeine-guaifenesin oral liquid 10-100 mg/5 ml	(G Tussin AC)	Tier 1	Age (Min 12 Years)
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML	(codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML	(codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML	(codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML		Tier 1	Age (Min 12 Years)
MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML	(codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML		Tier 1	Age (Min 12 Years)
Non-Narc Antituss-1St Gen. Antihistamine-Decongest			
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	(brompheniramine-pseudoeph-dm)	Tier 1	
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	(Bromfed DM)	Tier 1	
Non-Narc Antitussive-1St Gen Antihistamine Comb.			
promethazine-dm oral syrup 6.25-15 mg/5 ml		Tier 1	
Nose Preparations, Vasoconstrictors (Rx)			
epinephrine hcl nasal solution 1 mg/ml		Tier 1	
Dermatology - Acne			
Acne Agents,Systemic			
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	(isotretinoin)	Tier 1	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	(isotretinoin)	Tier 1	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	(isotretinoin)	Tier 1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(Accutane)	Tier 1	

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Drug		Status	Notes
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	(isotretinoin)	Tier 1	
Acne Agents,Topical			
ACIOXIAY TOPICAL CREAM 15-4 %	(azelaic acid-niacinamide)	Tier 3	
ADAINZOXIA TOPICAL GEL 0.3-2.5-4 %	(adapalene-benzoyl perox-niacin)	Tier 3	
ADALINA TOPICAL GEL 5-4 %	(spironolactone-niacinamide)	Tier 3	
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %	(Epiduo)	Tier 1	
adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %	(Epiduo Forte)	Tier 1	
ADEINZDE TOPICAL GEL 0.1-2.5-1 %		Tier 3	
ADERMICA HP TOPICAL GEL 0.05-2.5-1-2 %		Tier 3	
ADERMICA TOPICAL GEL 0.025-2.5-1-2 %	(tretinoin-benzoyl-clinda-niac)	Tier 3	
ADMIRAZOL HP TOPICAL CREAM 8.5-5-2 %		Tier 3	
ADMIRAZOL TOPICAL CREAM 6-5-2 %		Tier 3	
ALIXI HP TOPICAL CREAM 8.5-4 %		Tier 3	
ALIXI TOPICAL CREAM 6-4 %		Tier 3	
ALOMIRA HP TOPICAL GEL 0.1-5-1-2 %		Tier 3	
ALOMIRA LP TOPICAL GEL 0.025-5-1-2 %	(tretinoin-benzoyl-clinda-niac)	Tier 3	
ALOMIRA TOPICAL GEL 0.05-5-1-2 %	(tretinoin-benzoyl-clinda-niac)	Tier 3	
ALURIS HP PLUS TOPICAL CREAM 0.1-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 3	
ALURIS HP TOPICAL CREAM 0.1-4 %		Tier 3	
ALURIS LP PLUS TOPICAL CREAM 0.025-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 3	
ALURIS LP TOPICAL CREAM 0.025-4 %	(tretinoin-niacinamide)	Tier 3	
ALURIS PLUS TOPICAL CREAM 0.05-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 3	
ALURIS TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Tier 3	

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Drug		Status	Notes
ALURIS TOPICAL GEL 0.05-4 %	(tretinoin-niacinamide)	Tier 3	
ALUXOF HP TOPICAL GEL 0.1-10-2-4-4 %		Tier 3	
ALUXOF TOPICAL GEL 0.05-10-2-4-4 %		Tier 3	
APEXOL HP TOPICAL SUSPENSION 5-10 %	(salicylic acid-sulfacetamide)	Tier 3	
APEXOL TOPICAL SUSPENSION 2-8 %	(salicylic acid-sulfacetamide)	Tier 3	
APHORIA TOPICAL GEL 0.3-2.5-4 %	(adapalene-benzoyl perox-niacin)	Tier 3	
APORIX TOPICAL GEL 1-4 %	(clindamycin-niacinamide)	Tier 3	
APORIX TOPICAL LOTION 1-4 %	(clindamycin-niacinamide)	Tier 3	
ARTILIS HP TOPICAL GEL 5-1-4 %	(benzoyl per-clindamycin-niacin)	Tier 3	
ARTILIS TOPICAL GEL 2.5-1-4 %	(benzoyl per-clindamycin-niacin)	Tier 1	
AUGUSTIL TOPICAL GEL 0.025-1-2-4 %	(tretinoin-clinda-spiron-niacin)	Tier 3	
AVIDORA HP TOPICAL CREAM 0.05-1-4 %		Tier 3	
AVIDORA TOPICAL CREAM 0.025-1-4 %	(tretinoin-clindamycin-niacin)	Tier 3	
AVIDORA TOPICAL SOLUTION 0.025-1-4 %		Tier 3	
AWANIS TOPICAL CREAM 0.025-8.5-2 %		Tier 3	
AZALTA HP TOPICAL GEL 0.05-5-2 %	(tretinoin-spironolact-niacin)	Tier 3	
AZALTA TOPICAL GEL 0.025-5-2 %	(tretinoin-spironolact-niacin)	Tier 3	
AZELEX TOPICAL CREAM 20 %		Tier 3	
CABTREO TOPICAL GEL 0.15-3.1-1.2 %		Tier 3	PA
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %	(Neuac)	Tier 1	
clindamycin-benzoyl peroxide topical gel 1-5 %		Tier 1	

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Drug		Status	Notes
clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 %	(Onexton)	Tier 1	
clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %	(Acanya)	Tier 1	
clindamycin-benzoyl peroxide topical gel with pump 1-5 %		Tier 1	
dapsone topical gel 5 %	(Aczone)	Tier 1	
dapsone topical gel with pump 7.5 %	(Aczone)	Tier 1	
DEOXIA TOPICAL GEL 1-4 %	(clindamycin-niacinamide)	Tier 3	
DEOXIA TOPICAL LOTION 1-4 %	(clindamycin-niacinamide)	Tier 3	
DEOXIADEMTAR TOPICAL GEL 0.025-1-2-4 %	(tretinoin-clinda-spiron-niacin)	Tier 3	
DEOXIATAR TOPICAL SOLUTION 0.025-1-4 %		Tier 3	
DEOXIAVAR TOPICAL CREAM 0.05-1-4 %		Tier 3	
DIADIMAXIA TOPICAL CREAM 6-5-2 %		Tier 3	
DIADIMAXIA TOPICAL GEL 6-5-2 %	(dapsone-spironolactone-niacin)	Tier 3	
DIAOXIA TOPICAL CREAM 6-4 %		Tier 3	
DIAOXIA TOPICAL GEL 6-4 %	(dapsone-niacinamide)	Tier 3	
DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 %		Tier 3	
DIASAXIATAR TOPICAL GEL 0.025-8.5-2 %		Tier 3	
DIASDIMAXIA TOPICAL CREAM 8.5-5-2 %		Tier 3	
DIASDIMAXIA TOPICAL GEL 8.5-5-2 %	(dapsone-spironolactone-niacin)	Tier 3	
DIASOXIA TOPICAL CREAM 8.5-4 %		Tier 3	
DIASOXIA TOPICAL GEL 8.5-4 %	(dapsone-niacinamide)	Tier 3	
DIMOXIA TOPICAL GEL 5-4 %	(spironolactone-niacinamide)	Tier 3	
DRAXACE TOPICAL SUSPENSION 2-8 %	(salicylic acid-sulfacetamide)	Tier 3	
DRAXACEY TOPICAL SUSPENSION 2-8 %	(salicylic acid-sulfacetamide)	Tier 3	

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Drug		Status	Notes
DRIXECE TOPICAL SUSPENSION 5-10 %	(salicylic acid-sulfacetamide)	Tier 3	
IDYYXIATAR TOPICAL GEL 0.025-5 %		Tier 3	
INZDEAXIATAR TOPICAL GEL 0.025-2.5-1-2 %	(tretinoin-benzoyl-clinda-niac)	Tier 3	
INZDEAXIAVAR TOPICAL GEL 0.05-2.5-1-2 %		Tier 3	
INZDEOXIA TOPICAL GEL 2.5-1-4 %	(benzoyl per-clindamycin-niacin)	Tier 3	
LOUNZDOMDIOXIATAR TOPICAL GEL 0.05-10-2-4-4 %		Tier 3	
NEUAC TOPICAL GEL 1.2 %(1 % BASE) -5 %	(clindamycin-benzoyl peroxide)	Tier 1	
ONEXTON TOPICAL GEL 1.2 %(1 % BASE) -3.75 %		Tier 3	
ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 %		Tier 3	
ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 %		Tier 3	
ONZDEAXIATAR TOPICAL GEL 0.025-5-1-2 %	(tretinoin-benzoyl-clinda-niac)	Tier 3	
ONZDEAXIAVAR TOPICAL GEL 0.05-5-1-2 %	(tretinoin-benzoyl-clinda-niac)	Tier 3	
ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 %		Tier 3	
ONZDEOXIA TOPICAL GEL 5-1-4 %	(benzoyl per-clindamycin-niacin)	Tier 3	
OXIATAR TOPICAL CREAM 0.025-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 3	
OXIAVAR TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Tier 3	
OXIAVARRY TOPICAL CREAM 0.05-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 3	
OXIAVARY TOPICAL CREAM 0.1-4 %		Tier 3	
OXIAZAR TOPICAL CREAM 0.1-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 3	
SAROXIA TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Tier 3	
SIRVANA TOPICAL GEL 0.025-5 %		Tier 3	
SORIXIA TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Tier 3	

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Drug		Status	Notes
sulfacetamide sodium (acne) topical suspension 10 %	(Klaron)	Tier 1	
TARDEOXIA TOPICAL CREAM 0.025-1-4 %	(tretinoin-clindamycin-niacin)	Tier 3	
TARDIMAXIA TOPICAL GEL 0.025-5-2 %	(tretinoin-spironolact-niacin)	Tier 3	
TAROXIA TOPICAL CREAM 0.025-4 %	(tretinoin-niacinamide)	Tier 3	
TAROXIA TOPICAL GEL 0.025-4 %	(tretinoin-niacinamide)	Tier 3	
UNZDOMDIOXIAZAR TOPICAL GEL 0.1-10-2-4-4 %		Tier 3	
VARDIMAXIA TOPICAL GEL 0.05-5-2 %	(tretinoin-spironolact-niacin)	Tier 3	
VAROXIA TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Tier 3	
VAROXIA TOPICAL GEL 0.05-4 %	(tretinoin-niacinamide)	Tier 3	
Keratolytic-Glucocorticoid Combinations			
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %		Tier 2	
Rosacea Agents, Topical			
AVEIDA TOPICAL GEL 1-1 %		Tier 3	
AVEIDAOXIA TOPICAL GEL 1-1-4 %	(ivermectin-metronidazol-niacin)	Tier 3	
azelaic acid topical gel 15 %		Tier 1	
brimonidine topical gel with pump 0.33 %	(Mirvaso)	Tier 1	
DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 %		Tier 3	
DAZOMON TOPICAL GEL 0.25 %		Tier 3	
FINACEA TOPICAL FOAM 15 %		Tier 2	
IDARAN TOPICAL OINTMENT 1-2 %		Tier 3	
ivermectin topical cream 1 %	(Soolantra)	Tier 1	ST: Requires prior prescription for Finacea gel or foam within the past 120 days
metronidazole topical cream 0.75 %	(Rosadan)	Tier 1	
metronidazole topical gel 0.75 %	(Rosadan)	Tier 1	
metronidazole topical gel 1 %	(Metrogel)	Tier 1	
metronidazole topical gel with pump 1 %		Tier 1	

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Drug		Status	Notes
metronidazole topical lotion 0.75 %	(MetroLotion)	Tier 1	
REMYDA TOPICAL GEL 0.25 %		Tier 3	
RESTIMO TOPICAL GEL 1-1 %		Tier 3	
ROSADAN TOPICAL CREAM 0.75 %	(metronidazole)	Tier 1	
ROSITARA TOPICAL GEL 1-1-4 %	(ivermectin-metronidazol-niacin)	Tier 3	
ROVIS TOPICAL GEL 0.25-1-1-4 %		Tier 3	
Topical Antiandrogenic Agents			
WINLEVI TOPICAL CREAM 1 %		Tier 3	PA
Topical Preparations,Antibacterials			
BASADROX TOPICAL GEL IN PACKET		Tier 3	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 %		Tier 3	
hydrocortisone-iodoquinol topical cream 1-1 %	(Corti-Sav)	Tier 1	
hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %	(Vytone)	Tier 1	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %		Tier 3	
IODOSORB TOPICAL GEL 0.9 %		Tier 3	
LUGOLS TOPICAL SOLUTION 5-10 %	(iodine-potassium iodide)	Tier 1	
NORMLGEL AG TOPICAL GEL 0.11 %		Tier 3	
SILVASORB TOPICAL GEL,EXTENDED RELEASE		Tier 1	
silver nitrate topical solution 0.5 %, 25 %, 50 %		Tier 1	
STRONG IODINE TOPICAL SOLUTION 5-10 %	(iodine-potassium iodide)	Tier 1	
Vitamin A Derivatives			
adapalene topical cream 0.1 %	(Differin)	Tier 1	
adapalene topical gel 0.3 %		Tier 1	
adapalene topical gel with pump 0.3 %	(Differin)	Tier 1	
adapalene topical lotion 0.1 %	(Differin)	Tier 1	Age (Max 39 Years)
ALTRENO TOPICAL LOTION 0.05 %		Tier 3	
AVITA TOPICAL CREAM 0.025 %	(tretinoin)	Tier 1	
AVITA TOPICAL GEL 0.025 %	(tretinoin)	Tier 1	
DIFFERIN TOPICAL LOTION 0.1 %	(adapalene)	Tier 3	Age (Max 39 Years)

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Drug		Status	Notes
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %		Tier 3	Age (Max 39 Years)
tretinoin microspheres topical gel 0.04 %, 0.1 %	(Retin-A Micro)	Tier 1	Age (Max 39 Years)
tretinoin microspheres topical gel with pump 0.04 %, 0.08 %, 0.1 %	(Retin-A Micro Pump)	Tier 1	Age (Max 39 Years)
tretinoin topical cream 0.025 %	(Avita)	Tier 1	
tretinoin topical cream 0.05 %, 0.1 %	(Retin-A)	Tier 1	
tretinoin topical gel 0.01 %	(Retin-A)	Tier 1	
tretinoin topical gel 0.025 %	(Avita)	Tier 1	
tretinoin topical gel 0.05 %	(Atralin)	Tier 1	
Vitamin A Derivatives, Topical Acne Agents			
AKLIEF TOPICAL CREAM 0.005 %		Tier 3	Age (Max 39 Years)
ALVOX HP TOPICAL CREAM 0.1-4 %	(tazarotene-niacinamide)	Tier 3	
ALVOX TOPICAL CREAM 0.05-4 %	(tazarotene-niacinamide)	Tier 3	
ETHOXIA TOPICAL CREAM 0.05-4 %	(tazarotene-niacinamide)	Tier 3	
ITHOXIA TOPICAL CREAM 0.1-4 %	(tazarotene-niacinamide)	Tier 3	
Dermatology - Antiinfective			
Topical Antibiotics			
BATIZIA TOPICAL OINTMENT 2-2 %	(mupirocin-lidocaine)	Tier 3	
CENTANY AT TOPICAL OINTMENT KIT 2 %		Tier 3	
clindamycin phosphate topical foam 1 %	(Clindacin)	Tier 1	
clindamycin phosphate topical gel 1 %		Tier 1	
clindamycin phosphate topical gel, once daily 1 %	(Clindagel)	Tier 1	ST: Requires prior prescription for Clindamycin Phosphate 1% gel within the past 120 days
clindamycin phosphate topical lotion 1 %	(Cleocin T)	Tier 1	
clindamycin phosphate topical solution 1 %		Tier 1	QL (180 ML per 1 FILL)
clindamycin phosphate topical swab 1 %	(Clindacin ETZ)	Tier 1	
ERY PADS TOPICAL SWAB 2 %	(erythromycin with ethanol)	Tier 1	
erythromycin with ethanol topical gel 2 %	(Erygel)	Tier 1	

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Drug		Status	Notes
erythromycin with ethanol topical solution 2 %		Tier 1	QL (180 ML per 1 FILL)
erythromycin-benzoyl peroxide topical gel 3-5 %	(Benzamycin)	Tier 1	
gentamicin topical cream 0.1 %		Tier 1	QL (90 GM per 1 FILL)
gentamicin topical ointment 0.1 %		Tier 1	QL (90 GM per 1 FILL)
mupirocin calcium topical cream 2 %		Tier 1	QL (90 GM per 1 FILL)
mupirocin topical ointment 2 %	(Centany)	Tier 1	QL (90 GM per 1 FILL)
NANRAN TOPICAL OINTMENT 2-2 %	(mupirocin-lidocaine)	Tier 3	
XEPI TOPICAL CREAM 1 %		Tier 3	ST: Requires prior prescription for Mupirocin ointment within the past 120 days
Topical Antifungal/Antiinflammatory,Steriod Agent			
clotrimazole-betamethasone topical cream 1-0.05 %		Tier 1	
clotrimazole-betamethasone topical lotion 1-0.05 %		Tier 1	
DELIBON TOPICAL CREAM 2-2.5 %	(ketoconazole-hydrocortisone)	Tier 3	
DIONARIS TOPICAL SHAMPOO 0.77-0.05-3 %	(ciclopirox-clobetasol-salicyl)	Tier 3	
DIVENDO TOPICAL SHAMPOO 0.77-0.05 %	(ciclopirox-clobetasol)	Tier 3	
HAXCHLO TOPICAL SHAMPOO 0.77-0.05 %	(ciclopirox-clobetasol)	Tier 3	
HAXCHLODREX TOPICAL SHAMPOO 0.77-0.05-3 %	(ciclopirox-clobetasol-salicyl)	Tier 3	
PHEYO TOPICAL CREAM 2-2.5 %	(ketoconazole-hydrocortisone)	Tier 3	
Topical Antifungal-Antibiotic-Anti-Inflamm Steroid			
DAZINIA TOPICAL CREAM 2-1-2.5 %	(ketoconazole-iodoquinol-hc)	Tier 3	
PHEODOYO TOPICAL CREAM 2-1-2.5 %	(ketoconazole-iodoquinol-hc)	Tier 3	

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Drug		Status	Notes
Topical Antifungals			
CICLODAN KIT TOPICAL COMBO PACK 0.77 %		Tier 3	
ciclopirox topical cream 0.77 %	(Ciclodan)	Tier 1	QL (180 GM per 1 FILL)
ciclopirox topical gel 0.77 %		Tier 1	
ciclopirox topical shampoo 1 %		Tier 1	
ciclopirox topical solution 8 %	(Ciclodan)	Tier 1	QL (19.8 ML per 1 FILL)
ciclopirox topical suspension 0.77 %	(Loprox (as olamine))	Tier 1	QL (180 ML per 1 FILL)
ciclopirox-ure-camph-menth-euc topical solution 8 %	(Ciclodan Kit)	Tier 1	QL (19.8 ML per 1 FILL)
clotrimazole topical cream 1 %	(Antifungal (clotrimazole))	Tier 1	
clotrimazole topical solution 1 %	(Athlete's Foot (clotrimazole))	Tier 1	
DAFILOR TOPICAL SHAMPOO 0.77-2 %	(ciclopirox-salicylic acid)	Tier 3	
DENVITA TOPICAL CREAM 2-4 %	(ketoconazole-niacinamide)	Tier 3	
DIFMETIOXRIME TOPICAL SOLUTION 4-2-1-4 %	(flucona-ibuprof-itracon-terbin)	Tier 3	
econazole nitrate topical cream 1 %		Tier 1	QL (170 GM per 1 FILL)
ECOZA TOPICAL FOAM 1 %		Tier 3	
EXELDERM TOPICAL CREAM 1 %	(sulconazole)	Tier 2	
EXELDERM TOPICAL SOLUTION 1 %	(sulconazole)	Tier 2	
EXODERM TOPICAL LOTION 25-1 %		Tier 1	
FENOVIA TOPICAL SOLUTION 4-2-1-4 %	(flucona-ibuprof-itracon-terbin)	Tier 3	
FERVINA TOPICAL LOTION 3-5-20 %		Tier 3	
FIDILA TOPICAL SHAMPOO 2-2 %		Tier 3	
FILOMA TOPICAL SOLUTION 8-1-1 %		Tier 3	
FRIVO TOPICAL CREAM 1-4 %	(econazole-niacinamide)	Tier 3	
HAXDRAX TOPICAL SHAMPOO 0.77-2 %	(ciclopirox-salicylic acid)	Tier 3	
HEXIOUNYL TOPICAL LOTION 3-5-20 %		Tier 3	
HIXDEFRIMA TOPICAL SOLUTION 8-1-1 %		Tier 3	
IMIOXIA TOPICAL CREAM 1-4 %	(econazole-niacinamide)	Tier 3	

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Drug		Status	Notes
ketoconazole topical cream 2 %		Tier 1	QL (180 GM per 1 FILL)
ketoconazole topical shampoo 2 %		Tier 1	QL (360 ML per 1 FILL)
KETODAN KIT TOPICAL COMBO PACK 2 %		Tier 3	
KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM	(nystatin)	Tier 1	
luliconazole topical cream 1 %	(Luzu)	Tier 1	ST: Requires prior prescriptions for Ketoconazole and Clotrimazole cream within the past 365 days; QL (60 GM per 28 days)
MENTAX TOPICAL CREAM 1 %	(butenafine)	Tier 3	
miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %	(Vusion)	Tier 1	
naftifine topical cream 1 %		Tier 1	
naftifine topical cream 2 %		Tier 1	QL (180 GM per 1 FILL)
naftifine topical gel 2 %	(Naftin)	Tier 1	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	(nystatin)	Tier 1	
nystatin topical cream 100,000 unit/gram		Tier 1	
nystatin topical ointment 100,000 unit/gram		Tier 1	QL (90 GM per 1 FILL)
nystatin topical powder 100,000 unit/gram	(Klayesta)	Tier 1	
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%		Tier 1	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%		Tier 1	QL (180 GM per 1 FILL)
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	(nystatin)	Tier 1	
oxiconazole topical cream 1 %		Tier 1	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 %		Tier 3	
PHEDRAX TOPICAL SHAMPOO 2-2 %		Tier 3	
PHEOXIA TOPICAL CREAM 2-4 %	(ketoconazole-niacinamide)	Tier 3	
sulconazole topical cream 1 %	(Exelderm)	Tier 1	
sulconazole topical solution 1 %	(Exelderm)	Tier 1	

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Drug		Status	Notes
tavaborole topical solution with applicator 5 %		Tier 1	PA
Topical Antiparasitics			
malathion topical lotion 0.5 %	(Ovide)	Tier 1	
permethrin topical cream 5 %	(Elimite)	Tier 1	
spinosad topical suspension 0.9 %	(Natroba)	Tier 1	
ULESFIA TOPICAL LOTION 5 %		Tier 3	
Topical Antivirals			
acyclovir topical ointment 5 %	(Zovirax)	Tier 1	
Topical Pleuromutilin Derivatives			
ALTABAX TOPICAL OINTMENT 1 %		Tier 3	ST: Requires prior prescription for Mupirocin ointment within the past 120 days
Topical Sulfonamides			
ABENOR HP TOPICAL LOTION 15-4 %		Tier 3	
ABENOR TOPICAL CREAM 10-4 %	(sulfacetamide-niacinamide)	Tier 3	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 %	(sulfacetamide sod-sulfur-urea)	Tier 1	
ECEOXIA TOPICAL CREAM 10-4 %	(sulfacetamide-niacinamide)	Tier 3	
mafenide acetate topical packet 50 gram	(Sulfamylon)	Tier 1	
OXIAICE TOPICAL LOTION 15-4 %		Tier 3	
ROSULA TOPICAL CLEANSER 10-4.5 %		Tier 3	
silver sulfadiazine topical cream 1 %	(SSD)	Tier 1	
SSD TOPICAL CREAM 1 %	(silver sulfadiazine)	Tier 1	
sulfacetamide sodium-sulfur topical cleanser 10-2 %	(Avar LS)	Tier 1	
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)	(Avar)	Tier 1	QL (1419 GM per 1 FILL)
sulfacetamide sodium-sulfur topical cleanser 8-4 %		Tier 1	
sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %	(Plexion)	Tier 1	
sulfacetamide sodium-sulfur topical cleanser 9-4 %	(Sumaxin)	Tier 1	

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Drug		Status	Notes
sulfacetamide sodium-sulfur topical cleanser 9-4.5 %	(Sumadan)	Tier 1	
sulfacetamide sodium-sulfur topical pads, medicated 9.8-4.8 %	(Plexion Cleansing Cloths)	Tier 1	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %		Tier 1	QL (1419 ML per 1 FILL)
SULFAMYLON TOPICAL CREAM 85 MG/G		Tier 3	
SULFAMYLON TOPICAL PACKET 50 GRAM	(mafenide acetate)	Tier 3	
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25	(sulfact na-sul-avobnz-otn-ocsa)	Tier 3	
Dermatology - Antiinflammatory			
Interleukin-13 (Il-13) Inhibitors, Mab			
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML		Tier 2	PA; SP
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML		Tier 2	PA; SP
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML		Tier 3	PA; SP
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML		Tier 3	PA; SP
Interleukin-31(Il-31)Receptor Alpha Antagonist,Mab			
NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG		Tier 3	PA; SP
Top. Anti-Inflam.,Phosphodiesterase-4 (Pde4) Inhib			
EUCRISA TOPICAL OINTMENT 2 %		Tier 2	
ZORYVE TOPICAL CREAM 0.15 %		Tier 3	PA
ZORYVE TOPICAL FOAM 0.3 %		Tier 3	PA

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Drug	Status	Notes
Topical Antibiotics/Antiinflammatory,Steroidal		
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 3	ST: Requires prior prescription for generic Fluocinolone Acetonide (cream, oil, ointment or solution) within the past 120 days
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 3	ST: Requires prior prescription for generic Fluocinolone Acetonide (cream, oil, ointment or solution) within the past 120 days
Topical Anti-Inflammatory Steroidal		
ACIOXIA TOPICAL GEL 0.1-0.5 %	Tier 3	
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 %	Tier 1	
ALA-CORT TOPICAL CREAM 1 % (hydrocortisone)	Tier 1	
ALA-SCALP TOPICAL LOTION 2 % (hydrocortisone)	Tier 1	ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days
alclometasone topical cream 0.05 %	Tier 1	
alclometasone topical ointment 0.05 %	Tier 1	
amcinonide topical cream 0.1 %	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
betamethasone dipropionate topical cream 0.05 %	Tier 1	
betamethasone dipropionate topical lotion 0.05 %	Tier 1	
betamethasone dipropionate topical ointment 0.05 %	Tier 1	

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Drug		Status	Notes
betamethasone valerate topical cream 0.1 %		Tier 1	
betamethasone valerate topical foam 0.12 %	(Luxiq)	Tier 1	
betamethasone valerate topical lotion 0.1 %		Tier 1	
betamethasone valerate topical ointment 0.1 %		Tier 1	
betamethasone, augmented topical cream 0.05 %		Tier 1	
betamethasone, augmented topical gel 0.05 %		Tier 1	
betamethasone, augmented topical lotion 0.05 %		Tier 1	
betamethasone, augmented topical ointment 0.05 %	(Diprolene (augmented))	Tier 1	
CAPEX TOPICAL SHAMPOO 0.01 %		Tier 3	
CHLOHUX TOPICAL SHAMPOO 0.05-2 %	(clobetasol-levocetirizine)	Tier 3	
CHLOOXIA TOPICAL CREAM 0.05-4 %	(clobetasol-niacinamide)	Tier 3	
CHLOOXIA TOPICAL OINTMENT 0.05-4 %	(clobetasol-niacinamide)	Tier 3	
CHLOOXIA TOPICAL SOLUTION 0.05-4 %	(clobetasol-niacinamide)	Tier 3	
clobetasol scalp solution 0.05 %		Tier 1	
clobetasol topical cream 0.05 %		Tier 1	
clobetasol topical foam 0.05 %	(Olux)	Tier 1	
clobetasol topical gel 0.05 %		Tier 1	
clobetasol topical lotion 0.05 %	(Clobex)	Tier 1	
clobetasol topical ointment 0.05 %		Tier 1	
clobetasol topical shampoo 0.05 %	(Clobex)	Tier 1	
clobetasol topical spray,non-aerosol 0.05 %	(Clobex)	Tier 1	
clobetasol-emollient topical cream 0.05 %		Tier 1	
clobetasol-emollient topical foam 0.05 %	(Olux-E)	Tier 1	

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Drug	Status	Notes
clocortolone pivalate topical cream 0.1 %	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 TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 %	Tier 3	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	Tier 3	ST: Requires prior prescription for Betamethasone augmented (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, Halobetasol 0.05% (cream, ointment) within the past 120 days; QL (2 EA per 30 days)
CORDRAN TOPICAL CREAM 0.025 %	Tier 3	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
desonide topical cream 0.05 % (DesOwen)	Tier 1	
desonide topical gel 0.05 %	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
desonide topical lotion 0.05 %	Tier 1	
desonide topical ointment 0.05 %	Tier 1	
desoximetasone topical cream 0.05 %, 0.25 % (Topicort)	Tier 1	
desoximetasone topical gel 0.05 % (Topicort)	Tier 1	

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Drug		Status	Notes
desoximetasone topical ointment 0.05 %, 0.25 %	(Topicort)	Tier 1	
desoximetasone topical spray,non-aerosol 0.25 %	(Topicort)	Tier 1	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam/shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days
DIVINIX TOPICAL CREAM 0.05-4 %	(clobetasol-niacinamide)	Tier 3	
DIVINIX TOPICAL OINTMENT 0.05-4 %	(clobetasol-niacinamide)	Tier 3	
DIVINIX TOPICAL SOLUTION 0.05-4 %	(clobetasol-niacinamide)	Tier 3	
DOMELA TOPICAL CREAM 0.01-4 %	(fluocinolone-niacinamide)	Tier 3	
DYNOMA TOPICAL CREAM 0.05-4 %		Tier 3	
fluocinolone and shower cap scalp oil 0.01 %	(Derma-Smoothe/FS Scalp Oil)	Tier 1	
fluocinolone topical cream 0.01 %		Tier 1	
fluocinolone topical cream 0.025 %	(Synalar)	Tier 1	
fluocinolone topical oil 0.01 %	(Derma-Smoothe/FS Body Oil)	Tier 1	
fluocinolone topical ointment 0.025 %	(Synalar)	Tier 1	
fluocinolone topical solution 0.01 %	(Synalar)	Tier 1	
fluocinonide topical cream 0.05 %		Tier 1	
fluocinonide topical cream 0.1 %	(Vanos)	Tier 1	
fluocinonide topical gel 0.05 %		Tier 1	
fluocinonide topical ointment 0.05 %		Tier 1	
fluocinonide topical solution 0.05 %		Tier 1	
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	(fluocinonide-emollient)	Tier 1	
fluocinonide-emollient topical cream 0.05 %	(Fluocinonide-E)	Tier 1	
FLUOXIA TOPICAL CREAM 0.05-4 %		Tier 3	

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Drug		Status	Notes
flurandrenolide topical cream 0.05 %	(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
flurandrenolide topical lotion 0.05 %	(Cordran)	Tier 1	
flurandrenolide topical ointment 0.05 %	(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)
fluticasone propionate topical cream 0.05 %		Tier 1	
fluticasone propionate topical lotion 0.05 %	(Beser)	Tier 1	
fluticasone propionate topical ointment 0.005 %		Tier 1	
halcinonide topical cream 0.1 %	(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

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Drug	Status	Notes
halcinonide topical solution 0.1 % (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
halobetasol propionate topical cream 0.05 %	Tier 1	
halobetasol propionate topical ointment 0.05 %	Tier 1	
HALOG TOPICAL OINTMENT 0.1 %	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 0.1 % (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
hydrocortisone butyrate topical cream 0.1 %	Tier 1	

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Drug		Status	Notes
hydrocortisone butyrate topical lotion 0.1 %	(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)
hydrocortisone butyrate topical ointment 0.1 %		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
hydrocortisone butyrate topical solution 0.1 %		Tier 1	
hydrocortisone topical cream 1 %	(Ala-Cort)	Tier 1	
hydrocortisone topical cream 2.5 %		Tier 1	
hydrocortisone topical cream with perineal applicator 1 %		Tier 1	
hydrocortisone topical cream with perineal applicator 2.5 %	(Procto-Med HC)	Tier 1	
hydrocortisone topical lotion 2 %	(Ala-Scalp)	Tier 1	ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days
hydrocortisone topical lotion 2.5 %		Tier 1	
hydrocortisone topical ointment 1 %	(Anti-Itch (HC))	Tier 1	
hydrocortisone topical ointment 2.5 %		Tier 1	

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Drug		Status	Notes
hydrocortisone topical solution 2.5 %	(Texacort)	Tier 1	ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days
hydrocortisone valerate topical cream 0.2 %		Tier 1	
hydrocortisone valerate topical ointment 0.2 %		Tier 1	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
ILEXOR TOPICAL SHAMPOO 0.05-2 %	(clobetasol-levocetirizine)	Tier 3	
mometasone topical cream 0.1 %		Tier 1	
mometasone topical ointment 0.1 %		Tier 1	
mometasone topical solution 0.1 %		Tier 1	
NUCORT TOPICAL LOTION 2 %	(hydrocortisone acet-aloe vera)	Tier 3	
PANDEL TOPICAL CREAM 0.1 %		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)
prednicarbate topical cream 0.1 %		Tier 1	
prednicarbate topical ointment 0.1 %		Tier 1	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	(hydrocortisone)	Tier 1	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	(hydrocortisone)	Tier 1	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	(hydrocortisone)	Tier 1	

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Drug		Status	Notes
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %		Tier 2	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %		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 TOPICAL CREAM 0.025 %		Tier 3	QL (375 GM per 30 days)
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 %		Tier 3	QL (375 GM per 30 days)
SYNALAR TS TOPICAL KIT 0.01 %		Tier 3	
TELIORA TOPICAL GEL 0.1-0.5 %		Tier 3	
TETOXIA TOPICAL CREAM 0.01-4 %	(fluocinolone-niacinamide)	Tier 3	
TEXACORT TOPICAL SOLUTION 2.5 %	(hydrocortisone)	Tier 3	ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days
triamcinolone acetonide topical aerosol 0.147 mg/gram	(Kenalog)	Tier 1	
triamcinolone acetonide topical cream 0.025 %, 0.1 %		Tier 1	
triamcinolone acetonide topical cream 0.5 %	(Triderm)	Tier 1	QL (454 GM per 30 days)
triamcinolone acetonide topical lotion 0.025 %, 0.1 %		Tier 1	
triamcinolone acetonide topical ointment 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)
Topical Anti-Inflammatory, Nsaids			
diclofenac epolamine transdermal patch 12 hour 1.3 %	(Flector)	Tier 1	
diclofenac sodium topical drops 1.5 %		Tier 1	
diclofenac sodium topical gel 1 %	(Arthritis Pain (diclofenac))	Tier 1	

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Drug		Status	Notes
KERAXA TOPICAL GEL 3-2-4 %	(diclofenac-hyaluronate-niacin)	Tier 3	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %		Tier 3	ST: Requires prior prescription for generic Flector patch within the past 120 days; QL (1 EA per 1 day)
ROAOXIA TOPICAL GEL 3-2-4 %	(diclofenac-hyaluronate-niacin)	Tier 3	
Topical Janus Kinase (Jak) Inhibitors			
OPZELURA TOPICAL CREAM 1.5 %		Tier 2	PA
Dermatology - Miscellaneous			
Antiperspirants			
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	(aluminum chloride)	Tier 2	
DRYSOL TOPICAL SOLUTION 20 %	(aluminum chloride)	Tier 2	
Antiseborrheic Agents			
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 %	(sulfacetamide sodium)	Tier 2	
OVACE PLUS TOPICAL CREAM 10 %		Tier 3	
OVACE PLUS TOPICAL LOTION 9.8 %		Tier 3	ST: Requires prior prescription for Ciclopirox(shampoo/gel) or Ketoconazole (shampoo/cream) within the past 120 days
PLEXION NS TOPICAL SHAMPOO 9.8 %	(sulfacetamide sodium)	Tier 3	
selenium sulfide topical lotion 2.5 %		Tier 1	
selenium sulfide topical shampoo 2.25 %, 2.3 %		Tier 1	
sulfacetamide sodium topical cleanser 10 %	(Ovace)	Tier 1	
sulfacetamide sodium topical cleanser, gel 10 %	(Ovace Plus Wash)	Tier 1	
sulfacetamide sodium topical shampoo 10 %	(Ovace Plus Shampoo)	Tier 1	
sulfacetamide sodium topical shampoo 9.8 %	(Plexion NS)	Tier 1	

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Drug		Status	Notes
TERSI FOAM TOPICAL FOAM 2.25 %		Tier 3	
Antiseptics,Miscellaneous			
guaiacol liquid		Tier 3	
Emollients			
ammonium lactate topical cream 12 %		Tier 1	
ammonium lactate topical lotion 12 %	(AmLactin)	Tier 1	
ATRAPRO CP TOPICAL COMBO PACK,CREAM AND GEL		Tier 3	
KERASTAT TOPICAL CREAM		Tier 3	
KERASTAT TOPICAL GEL 5 %		Tier 3	
MB HYDROGEL TOPICAL KIT,CREAM AND GEL 96.53-3-0.4 -0.066 %		Tier 1	
PRESERA TOPICAL FOAM		Tier 3	
XCLAIR TOPICAL CREAM		Tier 3	
Iodine Antiseptics			
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %	(povidone-iodine)	Tier 3	
povidone-iodine ophthalmic (eye) solution 5 %	(Betadine Ophthalmic Prep)	Tier 1	
Irrigants			
acetic acid irrigation solution 0.25 %		Tier 1	
lactated ringers irrigation solution		Tier 3	
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml		Tier 1	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L		Tier 3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L		Tier 3	
ringer's irrigation solution		Tier 1	
sodium chloride irrigation solution 0.9 %	(Sterile Saline)	Tier 1	
sorbitol irrigation solution 3 %		Tier 1	
sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml		Tier 1	
TIS-U-SOL PENTALYTE IRRIGATION IRRIGATION SOLUTION 800-40-20-8.75- 6.25 MG/100 ML		Tier 3	

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Drug		Status	Notes
VASHE IRRIGATION IRRIGATION SOLUTION 0.033 %		Tier 3	
water for irrigation, sterile irrigation solution	(Curity Sterile Water)	Tier 1	
Irritants/Counter-Irritants			
cantharidin in acetone topical solution 0.7 %		Tier 1	
methyl salicylate oil	(Wintergreen Oil)	Tier 1	
methyl salicylate topical liquid		Tier 1	
QUTENZA TOPICAL KIT 8 %		Tier 3	PA
WINTERGREEN OIL OIL	(methyl salicylate)	Tier 1	
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 %		Tier 3	PA
Keratolytics			
benzoyl peroxide topical foam 9.8 %	(BenzePrO)	Tier 1	
BPO TOPICAL GEL 8 %	(benzoyl peroxide)	Tier 1	
CEM-UREA TOPICAL GEL 45 %	(urea)	Tier 1	
HYDRO 35 TOPICAL FOAM 35 %	(urea)	Tier 3	
METDRAY TOPICAL GEL 17-2 %		Tier 3	
NENDRUX TOPICAL GEL 40-5 %		Tier 3	
PACNEX HP TOPICAL PADS, MEDICATED 7 %		Tier 3	
PACNEX LP TOPICAL PADS, MEDICATED 4.25 %		Tier 3	
PODOCON TOPICAL LIQUID 25 %		Tier 1	
podofilox topical gel 0.5 %	(Condylox)	Tier 1	ST: Requires prior prescription for Podofilox 0.5% solution within the past 120 days; QL (0.5 GM per 1 day)
podofilox topical solution 0.5 %		Tier 1	QL (0.5 ML per 1 day)
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %		Tier 1	
PRONAL TOPICAL GEL 10-40 %		Tier 3	
salicylic acid topical cream 6 %	(Salimez)	Tier 1	
salicylic acid topical cream,extended release 6 %		Tier 1	

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Drug		Status	Notes
salicylic acid topical film forming liquid w/appl 27.5 %	(Virasal)	Tier 1	
salicylic acid topical film-forming soln er w/ appl 28.5 %	(UltraSal-ER)	Tier 1	
salicylic acid topical foam 6 %	(Salvax)	Tier 1	
salicylic acid topical liquid 26 %		Tier 1	
salicylic acid topical lotion 6 %		Tier 1	
salicylic acid topical lotion,extended release 6 %		Tier 1	
salicylic acid topical ointment 3 %		Tier 1	
salicylic acid topical shampoo 6 %	(Keralyt)	Tier 1	
SALIMEZ FORTE TOPICAL CREAM 10 %		Tier 3	
SALVAX DUO PLUS TOPICAL FOAM 6-35 %		Tier 3	
SALVAX TOPICAL FOAM 6 %	(salicylic acid)	Tier 1	
silver nitrate applicators topical stick 75-25 %		Tier 1	
silver nitrate topical solution 10 %		Tier 1	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 %	(salicylic acid)	Tier 3	
URAMAXIN GT TOPICAL KIT,CREAM AND GEL 45 %		Tier 3	
URAMAXIN TOPICAL FOAM 20 %		Tier 3	
URAMAXIN TOPICAL LOTION 45 %	(urea)	Tier 3	
UREA NAIL STICK TOPICAL SOLUTION 50 %	(urea)	Tier 1	
urea topical cream 39 %	(Uredeb)	Tier 1	
urea topical cream 40 %, 47 %		Tier 1	
urea topical cream 45 %	(Uramaxin)	Tier 1	
urea topical cream 50 %	(Ure-K)	Tier 1	
urea topical foam 35 %	(Hydro 35)	Tier 1	
urea topical gel 45 %	(CEM-Urea)	Tier 1	
urea topical lotion 40 %		Tier 1	
WAYZEN TOPICAL GEL 40-5 %		Tier 3	
WELERIS TOPICAL GEL 17-2 %		Tier 3	

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Drug	Status	Notes
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 %	Tier 3	
XIRUN TOPICAL GEL 10-40 %	Tier 3	
Oxidizing Agents		
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 %	Tier 3	
RENOVAR IRRIGATION IRRIGATION SOLUTION	Tier 3	
RENOVAR TOPICAL SOLUTION	Tier 3	
Protectives		
GENADUR (WITH LEXINAL) KIT 2,500 MCG	Tier 3	
PHARMABASE BARRIER TOPICAL OINTMENT 9.38 %	Tier 1	
PR CREAM TOPICAL CREAM	Tier 1	
RECEDO TOPICAL GEL	Tier 3	
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET (white petrolatum)	Tier 1	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 %	Tier 3	
zinc oxide topical ointment 20 % (Endit (zinc oxide))	Tier 1	
zinc oxide topical paste 25 %	Tier 1	
Topical Anti-Inflammatory Steroid-Local Anesthetic		
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	Tier 2	
EPIFOAM TOPICAL FOAM 1-1 %	Tier 3	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
hydrocortisone-pramoxine topical cream 2.5-1 %	Tier 1	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 % (Lidocort)	Tier 1	

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Drug		Status	Notes
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 1-1 %, 2.5-1 %		Tier 2	
PRAMOSONE TOPICAL OINTMENT 1-1 %		Tier 2	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
PRAMOSONE TOPICAL OINTMENT 2.5-1 %	(hydrocortisone-pramoxine)	Tier 2	
Topical Antineoplastic & Premalignant Lesion Agnts			
bexarotene topical gel 1 %	(Targretin)	Tier 1	PA; SP
diclofenac sodium topical gel 3 %		Tier 1	QL (100 GM per 1 FILL)
FLUOROPLEX TOPICAL CREAM 1 %		Tier 3	PA
fluorouracil topical cream 0.5 %	(Carac)	Tier 1	PA
fluorouracil topical cream 5 %	(Efudex)	Tier 1	
fluorouracil topical solution 2 %, 5 %		Tier 1	
KLISYRI TOPICAL OINTMENT IN PACKET 1 %		Tier 2	QL (5 EA per 1 FILL)
PANRETIN TOPICAL GEL 0.1 %		Tier 3	SP; QL (60 GM per 28 days)
TOLAK TOPICAL CREAM 4 %		Tier 2	
VALCHLOR TOPICAL GEL 0.016 %		Tier 2	PA; SP
Topical Local Anesthetics			
ANACAINE TOPICAL OINTMENT 10 %		Tier 3	
ANASTIA TOPICAL LOTION 2.75 %		Tier 3	
CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 %		Tier 3	
CETACAINE TOPICAL AEROSOL,SPRAY 2 %-2 %-14 % (200 MG/SEC)		Tier 3	
CRYODOSE TA MEDIUM STREAM SPR TOPICAL AEROSOL,SPRAY		Tier 3	

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Drug		Status	Notes
CRYODOSE TA MIST SPRAY TOPICAL AEROSOL,SPRAY		Tier 3	
DERMACINRX LIDOCAN TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 1	QL (90 EA per 30 days)
DERMACINRX LIDOGEL TOPICAL GEL 2.8 %		Tier 3	
DERMACINRX LIDOREX TOPICAL GEL 2.8 %		Tier 3	
ENZNONUTY TOPICAL OINTMENT 10-10-20 %		Tier 3	
ethyl chloride topical aerosol,spray 100 %		Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 %		Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 %	(lidocaine-racepinep-tetracaine)	Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 %		Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 %		Tier 3	
lidocaine hcl laryngotracheal solution 4 %		Tier 1	
lidocaine hcl topical cream 3 %	(Lidopin)	Tier 1	
lidocaine topical adhesive patch,medicated 5 %	(DermacinRx Lidocan)	Tier 1	QL (90 EA per 30 days)
lidocaine topical ointment 5 %		Tier 1	QL (240 GM per 30 days)
lidocaine-prilocaine topical cream 2.5-2.5 %		Tier 1	
lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %	(L.E.T. (lido-epineph-tetra))	Tier 1	
LIDOCAN III TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOCAN IV TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOCAN V TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOPIN TOPICAL CREAM 3.25 %		Tier 3	

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Drug	Status	Notes
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 3	
LIDTOPIC TOPICAL CREAM, METERED-DOSE APPLICATOR 7.5 %	Tier 3	
NUMBONEX TOPICAL LOTION 2.75 %	Tier 3	
NYNUTEY TOPICAL CREAM 23-7 %	Tier 3	
PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 %	Tier 3	
REGENECARE TOPICAL GEL 2 %	Tier 3	
SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY	Tier 3	
TRANZAREL TOPICAL GEL 4 %	Tier 3	
Topical Preparations,Miscellaneous		
sodium chloride topical solution 0.9 % (Saljet Saline Rinse)	Tier 1	
Topical/Mucous Membr./Subcut. Enzymes		
HYQVIA HY COMPONENT SUBCUTANEOUS SOLUTION 1,600 UNIT/10 ML, 2,400 UNIT/15 ML, 200 UNIT/1.25 ML, 400 UNIT/2.5 ML, 800 UNIT/5 ML	Tier 3	
NEXOBRID POWDER COMPONENT TOPICAL POWDER	Tier 3	
NEXOBRID TOPICAL GEL 8.8 %	Tier 3	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 3	PA
Dermatology - Psoriasis/Eczema		
Antipsoriatic Agents,Systemic		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	Tier 1	SP
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML, 320 MG/2 ML	Tier 3	PA; SP
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML, 320 MG/2 ML	Tier 3	PA; SP
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 3	PA; SP

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Drug	Status	Notes
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 3	PA; SP
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 3	PA; SP
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	Tier 3	PA; SP
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	Tier 3	PA; SP
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	Tier 1	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	Tier 3	PA; SP
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 2	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 2	PA; SP
SOTYKTU ORAL TABLET 6 MG	Tier 2	PA; SP
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 3	PA; SP
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 2	PA; SP
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 2	PA; SP
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 2	PA; SP
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML	Tier 2	PA; SP
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 2	PA; SP
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 2	PA; SP
Antipsoriatics Agents		
calcipotriene scalp solution 0.005 %	Tier 1	

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

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Drug		Status	Notes
Il-23 Receptor Antagonist, Monoclonal Antibody			
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML, 300MG/3ML(100MG /ML-200 MG/2ML)		Tier 3	PA; SP
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML, 300MG/3ML(100MG /ML-200 MG/2ML)		Tier 3	PA; SP
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML		Tier 2	PA; SP
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)		Tier 2	PA; SP
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)		Tier 2	PA; SP
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML		Tier 2	PA; SP
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML		Tier 2	PA; SP
Topical Agents,Miscellaneous			
L-MESITRAN SOFT TOPICAL GEL 40 %		Tier 3	
MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 %		Tier 3	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %		Tier 3	
OMEZA TOPICAL OINTMENT IN PACKET		Tier 3	
urea topical cream 20 %	(Gormel)	Tier 1	
Topical Immunosuppressive Agents			
ELYZIA TOPICAL CREAM 0.1-1-4 %	(tacrolimus-hyaluronate-niacin)	Tier 3	
ELYZIA TOPICAL OINTMENT 0.1-4 %	(tacrolimus-niacinamide)	Tier 3	
HOVYN TOPICAL SOLUTION 0.1 %		Tier 3	
HYFTOR TOPICAL GEL 0.2 %		Tier 3	PA; SP
NUJO TOPICAL SOLUTION 0.1 %		Tier 3	

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Drug		Status	Notes
NUJU TOPICAL CREAM 0.1 %	(tacrolimus-vehicle base no.238)	Tier 3	
OXIANUJO (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 %	(tacrolimus-hyaluronate-niacin)	Tier 3	
OXIANUJO TOPICAL OINTMENT 0.1-4 %	(tacrolimus-niacinamide)	Tier 3	
pimecrolimus topical cream 1 %	(Elidel)	Tier 1	
tacrolimus topical ointment 0.03 %, 0.1 %		Tier 1	
VEVEN TOPICAL CREAM 0.1 %	(tacrolimus-vehicle base no.238)	Tier 3	
Topical Vit D Analog/Antiinflammatory, Steroidal			
calcipotriene-betamethasone topical ointment 0.005-0.064 %		Tier 1	
calcipotriene-betamethasone topical suspension 0.005-0.064 %	(Taclonex)	Tier 1	
DIOCHLOY TOPICAL SOLUTION 0.05-0.005 %	(clobetasol-calcipotriene)	Tier 3	
ENSTILAR TOPICAL FOAM 0.005-0.064 %		Tier 3	
PLENURA TOPICAL SOLUTION 0.05-0.005 %	(clobetasol-calcipotriene)	Tier 3	
WYNZORA TOPICAL CREAM 0.005-0.064 %		Tier 3	
Diabetes			
Antihypergly, (Dpp-4) Inhibitor & Biguanide Comb.			
alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg	(Kazano)	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG		Tier 2	QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG		Tier 2	QL (1 EA per 1 day)

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Drug	Status	Notes
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	Tier 2	QL (2 EA per 1 day)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg	Tier 1	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg	Tier 1	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
Antihypergly,Dpp-4 Enzyme Inhib &Thiazolidinedione		
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-45 mg (Oseni)	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
alogliptin-pioglitazone oral tablet 25-15 mg, 25-30 mg	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)

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Drug	Status	Notes
Antihypergly,Incretin Mimetic(Glp-1 Recep.Agonist)		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	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 (exenatide)	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 (exenatide)	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (1.2 ML per 30 days)
liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml) (Victoza 2-Pak)	Tier 3	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (9 ML per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 1.5 MG, 4 MG, 9 MG	Tier 2	PA; QL (1 EA per 1 day)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (1 EA per 1 day)

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Drug	Status	Notes
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (2 ML per 28 days)
Antihyperglycemc-Sod/Gluc Cotransport2(Sglt2)Inhib		
bexagliflozin oral tablet 20 mg (Brenzavvy)	Tier 1	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 DAYS; QL (1 EA per 1 day)
BRENZAVVY ORAL TABLET 20 MG (bexagliflozin)	Tier 3	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 DAYS; QL (1 EA per 1 day)
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	Tier 2	QL (1 EA per 1 day)
INPEFA ORAL TABLET 200 MG	Tier 3	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 DAYS; QL (2 EA per 1 day)
INPEFA ORAL TABLET 400 MG	Tier 3	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 DAYS; QL (1 EA per 1 day)
INVOKANA ORAL TABLET 100 MG, 300 MG	Tier 3	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 DAYS; QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 2	QL (1 EA per 1 day)

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Drug	Status	Notes
STEGLATRO ORAL TABLET 15 MG, 5 MG	Tier 3	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 DAYS; QL (1 EA per 1 day)
Antihyperglycemic - Dopamine Receptor Agonists		
CYCLOSET ORAL TABLET 0.8 MG	Tier 3	ST: Requires prior prescription for Metformin (Glucophage), Metformin ER, Glyburide/Metformin (Glucovance), or Glipizide/Metformin (Metaglip) within the past 180 days
Antihyperglycemic - Incretin Mimetics Combination		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (0.5 ML per 7 days)
Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)		
acarbose oral tablet 100 mg, 25 mg, 50 mg (Precose)	Tier 1	
miglitol oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
Antihyperglycemic, Amylin Analog-Type		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	Tier 2	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	Tier 2	
Antihyperglycemic, Dpp-4 Inhibitors		
alogliptin oral tablet 12.5 mg, 25 mg (Nesina)	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)

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Drug	Status	Notes
alogliptin oral tablet 6.25 mg	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 2	QL (1 EA per 1 day)
saxagliptin oral tablet 2.5 mg, 5 mg	Tier 1	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
sitagliptin oral tablet 100 mg, 25 mg, 50 mg (Zituvio)	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
TRADJENTA ORAL TABLET 5 MG	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
Antihyperglycemic, Insulin-Release Stimulant Type		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	Tier 1	
glipizide oral tablet 10 mg, 5 mg	Tier 1	
glipizide oral tablet 2.5 mg	Tier 1	QL (2 EA per 1 day)
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg (Glucotrol XL)	Tier 1	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	Tier 1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	Tier 1	
nateglinide oral tablet 120 mg, 60 mg	Tier 1	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
Antihyperglycemic, Insulin-Response Enhancer (N-S)		
pioglitazone oral tablet 15 mg, 30 mg, 45 mg (Actos)	Tier 1	

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Drug	Status	Notes
Antihyperglycemic, Sglt-2 & Dpp-4 Inhibitor Comb.		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 2	QL (1 EA per 1 day)
QTERN ORAL TABLET 10-5 MG, 5-5 MG	Tier 3	ST: Requires prior prescription for Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 DAYS; QL (1 EA per 1 day)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	Tier 3	ST: Requires prior prescription for Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 DAYS; QL (1 EA per 1 day)
Antihyperglycemic,Biguanide Type(Non-Sulfonylurea)		
metformin oral solution 500 mg/5 ml (Riomet)	Tier 1	
metformin oral tablet 1,000 mg, 500 mg, 850 mg	Tier 1	
metformin oral tablet extended release 24 hr 500 mg, 750 mg	Tier 1	
Antihyperglycemic,Insulin & Glp-1 Receptor Agonist		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Tier 2	QL (30 ML per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Tier 2	QL (15 ML per 28 days)
Antihyperglycemic,Insulin-Rel Stim.& Biguanide Cmb		
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	

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Drug		Status	Notes
Antihyperglycemic,Insulin-Response & Release Comb.			
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	(DUETACT)	Tier 1	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
Antihyperglycemic-Glucocorticoid Receptor Blocker			
KORLYM ORAL TABLET 300 MG	(mifepristone)	Tier 2	PA; SP
mifepristone oral tablet 300 mg	(Korlym)	Tier 1	PA; SP
Antihyperglycemic-Sglt2 Inhibitor & Biguanide Comb			
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG		Tier 3	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 DAYS; QL (2 EA per 1 day)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG		Tier 3	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 DAYS; QL (2 EA per 1 day)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG		Tier 3	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 DAYS; QL (2 EA per 1 day)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG		Tier 2	QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG		Tier 2	QL (1 EA per 1 day)

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Drug		Status	Notes
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)
Antihyperglycm,Insul-Resp.Enhancer & Biguanide Cmb			
pioglitazone-metformin oral tablet 15-500 mg		Tier 1	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
pioglitazone-metformin oral tablet 15-850 mg	(Actoplus MET)	Tier 1	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
Antihypergly-Sglt-2 Inhib,Dpp-4 Inhib,Biguanide Cb			
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG		Tier 2	QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG		Tier 2	QL (2 EA per 1 day)

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Drug	Status	Notes
Blood Sugar Diagnostics		
ACCU-CHEK AVIVA PLUS TEST STRP (blood sugar diagnostic) STRIP	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ACCU-CHEK GUIDE TEST STRIPS (blood sugar diagnostic) STRIP	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ACCU-CHEK SMARTVIEW TEST (blood sugar diagnostic) STRIP STRIP	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ACCUTREND GLUCOSE TEST STRIPS (blood sugar diagnostic) STRIP	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

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

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

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

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

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

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

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

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

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Drug		Status	Notes
EASY TRAK II TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EASYGLUCO TEST STRIP	(blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EASYMAX 15 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EASYMAX STRIP	(blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

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

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

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

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

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Drug		Status	Notes
FORA 6CONN-GTEL-TN'G ADV STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA D15G STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA D20 STRIP	(blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA D40-G31 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

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Drug		Status	Notes
FORA G20 STRIP	(blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA G30-PREMIUM V10 TEST STRP STRIP	(blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA GD50 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA GTEL GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

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

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Drug		Status	Notes
FORA V10-V12-D10-D20 STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA V12 GLUCOSE STRIP	(blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA V20 STRIP	(blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA V30A STRIP	(blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

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Drug		Status	Notes
FORACARE GD20 STRIP	(blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORACARE GD40 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FREESTYLE INSULINX STRIP	(blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP	(blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP	(blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE TEST STRIP	(blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
GE100 BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

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

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Drug		Status	Notes
GLUCOCARD EXPRESSION STRIP	(blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GLUCOCARD SHINE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GLUCOCARD VITAL SENSOR STRIP	(blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GLUCOCARD VITAL TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

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Drug		Status	Notes
GLUCOCOM GLUCOSE STRIP	(blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GM100 STRIP	(blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GOJJI BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GOODLIFE AC-302 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

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Drug		Status	Notes
HARMONY GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
HEALTHPRO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
IHEALTH GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
INFINITY TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

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

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

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

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

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

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Drug		Status	Notes
PREMIER TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PREMIUM V10 STRIP	(blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PRO VOICE V8-V9 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PRODIGY NO CODING STRIP	(blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

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Drug		Status	Notes
PTS PANELS EGLU TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
QUINTET AC STRIP	(blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
QUINTET GLUCOSE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
REFUAH PLUS STRIP	(blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

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

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

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

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

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

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

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Drug	Status	Notes
WAVESENSE JAZZ STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
WAVESENSE PRESTO STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
Diabetic Supplies		
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	Tier 3	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	Tier 3	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN	Tier 3	
AUTOSOFT 30 INFUSION SET	Tier 3	
AUTOSOFT 90 INFUSION SET	Tier 3	
AUTOSOFT XC INFUSION SET 23" INFUSION SET	Tier 3	
AUTOSOFT XC INFUSION SET 32" INFUSION SET	Tier 3	
AUTOSOFT XC INFUSION SET 43" INFUSION SET	Tier 3	
BIGFOOT UNITY KIT	Tier 3	
BIGFOOT UNITY PEN CAP-ADMELOG DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-APIDRA DEVICE	Tier 3	

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Drug	Status	Notes
BIGFOOT UNITY PEN CAP-ASPART DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-BASAGLAR DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-FIASP DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-HUMALOG DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-LANTUS DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-LISPRO DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-LYUMJEV DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-NOVOLOG DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-TOUJEO DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-TOUJEOMX DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-TRESIBA DEVICE	Tier 3	
CEQUR SIMPLICITY DEVICE 2 UNIT	Tier 3	PA
CEQUR 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 DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 90 days)

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Drug	Status	Notes
DEXCOM G7 RECEIVER	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (3 EA per 30 days)
EVERSENSE 365 TRANSMITTER DEVICE	Tier 3	PA
EVERSENSE E3 SMART TRANSMITTER DEVICE	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 KIT	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	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)

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Drug	Status	Notes
FREESTYLE LIBRE 3 SENSOR DEVICE	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 DEVICE	Tier 3	PA
GUARDIAN 4 TRANSMITTER DEVICE	Tier 3	PA
GUARDIAN CONNECT TRANSMITTER DEVICE	Tier 3	PA
GUARDIAN LINK 3 TRANSMITTER DEVICE	Tier 3	PA
GUARDIAN SENSOR 3 DEVICE	Tier 3	PA
ILET INFUSION KIT-INSET 23" COMBO PACK	Tier 3	PA
ILET INFUSION KIT-INSET 32" COMBO PACK	Tier 3	PA
ILET INFUSION-CONTACT DTCH 23" COMBO PACK	Tier 3	PA
ILET INSULIN PUMP	Tier 3	PA
ILET STARTER KIT CONTACT KIT	Tier 3	PA
ILET STARTER KIT-INSET KIT	Tier 3	PA
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	Tier 2	
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN	Tier 2	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	Tier 2	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	Tier 2	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN	Tier 2	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	Tier 2	
MEDTRONIC EXT INFUSION SET 23" INFUSION SET	Tier 3	
MEDTRONIC EXT INFUSION SET 32" INFUSION SET	Tier 3	

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Drug	Status	Notes
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" INFUSION SET	Tier 3	
MINIMED MIO ADVANCE INF SET43" INFUSION SET	Tier 3	
MINIMED QUICK SET 18" INFUSION SET	Tier 3	
MINIMED QUICK SET 23" INFUSION SET	Tier 3	
MINIMED QUICK SET 32" INFUSION SET	Tier 3	
MINIMED QUICK SET 43" INFUSION SET	Tier 3	
MINIMED SILHOUETTE 18" INFUSION SET	Tier 3	
MINIMED SILHOUETTE 23" INFUSION SET	Tier 3	
MINIMED SILHOUETTE 32" INFUSION SET	Tier 3	
MINIMED SILHOUETTE 43" INFUSION SET	Tier 3	
MINIMED SURE T 18" INFUSION SET	Tier 3	
MINIMED SURE T 23" INFUSION SET	Tier 3	
MINIMED SURE T 32" INFUSION SET	Tier 3	
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	Tier 3	
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	Tier 2	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	Tier 2	QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 2	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	Tier 2	QL (1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	Tier 2	

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Drug	Status	Notes
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 2	QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	Tier 2	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 2	
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
T:FLEX SUBCUTANEOUS CARTRIDGE	Tier 3	
T:SLIM X2 BASAL-IQ INSULIN PMP	Tier 3	PA
T:SLIM X2 CONTROL-IQ	Tier 3	PA
T:SLIM X2 SUBCUTANEOUS CARTRIDGE	Tier 3	
TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK	Tier 3	
TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK	Tier 3	
TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK	Tier 3	
TANDEM MOBI CARTRIDGE SUBCUTANEOUS CARTRIDGE	Tier 3	
TANDEM MOBI SYSTEM	Tier 3	PA
TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK	Tier 3	
TEMPO SMART BUTTON DEVICE	Tier 3	
TEMPO WELCOME KIT KIT	Tier 3	

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Drug	Status	Notes
TRUSTEEL INFUSION SET 23" INFUSION SET	Tier 3	
TRUSTEEL INFUSION SET 32" INFUSION SET	Tier 3	
VARISOFT INFUSION SET 23" INFUSION SET	Tier 3	
VARISOFT INFUSION SET 32" INFUSION SET	Tier 3	
VARISOFT INFUSION SET 43" INFUSION SET	Tier 3	
V-GO 20 DEVICE	Tier 2	
V-GO 30 DEVICE	Tier 2	
V-GO 40 DEVICE	Tier 2	
Diabetic Ulcer Preparations,Topical		
REGRANEX TOPICAL GEL 0.01 %	Tier 2	
Hyperglycemics		
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION	Tier 3	ST: Requires prior prescription for Glucagon Emergency Kit, Gvoke, or Zegalogue within the past 120 days; QL (4 EA per 1 FILL)
diazoxide oral suspension 50 mg/ml (Proglycem)	Tier 1	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG (glucagon hcl)	Tier 3	QL (4 EA per 1 FILL)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	Tier 2	QL (4 EA per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)

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

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Drug	Status	Notes
BASAGLAR KWIKPEN U-100 INSULIN (insulin glargine) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	ST: Requires prior prescription for Semglee (yfgn), Toujeo, or Tresiba within the past 120 days; QL (30 ML per 28 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	Tier 3	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	Tier 3	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	QL (12 ML per 28 days)
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	Tier 2	QL (40 ML per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	Tier 2	QL (30 ML per 28 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	Tier 2	QL (40 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 2	QL (40 ML per 28 days)

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Drug		Status	Notes
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		Tier 2	QL (30 ML per 28 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 2	QL (30 ML per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		Tier 2	QL (40 ML per 28 days)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML		Tier 2	QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML		Tier 2	QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)		Tier 2	QL (24 ML per 28 days)
insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)	(Novolog Mix 70-30FlexPen U-100)	Tier 3	ST: Requires prior prescription for generic Humalog Mix 75-25 within the past 120 days; QL (30 ML per 28 days)
insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)	(Novolog Mix 70-30 U-100 Insuln)	Tier 3	ST: Requires prior prescription for generic Humalog Mix 75-25 within the past 120 days; QL (40 ML per 28 days)
insulin aspart u-100 subcutaneous cartridge 100 unit/ml	(Novolog PenFill U-100 Insulin)	Tier 3	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)	(Novolog FlexPen U-100 Insulin)	Tier 3	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
insulin aspart u-100 subcutaneous solution 100 unit/ml	(Novolog U-100 Insulin aspart)	Tier 3	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)

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

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Drug		Status	Notes
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 3	ST: Requires prior prescription for Humulin N within the past 120 days; QL (30 ML per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		Tier 3	ST: Requires prior prescription for Humulin N within the past 120 days; QL (40 ML per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 3	ST: Requires prior prescription for Humulin R within the past 120 days; QL (30 ML per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML		Tier 3	ST: Requires prior prescription for Humulin R within the past 120 days; QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine-yfgn)	Tier 2	QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine-yfgn)	Tier 2	QL (30 ML per 28 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	(insulin glargine u-300 conc)	Tier 2	QL (18 ML per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc)	Tier 2	QL (13.5 ML per 28 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin degludec)	Tier 2	QL (30 ML per 28 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	(insulin degludec)	Tier 2	QL (18 ML per 28 days)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin degludec)	Tier 2	QL (40 ML per 28 days)

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Drug		Status	Notes
Ear - General Disorders			
Ear Preparations Anti-Inflammatory			
fluocinolone acetonide oil otic (ear) drops 0.01 %	(DermOtic Oil)	Tier 1	
Ear Preparations, Misc. Anti-Infectives			
acetic acid otic (ear) solution 2 %		Tier 1	
CORTANE-B TOPICAL LOTION 1-1-0.1 %		Tier 3	
hydrocortisone-acetic acid otic (ear) drops 1-2 %		Tier 1	
Ear Preparations,Antibiotics			
ciprofloxacin hcl otic (ear) dropperette 0.2 %	(Cetraxal)	Tier 1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML		Tier 3	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%		Tier 1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%		Tier 1	
ofloxacin otic (ear) drops 0.3 %		Tier 1	
Otic Preparations,Anti-Inflammatory-Antibiotics			
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %		Tier 3	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %		Tier 1	
ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)	(Otovel)	Tier 1	
Electrolyte Regulation			
Arginine Vasopressin (Avp) Receptor Antagonists			
tolvaptan oral tablet 15 mg	(Samsca)	Tier 1	SP; QL (30 EA per 365 days)
tolvaptan oral tablet 30 mg	(Samsca)	Tier 1	SP; QL (60 EA per 365 days)

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Drug	Status	Notes
Bicarbonate Producing/Containing Agents		
VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION	Tier 3	
Electrolyte Depleters		
AURYXIA ORAL TABLET 210 MG IRON	Tier 3	ST: Requires prior prescriptions for Velphoro and one of the folllowing: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (12 EA per 1 day)
calcium acetate(phosphat bind) oral capsule 667 mg	Tier 1	
calcium acetate(phosphat bind) oral tablet 667 mg	Tier 1	
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	Tier 3	ST: Requires prior prescriptions for Velphoro and one of the folllowing: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (3 EA per 1 day)
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 1	
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg (Fosrenol)	Tier 1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	Tier 2	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram (Renvela)	Tier 1	
sevelamer carbonate oral tablet 800 mg (Renvela)	Tier 1	
sevelamer hcl oral tablet 400 mg, 800 mg	Tier 1	

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Drug		Status	Notes
sodium polystyrene sulfonate oral powder		Tier 1	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML		Tier 1	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML		Tier 3	
VELPHORO ORAL TABLET,CHEWABLE 500 MG		Tier 2	QL (6 EA per 1 day)
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM		Tier 3	PA
XPHOZAH ORAL TABLET 20 MG, 30 MG		Tier 3	ST: Requires prior prescriptions for Velphoro and one of the folllowing: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (2 EA per 1 day)
Potassium Replacement			
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ		Tier 3	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	(potassium bicarb-citric acid)	Tier 1	
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	(potassium chloride)	Tier 1	
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	(potassium chloride)	Tier 1	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	(potassium chloride)	Tier 1	
potassium chloride oral capsule, extended release 10 meq, 8 meq		Tier 1	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml		Tier 1	
potassium chloride oral packet 20 meq	(Klor-Con)	Tier 1	
potassium chloride oral tablet extended release 10 meq	(Klor-Con 10)	Tier 1	

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Drug		Status	Notes
potassium chloride oral tablet extended release 15 meq, 20 meq		Tier 1	
potassium chloride oral tablet extended release 8 meq	(Klor-Con 8)	Tier 1	
potassium chloride oral tablet,er particles/crystals 10 meq	(Klor-Con M10)	Tier 1	
potassium chloride oral tablet,er particles/crystals 15 meq	(Klor-Con M15)	Tier 1	
potassium chloride oral tablet,er particles/crystals 20 meq	(Klor-Con M20)	Tier 1	
Sodium/Saline Preparations			
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 1	
CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 1	
NORMAL SALINE FLUSH INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 1	
sodium chlor 0.9% bacteriostat injection solution 0.9 %		Tier 1	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %		Tier 1	
sodium chloride 0.9 % (flush) injection syringe	(BD PosiFlush Normal Saline 0.9)	Tier 1	
sodium chloride 0.9 % injection solution		Tier 1	
sodium chloride 0.9 % intravenous parenteral solution		Tier 1	
sodium chloride 0.9 % intravenous piggyback		Tier 1	
sodium chloride injection syringe 0.9 %		Tier 1	
Endocrine Disorder - Fertility			
Drugs To Treat Impotency			
avanafil oral tablet 100 mg, 200 mg, 50 mg	(Stendra)	Tier 1	ST: Requires prior prescription for Viagra within the past 120 days; QL (1 EA per 5 days)
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG		Tier 3	QL (1 EA per 5 days)

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Drug		Status	Notes
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG		Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG		Tier 3	QL (1 EA per 5 days)
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG		Tier 3	QL: 6 INJECTIONS IN 30 DAYS
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30 MG- 1 MG/ML	(papav-phentolamine in water)	Tier 1	
sildenafil oral tablet 100 mg, 25 mg, 50 mg	(Viagra)	Tier 1	QL (1 EA per 5 days)
tadalafil oral tablet 10 mg, 20 mg	(Cialis)	Tier 1	QL (1 EA per 5 days)
tadalafil oral tablet 2.5 mg		Tier 1	PA
tadalafil oral tablet 5 mg	(Cialis)	Tier 1	PA
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG- 50 MCG		Tier 3	
vardenafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg		Tier 1	ST: Requires prior prescription for generic Viagra within the past 120 days; QL (1 EA per 5 days)
vardenafil oral tablet,disintegrating 10 mg		Tier 1	ST: Requires prior prescription for generic Viagra within the past 120 days; QL (1 EA per 5 days)
Fertility Stimulating Preparations,Non-Fsh			
CLOMID ORAL TABLET 50 MG	(clomiphene citrate)	Tier 3	
clomiphene citrate oral tablet 50 mg	(Clomid)	Tier 1	
Follicle Stim./Luteinizing Hormones			
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT		Tier 2	SP
Follicle-Stimulating Hormone (Fsh)			
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML		Tier 3	SP; ST: Requires prior prescription for Gonal-F or Gonal-F-RFF within the past 120 days

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Drug		Status	Notes
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML		Tier 2	SP
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT		Tier 2	SP
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT		Tier 2	SP
Human Chorionic Gonadotropin (Hcg)			
chorionic gonadotropin, human intramuscular recon soln 10,000 unit	(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 SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML		Tier 2	
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	(chorionic gonadotropin, human)	Tier 3	ST: Requires prior prescription for Novarel or Ovidrel within the past 120 days
Pregnancy Facilitating/Maintaining Agent,Hormonal			
CRINONE VAGINAL GEL 8 %		Tier 2	
ENDOMETRIN VAGINAL INSERT 100 MG		Tier 2	
Endocrine Disorder - Other			
Adrenal Steroid Inhibitors			
ISTURISA ORAL TABLET 1 MG, 5 MG		Tier 3	PA; SP
RECORLEV ORAL TABLET 150 MG		Tier 3	PA; SP
Adrenocorticotrophic Hormones			
ACTHAR INJECTION GEL 80 UNIT/ML		Tier 3	PA; SP
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML		Tier 3	PA; SP
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML		Tier 3	PA; SP

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Drug	Status	Notes
Antidiuretic And Vasopressor Hormones		
desmopressin injection solution 4 mcg/ml (DDAVP)	Tier 1	
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)	Tier 1	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml), 150 mcg/spray (0.1 ml)	Tier 1	
desmopressin oral tablet 0.1 mg, 0.2 mg (DDAVP)	Tier 1	
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	Tier 3	QL (1 EA per 1 day)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	Tier 3	QL (1 EA per 1 day)
NOCTIVA NASAL SPRAY,NON-AEROSOL 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML)	Tier 3	QL (3.8 GM per 30 days)
Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	Tier 2	PA; SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Tier 2	PA; SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Tier 2	PA; SP
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Tier 2	PA; SP
leuprolide subcutaneous kit 1 mg/0.2 ml	Tier 1	PA; SP
Bone Formation Stim. Agents - Parathyroid Hormone		
teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml) (Forteo)	Tier 1	PA; SP
teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)	Tier 1	PA; SP
Bone Formation Stimulating Agts - Pth Rel Peptides		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	Tier 2	PA; SP

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Drug		Status	Notes
Bone Resorption Inhibitor & Vitamin D Combinations			
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT		Tier 2	
Bone Resorption Inhibitors			
alendronate oral solution 70 mg/75 ml		Tier 1	QL (75 ML per 7 days)
alendronate oral tablet 10 mg, 35 mg, 5 mg		Tier 1	
alendronate oral tablet 70 mg	(Fosamax)	Tier 1	
calcitonin (salmon) injection solution 200 unit/ml	(Miacalcin)	Tier 1	
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation		Tier 1	
ibandronate oral tablet 150 mg		Tier 1	
raloxifene oral tablet 60 mg	(Evista)	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
risedronate oral tablet 150 mg	(Actonel)	Tier 1	ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 30 days)
risedronate oral tablet 30 mg, 5 mg		Tier 1	ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 1 day)
risedronate oral tablet 35 mg	(Actonel)	Tier 1	ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)

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Drug		Status	Notes
risedronate oral tablet,delayed release (dr/ec) 35 mg	(Atelvia)	Tier 1	ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)
Calcimimetic,Parathyroid Calcium Enhancer			
cinacalcet oral tablet 30 mg, 60 mg	(Sensipar)	Tier 1	SP; QL (2 EA per 1 day)
cinacalcet oral tablet 90 mg	(Sensipar)	Tier 1	SP; QL (4 EA per 1 day)
Growth Hormone Receptor Antagonists			
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		Tier 2	SP
Growth Hormone Releasing Hormone (Ghrh) & Analogs			
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG		Tier 3	PA; SP
Growth Hormones			
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML		Tier 2	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)		Tier 2	PA; SP
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)		Tier 3	PA; SP
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG		Tier 3	PA; SP
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)		Tier 3	PA; SP

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Drug	Status	Notes
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 2	PA; SP
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	Tier 3	PA; SP
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 3	PA; SP
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	Tier 3	PA; SP
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	Tier 3	PA; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	Tier 3	PA; SP
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	Tier 2	PA; SP
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 2	PA; SP
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	Tier 3	PA; SP
Hyperparathyroid Tx Agents - Vitamin D Analog-Type		
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	Tier 1	
paricalcitol oral capsule 1 mcg, 2 mcg (Zemplar)	Tier 1	
paricalcitol oral capsule 4 mcg	Tier 1	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	Tier 2	QL (2 EA per 1 day)

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Drug		Status	Notes
Insulin-Like Growth Factor-1 (Igf-1) Hormones			
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML		Tier 3	PA; SP
Leptin Hormone Analogs			
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)		Tier 3	SP; QL (1 EA per 1 day)
Lhrh (Gnrh) Antagonist,Estrogen And Progestin Comb			
MYFEMBREE ORAL TABLET 40-1-0.5 MG		Tier 2	PA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)		Tier 2	PA
Lhrh(Gnrh) Agonist Analog Pituitary Suppressants			
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML		Tier 3	PA; SP
Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents			
cetrorelix subcutaneous kit 0.25 mg	(Cetrotide)	Tier 1	SP
FYREMADEL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	(ganirelix)	Tier 1	SP
ganirelix subcutaneous syringe 250 mcg/0.5 ml	(Fyremadel)	Tier 1	SP
ORILISSA ORAL TABLET 150 MG, 200 MG		Tier 2	PA
Menopausal Sympt Supp-Sel Estrogen Recep Modulator			
OSPHENA ORAL TABLET 60 MG		Tier 3	ST: Requires prior prescriptions Premarin cream and one of the following: Estradiol cream or vaginal tablet within the past 365 days; QL (1 EA per 1 day)
Natriuretic Peptides			
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG		Tier 3	PA; SP

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Drug	Status	Notes
Parathyroid Hormones		
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML	Tier 3	PA; SP
Pituitary Suppressive Agents		
cabergoline oral tablet 0.5 mg	Tier 1	
CRENESSITY ORAL CAPSULE 100 MG, 50 MG	Tier 3	PA; SP
CRENESSITY ORAL SOLUTION 50 MG/ML	Tier 3	PA; SP
danazol oral capsule 100 mg, 200 mg, 50 mg	Tier 1	
Endocrine Disorder - Thyroid		
Antithyroid Preparations		
methimazole oral tablet 10 mg, 5 mg	Tier 1	
propylthiouracil oral tablet 50 mg	Tier 1	
Iodine Containing Agents		
LUGOLS ORAL SOLUTION 5 %	Tier 3	
potassium iodide oral solution 1 gram/ml (SSKI)	Tier 1	
SSKI ORAL SOLUTION 1 GRAM/ML (potassium iodide)	Tier 1	
STRONG IODINE ORAL SOLUTION 5 %	Tier 1	
Thyroid Hormones		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	Tier 3	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid (pork))	Tier 3	ST: Requires prior prescription for NP Thyroid tablets within the past 120 days
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG	Tier 3	ST: Requires prior prescription for NP Thyroid tablets within the past 120 days
ERMEZA ORAL SOLUTION 30 MCG/ML	Tier 1	PA

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Drug		Status	Notes
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	(levothyroxine)	Tier 1	QL (2 EA per 1 day)
levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	(Tirosint)	Tier 1	PA
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	(Euthyrox)	Tier 1	QL (2 EA per 1 day)
levothyroxine oral tablet 300 mcg	(Levo-T)	Tier 1	QL (2 EA per 1 day)
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	(Cytomel)	Tier 1	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	(thyroid (pork))	Tier 1	
THYQUIDITY ORAL SOLUTION 20 MCG/ML		Tier 3	ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days; QL (20 ML per 1 day)
thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	(NP Thyroid)	Tier 1	
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG		Tier 3	PA
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML		Tier 3	PA
Eye - General Disorders			
Eye Antibiotic, Glucocorticoid And Nsaid Comb.			
prednisolon-moxiflox-bromf(pf) ophthalmic (eye) drops 1-0.5-0.09 %		Tier 1	

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Drug		Status	Notes
Eye Antibiotic-Corticoid Combinations			
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(Neo-Polycin HC)	Tier 1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	(Maxitrol)	Tier 1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	(Maxitrol)	Tier 1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml		Tier 1	
NEO-POLYCIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1%	(neomycin-bacitracin-poly-hc)	Tier 1	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %		Tier 3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %		Tier 2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %		Tier 3	ST: Requires prior prescription for generic ophthalmic Tobramycin/Dexamethasone drops within the past 120 days
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %		Tier 1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %		Tier 3	
Eye Antihistamines			
azelastine ophthalmic (eye) drops 0.05 %		Tier 1	QL (12 ML per 30 days)
bepotastine besilate ophthalmic (eye) drops 1.5 %	(Bepreve)	Tier 1	ST: Requires prior prescription for a generic ophthalmic antihistamine (Azelastine, Epinastine, or Olopatadine) within the past 120 days; QL (10 ML per 30 days)

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Drug		Status	Notes
epinastine ophthalmic (eye) drops 0.05 %		Tier 1	QL (10 ML per 30 days)
olopatadine ophthalmic (eye) drops 0.1 %	(Eye Allergy Itch-Redness Rlf)	Tier 1	
olopatadine ophthalmic (eye) drops 0.2 %	(Eye Allergy Itch Relief)	Tier 1	QL (3 ML per 30 days)
Eye Antiinflammatory Agents			
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %		Tier 3	QL (60 EA per 15 days)
bromfenac ophthalmic (eye) drops 0.07 %	(Prolensa)	Tier 1	QL (3 ML per 16 days)
bromfenac ophthalmic (eye) drops 0.075 %	(BromSite)	Tier 1	QL (5 ML per 16 days)
bromfenac ophthalmic (eye) drops 0.09 %		Tier 1	QL (3.4 ML per 16 days)
clobetasol ophthalmic (eye) drops,suspension 0.05 %		Tier 1	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (3.5 ML per 14 days)
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %		Tier 1	QL (15 ML per 14 days)
DEXTENZA INTRACANALICULAR INSERT 0.4 MG		Tier 3	
diclofenac sodium ophthalmic (eye) drops 0.1 %		Tier 1	QL (10 ML per 14 days)
difluprednate ophthalmic (eye) drops 0.05 %	(Durezol)	Tier 1	QL (10 ML per 14 days)
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		Tier 3	PA

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

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Drug	Status	Notes
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 % (Alrex)	Tier 1	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 % (Lotemax)	Tier 1	QL (20 ML per 14 days)
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (25 ML per 14 days)
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	QL (9 ML per 16 days)
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	Tier 3	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (20 ML per 14 days)
prednisolone acetate ophthalmic (eye) drops,suspension 1 % (Pred Forte)	Tier 1	QL (20 ML per 14 days)
prednisolone sod ph-bromf (pf) ophthalmic (eye) drops 1-0.09 %	Tier 1	
prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %	Tier 1	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	Tier 1	QL (20 ML per 14 days)
Eye Antivirals		
trifluridine ophthalmic (eye) drops 1 %	Tier 1	

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Drug	Status	Notes
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	Tier 3	ST: Requires prior prescription for oral Acyclovir, Famciclovir, or Valacyclovir within the past 120 days
Eye Local Anesthetics		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	Tier 3	
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 % (proparacaine)	Tier 1	
ALTACAINE OPHTHALMIC (EYE) DROPS 0.5 % (tetracaine hcl)	Tier 1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (fluorescein-benoxinate)	Tier 1	
fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %	Tier 1	
fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %	Tier 1	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL 3 %	Tier 3	
proparacaine ophthalmic (eye) drops 0.5 % (Alcaine)	Tier 1	
tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %	Tier 1	
tetracaine hcl ophthalmic (eye) drops 0.5 % (Altacaine)	Tier 1	
Eye Sulfonamides		
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	Tier 2	
sulfacetamide sodium ophthalmic (eye) drops 10 %	Tier 1	
sulfacetamide sodium ophthalmic (eye) ointment 10 %	Tier 1	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	Tier 1	
Eye Vasoconstrictors (Rx Only)		
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %	Tier 1	

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

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Drug		Status	Notes
NEO-POLYCIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G	(neomycin-bacitracin-polymyxin)	Tier 1	
ofloxacin ophthalmic (eye) drops 0.3 %	(Ocuflox)	Tier 1	
POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM	(bacitracin-polymyxin b)	Tier 1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml		Tier 1	
tobramycin ophthalmic (eye) drops 0.3 %		Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %		Tier 2	
vancomycin in 0.9 % sodium chl ophthalmic (eye) drops 10 mg/ml		Tier 1	
Ophthalmic Antifungal Agents			
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %		Tier 3	
Ophthalmic Anti-Inflammatory Immunomodulator-Type			
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %		Tier 3	ST: Requires prior prescriptions for Restasis or Cyclosporine Ophthalmic and Xiidra within the past 365 days; QL (60 EA per 30 days)
cyclosporine ophthalmic (eye) dropperette 0.05 %	(Restasis)	Tier 1	QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %		Tier 2	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	(cyclosporine)	Tier 1	QL (60 EA per 30 days)
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %		Tier 3	PA; SP
VEVYE OPHTHALMIC (EYE) DROPS 0.1 %		Tier 3	PA
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %		Tier 2	QL (60 EA per 30 days)

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Drug	Status	Notes
Ophthalmic Human Nerve Growth Factor (Hngf)		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	Tier 3	PA; SP
Ophthalmic Mast Cell Stabilizers		
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	Tier 2	ST: Requires prior prescription for Cromolyn 4% ophthalmic drops within the past 120 days; QL (40 ML per 30 days)
cromolyn ophthalmic (eye) drops 4 %	Tier 1	QL (50 ML per 30 days)
Ophthalmic Preparations, Miscellaneous		
RYZUMVI OPHTHALMIC (EYE) DROPPERETTE 0.75 %	Tier 3	
Eye - Glaucoma		
Carbonic Anhydrase Inhibitors		
acetazolamide oral capsule, extended release 500 mg	Tier 1	
acetazolamide oral tablet 125 mg, 250 mg	Tier 1	
methazolamide oral tablet 25 mg, 50 mg	Tier 1	
Miotics/Other Intraoc. Pressure Reducers		
apraclonidine ophthalmic (eye) drops 0.5 %	Tier 1	
betaxolol ophthalmic (eye) drops 0.5 %	Tier 1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %	Tier 3	
BETIMOL OPHTHALMIC (EYE) DROPS 0.5 % (timolol)	Tier 3	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 3	
bimatoprost ophthalmic (eye) drops 0.03 %	Tier 1	QL (1 ML per 12 days)
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 % (Alphagan P)	Tier 1	
brimonidine ophthalmic (eye) drops 0.2 %	Tier 1	

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Drug		Status	Notes
brimonidine-dorzolamide ophthalmic (eye) drops 0.1-2 %		Tier 1	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	(Combigan)	Tier 1	
brinzolamide ophthalmic (eye) drops,suspension 1 %	(Azopt)	Tier 1	
carteolol ophthalmic (eye) drops 1 %		Tier 1	
dorzolamide ophthalmic (eye) drops 2 %		Tier 1	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	(Cosopt (PF))	Tier 1	QL (2 EA per 1 day)
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	(Cosopt)	Tier 1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %		Tier 3	
IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 %		Tier 3	ST: Requires prior prescriptions for a generic prostaglandin analog and Lumigan within the past 365 days; QL (1 EA per 1 day)
latanoprost ophthalmic (eye) drops 0.005 %	(Xalatan)	Tier 1	
levobunolol ophthalmic (eye) drops 0.5 %		Tier 1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %		Tier 2	QL (2.5 ML per 25 days)
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %		Tier 3	SP
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %		Tier 1	
QLOSI OPHTHALMIC (EYE) DROPPERETTE 0.4 %		Tier 3	PA

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Drug		Status	Notes
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %		Tier 3	ST: Requires prior prescriptions for Latanoprost and one of the following: Alphagan P 0.1%, Azopt, Combigan, Lumigan 0.01%, Travatan Z, or Simbrinza within the past 365 days; QL (2.5 ML per 30 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %		Tier 3	ST: Requires prior prescriptions for Latanoprost and one of the following: Alphagan P 0.1%, Azopt, Brimonidine 0.2%, Combigan, Lumigan 0.01%, Simbrinza, or Travatan Z within the past 365 days; QL (2.5 ML per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %		Tier 2	
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	(Zioptan (PF))	Tier 1	QL (1 EA per 1 day)
timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %	(Timoptic Ocudose (PF))	Tier 1	QL (2 EA per 1 day)
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %		Tier 1	
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	(Istalol)	Tier 1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %		Tier 1	
timolol ophthalmic (eye) drops 0.5 %	(Betimol)	Tier 1	
travoprost ophthalmic (eye) drops 0.004 %	(Travatan Z)	Tier 1	QL (2.5 ML per 25 days)
VUITY OPHTHALMIC (EYE) DROPS 1.25 %		Tier 3	PA

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Drug	Status	Notes
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Tier 3	ST: Requires prior prescriptions for a generic prostaglandin analog and Lumigan within the past 365 days; QL (2.5 ML per 25 days)
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	Tier 3	ST: Requires prior prescriptions for a generic prostaglandin analog and Lumigan within the past 365 days; QL (2.5 ML per 25 days)
Mydriatics		
atropine ophthalmic (eye) drops 1 % (Isopto Atropine)	Tier 1	
atropine ophthalmic (eye) ointment 1 %	Tier 1	
atropine sulfate (pf) ophthalmic (eye) dropperette 1 %	Tier 1	
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	Tier 3	
cyclopentolate ophthalmic (eye) drops 1 % (Cyclogyl)	Tier 1	
cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %	Tier 1	
cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %-0.5 %, 1 %-1 %-2.5 %- 0.5 %	Tier 1	
cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %-2.5 %-0.4 %	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (homatropine hbr)	Tier 1	
MYDCOMBI OPHTHALMIC (EYE) CARTRIDGE 2.5-1 %	Tier 3	
phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %	Tier 1	
tropicamide ophthalmic (eye) drops 0.5 %	Tier 1	
tropicamide ophthalmic (eye) drops 1 % (Mydriacyl)	Tier 1	

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Drug	Status	Notes
Ophthalmic Antifibrotic Agents		
mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml	Tier 1	SP
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG	Tier 3	
Eye - Miscellaneous		
Agents For Corneal Collagen Cross-Linking		
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %	Tier 3	SP
PHOTREXA OPHTHALMIC (EYE) DROPS 0.146 %	Tier 3	SP
PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS 0.146 %	Tier 3	SP
Artificial Tears		
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	Tier 2	
Eye Preparations, Miscellaneous (Otc)		
GELFILM OPHTHALMIC (EYE) FILM	Tier 3	
Ophthalmic Cystine Depleting Agents		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	Tier 2	PA; SP
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	Tier 2	PA; SP
Fluid Replacement		
Nucleic Acid/Nucleotide Supplements		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	Tier 2	PA; SP
Gout And Related Diseases		
Colchicine		
colchicine oral capsule 0.6 mg (Mitigare)	Tier 1	QL (2 EA per 1 day)
colchicine oral tablet 0.6 mg (Colcrys)	Tier 1	QL (4 EA per 1 day)

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Drug		Status	Notes
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML		Tier 3	ST: Requires prior prescription for Colchicine capsules or tablets within the past 120 days; QL (10 ML per 1 day)
Hyperuricemia Tx - Purine Inhibitors			
allopurinol oral tablet 100 mg	(Zyloprim)	Tier 1	
allopurinol oral tablet 300 mg		Tier 1	
febuxostat oral tablet 40 mg, 80 mg	(Uloric)	Tier 1	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (30 EA per 30 days)
Uricosuric Agents			
probenecid oral tablet 500 mg		Tier 1	
probenecid-colchicine oral tablet 500-0.5 mg		Tier 1	
Uricosuric And Xanthine Oxidase Inhibitor Comb.			
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG		Tier 3	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (1 EA per 1 day)
Hematological Disorders			
Agents To Tx Thrombotic Thrombocytopenic Purpura			
CABLIVI INJECTION KIT 11 MG		Tier 3	PA; SP
CABLIVI INJECTION RECON SOLN 11 MG		Tier 3	PA; SP
Anticoagulants,Coumarin Type			
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	(warfarin)	Tier 1	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(Jantoven)	Tier 1	
Antifibrinolytic Agents			
aminocaproic acid oral solution 250 mg/ml (25 %)	(Amicar)	Tier 1	
aminocaproic acid oral tablet 1,000 mg, 500 mg	(Amicar)	Tier 1	

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Drug	Status	Notes
tranexamic acid oral tablet 650 mg	Tier 1	
Antihemophilic Factors		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	SP
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	Tier 2	SP
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 2	SP
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	Tier 3	SP
ALTUVIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	SP
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	Tier 2	SP
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	SP
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	Tier 3	SP
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	Tier 3	SP

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Drug	Status	Notes
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	Tier 3	SP
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	Tier 3	SP
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	Tier 3	SP
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	Tier 3	SP
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	SP
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	SP
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	SP
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	SP
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)	Tier 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 INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	Tier 3	SP

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Drug	Status	Notes
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG)	Tier 3	SP
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	Tier 3	SP
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	SP
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	SP
Blood Factors,Miscellaneous		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	Tier 3	SP
Citrates As Anticoagulants		
ACD SOLUTION A SOLUTION 2.45-2.2 GRAM- 800 MG/100 ML	Tier 3	
ACD-A SOLUTION , 2.45-2.2 GRAM-730 MG/100 ML	Tier 3	
anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml	Tier 1	
citric-sod citrat-sod phos-dex solution 0.327-2.63 gram/100 ml	Tier 1	
REGIOCIT (EUA) SOLUTION 5.03-5.29 GRAM/L	Tier 3	
sodium citrate in 0.9 % nacl solution 0.5 %	Tier 1	
sodium citrate intra-catheter solution 4 %	Tier 1	
sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)	Tier 1	
sodium citrate solution 4 gram /100 ml (4 %)	Tier 1	

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Drug	Status	Notes
Complement (C3) Inhibitors		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	Tier 3	PA; SP
Direct Factor Xa Inhibitors		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	Tier 2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	Tier 2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	Tier 2	QL (74 EA per 30 days)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	Tier 3	ST: Requires prior prescriptions for Eliquis and Xarelto within the past 365 days; QL (30 EA per 30 days)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	Tier 2	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	Tier 2	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG	Tier 2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG	Tier 2	QL (2 EA per 1 day)
XARELTO ORAL TABLET 2.5 MG (rivaroxaban)	Tier 2	QL (2 EA per 1 day)
Factor Ix Complex (Pcc) Preparations		
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
Factor Ix Preparations		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 3	SP
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 3	SP

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Drug	Status	Notes
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 3	SP
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 3	SP
Factor X Preparations		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 3	SP
Factor Xiii Preparations		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	Tier 3	SP
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT	Tier 3	SP
Hematinics,Other		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 3	PA; SP
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	Tier 3	PA; SP
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	Tier 3	PA; SP

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Drug	Status	Notes
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	Tier 3	PA; SP
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 3	PA; SP
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 2	PA; SP
Hemophilia Treatment Agents,Non-Factor Replacement		
ALHEMO PEN SUBCUTANEOUS PEN INJECTOR 150 MG/1.5 ML (100 MG/ML), 60 MG/1.5 ML (40 MG/ML)	Tier 3	PA; SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML	Tier 3	PA; SP
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 3	PA; SP
Hemorrheologic Agents		
pentoxifylline oral tablet extended release 400 mg	Tier 1	
Heparin And Related Preparations		
enoxaparin subcutaneous solution 300 mg/3 ml (Lovenox)	Tier 1	SP; QL (30 ML per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml (Lovenox)	Tier 1	SP
fondaparinux subcutaneous syringe 10 mg/0.8 ml (Arixtra)	Tier 1	SP; QL (24 ML per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml (Arixtra)	Tier 1	SP; QL (15 ML per 30 days)

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Drug	Status	Notes
fondaparinux subcutaneous syringe 5 mg/0.4 ml (Arixtra)	Tier 1	SP; QL (12 ML per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml (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)
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) INTRAVENOUS SOLUTION 10 UNIT/ML	Tier 1	
heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)	Tier 1	
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	Tier 1	
heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)	Tier 1	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	Tier 1	
heparin (porcine) injection syringe 5,000 unit/ml	Tier 1	

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Drug	Status	Notes
heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml	Tier 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML (heparin, porcine (pf))	Tier 1	
heparin, porcine (pf) injection solution 1,000 unit/ml	Tier 1	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml	Tier 1	
heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)	Tier 1	
heparin, porcine (pf) intravenous syringe 1 unit/ml	Tier 1	
heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml (Heparin LockFlush(Porcine)(PF))	Tier 1	
heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml	Tier 1	
Human Monoclonal Antibody Complement(C5) Inhibitor		
FABHALTA ORAL CAPSULE 200 MG	Tier 2	PA; SP
TAVNEOS ORAL CAPSULE 10 MG	Tier 3	PA; SP
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)	Tier 3	PA; SP
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML	Tier 3	PA; SP
Hypoxia Inducible Factor Prolyl Hydroxylase Inh.		
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	PA
VAFSEO ORAL TABLET 150 MG, 300 MG	Tier 3	PA
Leukocyte (Wbc) Stimulants		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 3	PA; SP
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 3	PA; SP
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 3	PA; SP

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Drug	Status	Notes
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 3	PA; SP
LEUKINE INJECTION RECON SOLN 250 MCG	Tier 3	PA; SP
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	Tier 3	PA; SP
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 3	PA; SP
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 3	PA; SP
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 3	PA; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 2	PA; SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 2	PA; SP
NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 3	PA; SP
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 3	PA; SP
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 3	PA; SP
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	Tier 3	PA; SP
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 3	PA; SP
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	Tier 3	PA; SP
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	Tier 3	PA; SP
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 3	PA; SP
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 3	PA; SP

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Drug		Status	Notes
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML		Tier 2	PA; SP
Plasma Proteins			
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG		Tier 3	PA; SP
Platelet Aggregation Inhibitors			
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	(aspirin)	$0	
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	(aspirin)	$0	
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG	(aspirin)	$0	
aspirin oral tablet,chewable 81 mg	(Aspirin Childrens)	$0	
aspirin oral tablet,delayed release (dr/ec) 81 mg	(Adult Aspirin Regimen)	$0	
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg		Tier 1	
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	(aspirin)	$0	
BRILINTA ORAL TABLET 60 MG, 90 MG		Tier 2	QL (2 EA per 1 day)
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG	(aspirin)	$0	
cilostazol oral tablet 100 mg, 50 mg		Tier 1	
clopidogrel oral tablet 300 mg		Tier 1	QL (4 EA per 30 days)
clopidogrel oral tablet 75 mg	(Plavix)	Tier 1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg		Tier 1	
prasugrel hcl oral tablet 10 mg, 5 mg	(Effient)	Tier 1	QL (1 EA per 1 day)
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG	(aspirin)	$0	
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	(aspirin)	$0	
ZONTIVITY ORAL TABLET 2.08 MG		Tier 3	QL (1 EA per 1 day)

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Drug		Status	Notes
Platelet Reducing Agents			
anagrelide oral capsule 0.5 mg	(Agrylin)	Tier 1	
anagrelide oral capsule 1 mg		Tier 1	
Pyruvate Kinase Activators			
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG		Tier 3	PA; SP
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)		Tier 3	PA; SP
Sickle Cell Anemia Agents			
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG		Tier 3	
ENDARI ORAL POWDER IN PACKET 5 GRAM	(glutamine (sickle cell))	Tier 3	PA; SP
glutamine (sickle cell) oral powder in packet 5 gram	(Endari)	Tier 1	PA; SP
SIKLOS ORAL TABLET 1,000 MG		Tier 3	ST: Requires prior prescriptions for generic Hydroxyurea and Droxia within the past 365 days
SIKLOS ORAL TABLET 100 MG		Tier 3	QL (2 EA per 1 day)
XROMI ORAL SOLUTION 100 MG/ML		Tier 3	PA
Spleen Tyrosine Kinase Inhibitors			
TAVALISSE ORAL TABLET 100 MG, 150 MG		Tier 2	PA; SP
Thrombin Inhibitors,Selective,Direct, & Reversible			
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	(Pradaxa)	Tier 1	QL (2 EA per 1 day)
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG		Tier 3	PA
Thrombopoietin Receptor Agonists			
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG		Tier 3	PA; SP
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG		Tier 2	PA; SP

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Drug	Status	Notes
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	Tier 2	PA; SP
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	Tier 2	PA; SP
MULPLETA ORAL TABLET 3 MG	Tier 3	PA; SP
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	Tier 2	PA; SP
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Tier 2	PA; SP
Topical Hemostatics		
ASTRINGYN TOPICAL SOLUTION 259 MG/G	Tier 3	
AVITENE FLOUR TOPICAL POWDER	Tier 3	
AVITENE TOPICAL POWDER IN PACKET	Tier 3	
AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM	Tier 3	
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM	Tier 3	
EVARREST TOPICAL ADHESIVE PATCH,MEDICATED 2 X 4 ", 4 X 4 "	Tier 3	
EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2)	Tier 3	
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT	Tier 3	
GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT	Tier 3	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200	Tier 3	
GELFOAM TOPICAL SPONGE 4	Tier 3	
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML	Tier 1	
RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT	Tier 3	
RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 3	

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Drug		Status	Notes
SYRINGE AVITENE TOPICAL POWDER		Tier 3	
TACHOSIL TOPICAL ADHESIVE PATCH,MEDICATED 4.8 X 4.8 CM, 9.5 X 4.8 CM		Tier 3	
THROMBI-GEL TOPICAL PADS, MEDICATED 10 CM2, 100 CM2, 40 CM2		Tier 1	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT		Tier 1	
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT		Tier 1	
THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT		Tier 1	
THROMBIN-JMI TOPICAL SPRAY,NON-AEROSOL 20,000 UNIT		Tier 1	
THROMBI-PAD TOPICAL PADS, MEDICATED 3 X 3 "		Tier 1	
ULTRAFOAM TOPICAL SPONGE 2 X 6.25 X 7 CM-CM-MM, 8 X 12.5 X 1 CM, 8 X 12.5 X 3 CM-CM-MM, 8 X 6.25 X 1 CM		Tier 3	
VISTASEAL-FIBRIN SEALANT TOPICAL SYRINGE 500 UNIT-80 MG /ML (10 ML), 500 UNIT-80 MG /ML (2 ML), 500 UNIT-80 MG /ML (4 ML)		Tier 3	
Vitamin K Preparations			
phytonadione (vitamin k1) injection solution 10 mg/ml	(Vitamin K1)	Tier 1	
phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml		Tier 1	
phytonadione (vitamin k1) oral tablet 5 mg		Tier 1	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML	(phytonadione (vitamin k1))	Tier 1	
VITAMIN K1 INJECTION SOLUTION 10 MG/ML	(phytonadione (vitamin k1))	Tier 1	

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Drug		Status	Notes
Hormonal Deficiency			
Androgen/Estrogen Preps For Female Sexual Dysfunc			
INTRAROSA VAGINAL INSERT 6.5 MG		Tier 3	ST: Requires prior prescriptions Premarin cream and one of the following: Estradiol cream or vaginal tablet within the past 365 days; QL (1 EA per 1 day)
Androgenic Agents			
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG		Tier 3	PA
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG		Tier 3	PA
METHITEST ORAL TABLET 10 MG	(methyltestosterone)	Tier 3	PA
methyltestosterone oral capsule 10 mg		Tier 1	PA
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION		Tier 3	PA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	(Depo-Testosterone)	Tier 1	PA
testosterone enanthate intramuscular oil 200 mg/ml		Tier 1	PA
testosterone transdermal gel 50 mg/5 gram (1 %)	(Testim)	Tier 1	PA
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation		Tier 1	PA
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	(Vogelxo)	Tier 1	PA
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	(AndroGel)	Tier 1	PA
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)	(AndroGel)	Tier 1	PA
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)		Tier 1	PA

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Drug		Status	Notes
TLANDO ORAL CAPSULE 112.5 MG		Tier 3	PA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML		Tier 3	PA
Estrogen & Progestin With Antimineralocorticoid Cb			
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG		Tier 3	
Estrogen & Selective Estrogen Recept Mod(Serm)Comb			
DUAVEE ORAL TABLET 0.45-20 MG		Tier 2	
Estrogen And Progestin Combinations			
BIJUVA ORAL CAPSULE 0.5-100 MG		Tier 2	QL (1 EA per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG		Tier 2	QL (30 EA per 30 days)
Estrogen/Androgen Combinations			
COVARYX H.S. ORAL TABLET 0.625-1.25 MG	(estrogens-methyltestosterone)	Tier 1	
COVARYX ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone)	Tier 1	
EEMT HS ORAL TABLET 0.625-1.25 MG	(estrogens-methyltestosterone)	Tier 1	
EEMT ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone)	Tier 1	
ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone)	Tier 1	
estrogens-methyltestosterone oral tablet 0.625-1.25 mg	(Covaryx H.S.)	Tier 1	
estrogens-methyltestosterone oral tablet 1.25-2.5 mg	(Covaryx)	Tier 1	
Estrogenic Agents			
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR		Tier 3	ST: Requires prior prescription for Combipatch within the past 120 days; QL (1 EA per 7 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR		Tier 2	QL (2 EA per 7 days)
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	(estradiol cypionate)	Tier 3	

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Drug		Status	Notes
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	(estradiol)	Tier 1	QL (2 EA per 7 days)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION		Tier 3	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (52 GM per 30 days)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	(Estrace)	Tier 1	
estradiol transdermal gel in metered-dose pump 1.25 gram/actuation	(EstroGel)	Tier 1	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days
estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%)	(Divigel)	Tier 1	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (30 EA per 30 days)
estradiol transdermal gel in packet 1 mg/gram (0.1 %)	(Divigel)	Tier 1	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (30 GM per 30 days)
estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)	(Divigel)	Tier 1	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (37.5 GM per 30 days)
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Dotti)	Tier 1	QL (2 EA per 7 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Climara)	Tier 1	QL (1 EA per 7 days)

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Drug		Status	Notes
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml	(Delestrogen)	Tier 1	
estradiol valerate intramuscular oil 40 mg/ml		Tier 1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg		Tier 1	
estradiol-norethindrone acet oral tablet 1-0.5 mg	(Mimvey)	Tier 1	
EVAMIST TRANSDERMAL SPRAY,NON-AEROSOL 1.53 MG/SPRAY (1.7%)		Tier 3	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (16.2 ML per 30 days)
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	(norethindrone ac-eth estradiol)	Tier 1	
JINTELI ORAL TABLET 1-5 MG-MCG	(norethindrone ac-eth estradiol)	Tier 1	
LYLLANA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	(estradiol)	Tier 1	QL (2 EA per 7 days)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG		Tier 3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR		Tier 3	QL (1 EA per 7 days)
MIMVEY ORAL TABLET 1-0.5 MG	(estradiol-norethindrone acet)	Tier 1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	(Fyavolv)	Tier 1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG		Tier 2	
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG	(conjugated estrogens)	Tier 2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)		Tier 2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		Tier 2	

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Drug		Status	Notes
Menopausal Symptoms Suppressant - Ssris			
paroxetine mesylate(menop.sym) oral capsule 7.5 mg		Tier 1	ST: Requires prior prescription for Paroxetine HCL or Venlafaxine within the past 120 days; QL (1 EA per 1 day)
Menopausal Symptoms Suppressant- Nk3 Receptor Antag			
VEOZAH ORAL TABLET 45 MG		Tier 3	
Progestational Agents			
CRINONE VAGINAL GEL 4 %		Tier 2	
GALLIFREY ORAL TABLET 5 MG	(norethindrone acetate)	Tier 1	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	Tier 1	
norethindrone acetate oral tablet 5 mg	(Gallifrey)	Tier 1	
progesterone intramuscular oil 50 mg/ml		Tier 1	
progesterone micronized oral capsule 100 mg, 200 mg	(Prometrium)	Tier 1	
Immunization			
Antisera			
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %		Tier 3	PA; SP
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)		Tier 3	PA; SP
GAMMAGARD LIQUID INJECTION SOLUTION 10 %		Tier 2	PA; SP
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)		Tier 3	PA; SP
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)		Tier 3	PA; SP

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Drug	Status	Notes
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 3	PA; SP
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 3	PA; SP
HYQVIA IG COMPONENT SUBCUTANEOUS SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 30 GRAM/300 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 3	PA; SP
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	Tier 3	PA; SP
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 3	PA; SP
Covid-19 Vaccines		
COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PFIZER COVID 2024-25(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Drug	Status	Notes
PFIZER COVID 2024-25(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Enteric Virus Vaccines		
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTATEQ VACCINE ORAL SOLUTION 2 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Gram Negative Cocci Vaccines		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Drug	Status	Notes
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Gram Positive Cocci Vaccines		
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Influenza Virus Vaccines		
AFLURIA TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AFLURIA TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Drug	Status	Notes
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST TRIVALENT 2024-2025 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE HIGH-DOSE TRIV 24-25 INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE QUAD SOUTH HEM2024(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE QUAD SOUTHERN HEM 2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Drug	Status	Notes
FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine/Toxoid Preparations,Combinations		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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

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Drug	Status	Notes
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Viral/Tumorigenic Vaccines		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Drug	Status	Notes
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Drug		Status	Notes
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML		$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Immunosuppression/Modulation			
Immunomodulators			
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML		Tier 3	PA; SP
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML		Tier 3	SP
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML		Tier 3	PA; SP
imiquimod topical cream in packet 5 %		Tier 1	QL (2 EA per 1 day)
KAZURI TOPICAL GEL 5-0.05-1 %	(imiquimod-tretinoin-levocetir)	Tier 3	
KERIDA TOPICAL GEL 5-0.1-30 %		Tier 3	
KYNARA TOPICAL GEL 5-1-2 %	(imiquimod-levocetirizin-niacin)	Tier 3	
QUIDROXZAR TOPICAL GEL 5-0.1-30 %		Tier 3	
QUIHOXAXIA TOPICAL GEL 5-1-2 %	(imiquimod-levocetirizin-niacin)	Tier 3	
QUIHOXVAR TOPICAL GEL 5-0.05-1 %	(imiquimod-tretinoin-levocetir)	Tier 3	
Immunosuppressives			
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	(tacrolimus)	Tier 3	ST: Requires prior prescription for generic Tacrolimus within the past 120 days
azathioprine oral tablet 100 mg, 75 mg	(Azasan)	Tier 1	
azathioprine oral tablet 50 mg	(Imuran)	Tier 1	
cyclosporine modified oral capsule 100 mg, 25 mg	(Gengraf)	Tier 1	
cyclosporine modified oral capsule 50 mg		Tier 1	
cyclosporine modified oral solution 100 mg/ml	(Gengraf)	Tier 1	
cyclosporine oral capsule 100 mg, 25 mg	(Sandimmune)	Tier 1	

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Drug		Status	Notes
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG		Tier 3	ST: Requires prior prescription for generic Tacrolimus within the past 120 days
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	(Zortress)	Tier 1	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	(cyclosporine modified)	Tier 1	
GENGRAF ORAL SOLUTION 100 MG/ML	(cyclosporine modified)	Tier 1	
LUPKYNIS ORAL CAPSULE 7.9 MG		Tier 3	PA; SP
mycophenolate mofetil oral capsule 250 mg	(CellCept)	Tier 1	
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	(CellCept)	Tier 1	
mycophenolate mofetil oral tablet 500 mg	(CellCept)	Tier 1	
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	(Myfortic)	Tier 1	
MYHIBBIN ORAL SUSPENSION 200 MG/ML		Tier 3	PA
NEORAL ORAL CAPSULE 100 MG, 25 MG	(cyclosporine modified)	Tier 3	
NEORAL ORAL SOLUTION 100 MG/ML	(cyclosporine modified)	Tier 3	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	(tacrolimus)	Tier 3	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG		Tier 2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	(cyclosporine)	Tier 3	
sirolimus oral solution 1 mg/ml		Tier 1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg		Tier 1	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	(Prograf)	Tier 1	
tacrolimus oral capsule,extended release 24hr 0.5 mg, 1 mg, 5 mg	(Astagraf XL)	Tier 1	ST: Requires prior prescription for generic Tacrolimus within the past 120 days

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Drug		Status	Notes
Rho Kinase Inhibitor			
REZUROCK ORAL TABLET 200 MG		Tier 2	PA; SP
Infectious Disease - Bacterial			
Absorbable Sulfonamides			
sulfadiazine oral tablet 500 mg		Tier 1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	(Sulfatrim)	Tier 1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	(Bactrim)	Tier 1	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	(Bactrim DS)	Tier 1	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML	(sulfamethoxazole-trimethoprim)	Tier 1	
Betalactams			
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML		Tier 2	PA; SP
Cephalosporins - 1St Generation			
cefadroxil oral capsule 500 mg		Tier 1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml		Tier 1	
cefadroxil oral tablet 1 gram		Tier 1	
cephalexin oral capsule 250 mg, 500 mg, 750 mg		Tier 1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		Tier 1	
cephalexin oral tablet 250 mg, 500 mg		Tier 1	
Cephalosporins - 2Nd Generation			
cefaclor oral capsule 250 mg, 500 mg		Tier 1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml		Tier 1	
cefaclor oral tablet extended release 12 hr 500 mg		Tier 1	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		Tier 1	
cefprozil oral tablet 250 mg, 500 mg		Tier 1	
cefuroxime axetil oral tablet 250 mg, 500 mg		Tier 1	

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Drug	Status	Notes
Cephalosporins - 3Rd Generation		
cefdinir oral capsule 300 mg	Tier 1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cefixime oral capsule 400 mg	Tier 1	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	Tier 1	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	Tier 1	
cefpodoxime oral tablet 100 mg, 200 mg	Tier 1	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	Tier 2	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	Tier 2	
Chemotherapeutics, Antibacterial, Misc.		
fosfomycin tromethamine oral packet 3 gram	Tier 1	
methenamine hippurate oral tablet 1 gram	Tier 1	
methenamine mandelate oral tablet 0.5 gram, 1 gram	Tier 1	
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg (Urogesic-Blue)	Tier 1	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	Tier 2	
trimethoprim oral tablet 100 mg	Tier 1	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG	Tier 2	
URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG	Tier 3	
URIMAR-T ORAL TABLET 120-10.8-0.12 MG	Tier 3	
URO-458 ORAL TABLET 81-10.8-40.8 MG	Tier 1	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (methen-sod phos-meth blue-hyos)	Tier 1	

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Drug		Status	Notes
URO-MP ORAL CAPSULE 118-10-40.8-36 MG		Tier 1	
Fecal Microbiota Transplantation (Fmt)			
REBYOTA RECTAL ENEMA 150 ML		Tier 3	PA; SP
VOWST ORAL CAPSULE		Tier 2	PA; SP
Macrolides			
azithromycin oral packet 1 gram	(Zithromax)	Tier 1	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	(Zithromax)	Tier 1	
azithromycin oral tablet 250 mg, 500 mg	(Zithromax)	Tier 1	
azithromycin oral tablet 600 mg		Tier 1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		Tier 1	
clarithromycin oral tablet 250 mg, 500 mg		Tier 1	
clarithromycin oral tablet extended release 24 hr 500 mg		Tier 1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML		Tier 2	QL (10 ML per 1 day)
DIFICID ORAL TABLET 200 MG		Tier 2	QL (20 EA per 10 days)
E.E.S. 400 ORAL TABLET 400 MG	(erythromycin ethylsuccinate)	Tier 1	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 500 MG	(erythromycin)	Tier 1	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	(erythromycin stearate)	Tier 1	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	(E.E.S. Granules)	Tier 1	
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml	(EryPed 400)	Tier 1	
erythromycin ethylsuccinate oral tablet 400 mg	(E.E.S. 400)	Tier 1	
erythromycin oral capsule,delayed release(dr/ec) 250 mg		Tier 1	
erythromycin oral tablet 250 mg, 500 mg		Tier 1	

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Drug		Status	Notes
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	(Ery-Tab)	Tier 1	
Nitrofuran Derivatives			
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg		Tier 1	
nitrofurantoin macrocrystal oral capsule 25 mg		Tier 1	QL (4 EA per 1 day)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	(Macrobid)	Tier 1	
nitrofurantoin oral suspension 25 mg/5 ml	(Furadantin)	Tier 1	PA
Oxazolidinones			
linezolid oral suspension for reconstitution 100 mg/5 ml	(Zyvox)	Tier 1	
linezolid oral tablet 600 mg	(Zyvox)	Tier 1	
SIVEXTRO ORAL TABLET 200 MG		Tier 2	PA
Penicillins			
amoxicillin oral capsule 250 mg, 500 mg		Tier 1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml		Tier 1	
amoxicillin oral tablet 500 mg, 875 mg		Tier 1	
amoxicillin oral tablet,chewable 125 mg, 250 mg		Tier 1	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml		Tier 1	
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml	(Augmentin)	Tier 1	
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml	(Augmentin ES-600)	Tier 1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg		Tier 1	
amoxicillin-pot clavulanate oral tablet 500-125 mg	(Augmentin)	Tier 1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	(Augmentin XR)	Tier 1	

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Drug		Status	Notes
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg		Tier 1	
ampicillin oral capsule 500 mg		Tier 1	
dicloxacillin oral capsule 250 mg, 500 mg		Tier 1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	(amoxicillin)	Tier 3	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml		Tier 1	
penicillin v potassium oral tablet 250 mg, 500 mg		Tier 1	
PIVYA ORAL TABLET 185 MG		Tier 3	PA
Pleuromutilin Derivatives			
XENLETA ORAL TABLET 600 MG		Tier 3	PA
Quinolones			
BAXDELA ORAL TABLET 450 MG		Tier 3	PA
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	(ciprofloxacin)	Tier 2	
ciprofloxacin hcl oral tablet 100 mg, 750 mg		Tier 1	
ciprofloxacin hcl oral tablet 250 mg, 500 mg	(Cipro)	Tier 1	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	(Cipro)	Tier 1	
levofloxacin oral solution 250 mg/10 ml		Tier 1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg		Tier 1	
moxifloxacin oral tablet 400 mg		Tier 1	
ofloxacin oral tablet 300 mg, 400 mg		Tier 1	
Tetracyclines			
demeclocycline oral tablet 150 mg, 300 mg		Tier 1	
doxycycline hyclate oral capsule 100 mg		Tier 1	QL (2 EA per 1 day)
doxycycline hyclate oral capsule 50 mg	(Morgidox)	Tier 1	QL (2 EA per 1 day)
doxycycline hyclate oral tablet 100 mg		Tier 1	

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Drug		Status	Notes
doxycycline hyclate oral tablet 150 mg	(Acticlate)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 150mg tablets within the past 120 days; QL (2 EA per 1 day)
doxycycline hyclate oral tablet 50 mg	(Targadox)	Tier 1	ST: 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 capsule,ir - delay rel,biphase 40 mg	(Oracea)	Tier 1	ST: Requires prior prescription for generic Doxycycline or Minocycline within the past 120 days; QL (1 EA per 1 day); Age (Min 18 Years)
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml		Tier 1	
doxycycline monohydrate oral tablet 100 mg	(Avidoxy)	Tier 1	QL (2 EA per 1 day)

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Drug		Status	Notes
doxycycline monohydrate oral tablet 150 mg		Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral tablet 50 mg, 75 mg		Tier 1	
EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG		Tier 3	PA
minocycline oral capsule 100 mg, 50 mg, 75 mg		Tier 1	
minocycline oral tablet 100 mg, 50 mg, 75 mg		Tier 1	
MONDOXYNE NL ORAL CAPSULE 100 MG	(doxycycline monohydrate)	Tier 1	
MONDOXYNE NL ORAL CAPSULE 75 MG	(doxycycline monohydrate)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
NUZYRA ORAL TABLET 150 MG		Tier 3	PA
tetracycline oral capsule 250 mg, 500 mg		Tier 1	
Infectious Disease - Fungal			
Antifungal Agents			
clotrimazole mucous membrane troche 10 mg		Tier 1	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG		Tier 3	PA
fluconazole oral suspension for reconstitution 10 mg/ml		Tier 1	
fluconazole oral suspension for reconstitution 40 mg/ml	(Diflucan)	Tier 1	
fluconazole oral tablet 100 mg, 200 mg	(Diflucan)	Tier 1	
fluconazole oral tablet 150 mg, 50 mg		Tier 1	
flucytosine oral capsule 250 mg, 500 mg	(Ancobon)	Tier 1	
itraconazole oral capsule 100 mg	(Sporanox)	Tier 1	
itraconazole oral solution 10 mg/ml	(Sporanox)	Tier 1	
ketoconazole oral tablet 200 mg		Tier 1	

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Drug		Status	Notes
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG		Tier 3	PA
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG		Tier 3	
posaconazole oral suspension 200 mg/5 ml (40 mg/ml)	(Noxafil)	Tier 1	PA
posaconazole oral tablet,delayed release (dr/ec) 100 mg	(Noxafil)	Tier 1	PA
terbinafine hcl oral tablet 250 mg		Tier 1	
VIVJOA ORAL CAPSULE 150 MG		Tier 3	PA
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	(Vfend)	Tier 1	
voriconazole oral tablet 200 mg		Tier 1	
voriconazole oral tablet 50 mg	(Vfend)	Tier 1	
Antifungal Antibiotics			
BREXAFEMME ORAL TABLET 150 MG		Tier 3	PA
griseofulvin microsize oral suspension 125 mg/5 ml		Tier 1	
griseofulvin microsize oral tablet 500 mg		Tier 1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg		Tier 1	
nystatin oral suspension 100,000 unit/ml		Tier 1	
nystatin oral tablet 500,000 unit		Tier 1	
Infectious Disease - Miscellaneous			
Aminoglycosides			
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML		Tier 3	PA; SP
neomycin oral tablet 500 mg		Tier 1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG		Tier 2	PA; SP
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	(Tobi)	Tier 1	PA; SP
tobramycin inhalation solution for nebulization 300 mg/4 ml	(Bethkis)	Tier 1	PA; SP
tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml	(Kitabis Pak)	Tier 1	PA; SP

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Drug		Status	Notes
Antibacterial Agents,Miscellaneous			
glycine urologic solution irrigation solution 1.5 %	(Glycine Urologic)	Tier 1	
Antileprotics			
dapsone oral tablet 100 mg, 25 mg		Tier 1	
THALOMID ORAL CAPSULE 100 MG, 50 MG		Tier 2	PA; SP
Anti-Mycobacterium Agents			
ethambutol oral tablet 100 mg, 400 mg		Tier 1	
isoniazid oral solution 50 mg/5 ml		Tier 1	
isoniazid oral tablet 100 mg, 300 mg		Tier 1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM		Tier 3	
pyrazinamide oral tablet 500 mg		Tier 1	
rifabutin oral capsule 150 mg		Tier 1	
TRECATOR ORAL TABLET 250 MG		Tier 3	
Antitubercular Antibiotics			
cycloserine oral capsule 250 mg		Tier 1	
pretomanid oral tablet 200 mg		Tier 3	QL (1 EA per 1 day)
PRIFTIN ORAL TABLET 150 MG		Tier 3	
rifampin oral capsule 150 mg, 300 mg		Tier 1	
SIRTURO ORAL TABLET 100 MG, 20 MG		Tier 3	PA; SP
Lincosamides			
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin HCl)	Tier 1	
clindamycin palmitate hcl oral recon soln 75 mg/5 ml	(Clindamycin Pediatric)	Tier 1	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	(clindamycin palmitate hcl)	Tier 1	

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Drug		Status	Notes
Rifamycins And Related Derivative Antibiotics			
AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC) 194 MG		Tier 3	ST: Requires prior prescription for generic oral Ciprofloxacin, Azithromycin, Levofloxacin, or Ofloxacin within the past 120 days; QL (12 EA per 1 FILL)
XIFAXAN ORAL TABLET 200 MG		Tier 3	PA
XIFAXAN ORAL TABLET 550 MG		Tier 2	PA
Vancomycin And Derivatives			
vancomycin oral capsule 125 mg	(Vancocin)	Tier 1	QL (56 EA per 1 FILL)
vancomycin oral capsule 250 mg	(Vancocin)	Tier 1	QL (112 EA per 1 FILL)
vancomycin oral recon soln 25 mg/ml	(Firvanq)	Tier 1	QL (300 ML per 1 FILL)
vancomycin oral recon soln 50 mg/ml	(Firvanq)	Tier 1	QL (600 ML per 1 FILL)
Infectious Disease - Parasitic			
2Nd Gen. Anaerobic Antiprotozoal-Antibacterial			
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM		Tier 3	ST: At least 2 prior prescriptions for Clindamycin, vaginal Clindamycin cream, oral Metronidazole, vaginal Metronidazole gel, or Tinidazole within the past 365 days; QL (1 EA per 30 days)
tinidazole oral tablet 250 mg, 500 mg		Tier 1	
Amebacides			
paromomycin oral capsule 250 mg	(Humatin)	Tier 1	
Anaerobic Antiprotozoal-Antibacterial Agents			
LIKMEZ ORAL SUSPENSION 500 MG/5 ML		Tier 3	PA
metronidazole oral capsule 375 mg	(Flagyl)	Tier 1	
metronidazole oral tablet 250 mg, 500 mg		Tier 1	

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Drug		Status	Notes
Anthelmintics			
albendazole oral tablet 200 mg		Tier 1	
EGATEN ORAL TABLET 250 MG		Tier 3	
EMVERM ORAL TABLET,CHEWABLE 100 MG	(mebendazole)	Tier 2	PA
ivermectin oral tablet 3 mg	(Stromectol)	Tier 1	
praziquantel oral tablet 600 mg	(Biltricide)	Tier 1	
Antimalarial Drugs			
ARAKODA ORAL TABLET 100 MG		Tier 3	
atovaquone-proguanil oral tablet 250-100 mg	(Malarone)	Tier 1	
atovaquone-proguanil oral tablet 62.5-25 mg	(Malarone Pediatric)	Tier 1	
chloroquine phosphate oral tablet 250 mg		Tier 1	QL (36 EA per 16 days)
chloroquine phosphate oral tablet 500 mg		Tier 1	QL (18 EA per 16 days)
COARTEM ORAL TABLET 20-120 MG		Tier 3	
hydroxychloroquine oral tablet 100 mg		Tier 1	QL (180 EA per 30 days)
hydroxychloroquine oral tablet 200 mg	(Sovuna)	Tier 1	QL (100 EA per 30 days)
hydroxychloroquine oral tablet 300 mg	(Sovuna)	Tier 1	QL (60 EA per 30 days)
hydroxychloroquine oral tablet 400 mg		Tier 1	QL (60 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG		Tier 2	QL (2 EA per 1 FILL)
mefloquine oral tablet 250 mg		Tier 1	
primaquine oral tablet 26.3 mg (15 mg base)		Tier 2	
pyrimethamine oral tablet 25 mg	(Daraprim)	Tier 1	PA; SP
quinine sulfate oral capsule 324 mg	(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)
Antiparasitics			
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML		Tier 3	QL (50 ML per 1 day)
nitazoxanide oral tablet 500 mg	(Alinia)	Tier 1	QL (2 EA per 1 day)
Antiprotozoal Drugs,Miscellaneous			
atovaquone oral suspension 750 mg/5 ml	(Mepron)	Tier 1	

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Drug	Status	Notes
benznidazole oral tablet 100 mg, 12.5 mg	Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG	Tier 2	PA
LAMPIT ORAL TABLET 120 MG, 30 MG	Tier 3	
pentamidine inhalation recon soln 300 mg (Nebupent)	Tier 1	
Infectious Disease - Viral		
Antiretroviral - Capsid Inhibitors		
SUNLENCA ORAL TABLET 300 MG	Tier 2	PA; SP
Antiretroviral-Integrase Inhibitor And Nnrti Comb.		
JULUCA ORAL TABLET 50-25 MG	Tier 2	SP; QL (1 EA per 1 day)
Antiretroviral-Integrase Inhibitor And Nrti Comb.		
DOVATO ORAL TABLET 50-300 MG	Tier 2	SP; QL (1 EA per 1 day)
Antiretroviral-Nucleoside,Nucleotide,Protease Inh.		
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 2	SP; QL (1 EA per 1 day)
Antiviral - Main Protease (Mpro) Inhibitor		
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	Tier 2	QL (20 EA per 28 days); Age (Min 12 Years)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	Tier 2	QL (30 EA per 28 days); Age (Min 12 Years)
Antiviral Monoclonal Antibodies		
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML	$0	PA; $0 COPAY IF QUANTITY LIMITED TO 2, FILL OF 2 IN 120 DAYS, AND 19 MONTHS OF AGE OR YOUNGER
BEYFORTUS INTRAMUSCULAR SYRINGE 50 MG/0.5 ML	$0	PA; $0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 2 IN 120 DAYS, AND 19 MONTHS OF AGE OR YOUNGER
Antiviral Nucleotide Analogs		
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	Tier 1	QL (40 EA per 29 days); Age (Min 18 Years)

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Drug		Status	Notes
Antivirals, General			
acyclovir oral capsule 200 mg		Tier 1	
acyclovir oral suspension 200 mg/5 ml	(Zovirax)	Tier 1	
acyclovir oral tablet 400 mg, 800 mg		Tier 1	
famciclovir oral tablet 125 mg, 250 mg, 500 mg		Tier 1	
LIVTENCITY ORAL TABLET 200 MG		Tier 2	PA; SP
oseltamivir oral capsule 30 mg	(Tamiflu)	Tier 1	QL (40 EA per 180 days)
oseltamivir oral capsule 45 mg, 75 mg	(Tamiflu)	Tier 1	QL (20 EA per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	(Tamiflu)	Tier 1	QL (360 ML per 180 days)
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG		Tier 3	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG		Tier 3	PA
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION		Tier 3	QL (40 EA per 180 days)
ribavirin inhalation recon soln 6 gram	(Virazole)	Tier 1	
rimantadine oral tablet 100 mg	(Flumadine)	Tier 1	
TEMBEXA ORAL SUSPENSION 10 MG/ML		Tier 2	
TEMBEXA ORAL TABLET 100 MG		Tier 2	
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG		Tier 2	
valacyclovir oral tablet 1 gram, 500 mg	(Valtrex)	Tier 1	
valganciclovir oral recon soln 50 mg/ml	(Valcyte)	Tier 1	
valganciclovir oral tablet 450 mg	(Valcyte)	Tier 1	
XOFLUZA ORAL TABLET 20 MG, 40 MG		Tier 2	QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 80 MG		Tier 2	QL (2 EA per 180 days)
Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib			
APTIVUS ORAL CAPSULE 250 MG		Tier 2	SP; QL (4 EA per 1 day)
darunavir oral tablet 600 mg	(Prezista)	Tier 1	SP; QL (2 EA per 1 day)
darunavir oral tablet 800 mg	(Prezista)	Tier 1	SP; QL (1 EA per 1 day)

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Drug		Status	Notes
PREZCOBIX ORAL TABLET 800-150 MG-MG		Tier 3	SP; QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML		Tier 2	SP; QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG		Tier 2	SP; QL (8 EA per 1 day)
PREZISTA ORAL TABLET 75 MG		Tier 2	SP; QL (16 EA per 1 day)
Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog			
CIMDUO ORAL TABLET 300-300 MG		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 AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	(Truvada)	Tier 1	SP; QL (1 EA per 1 day)
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	(Truvada)	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY AND AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb			
abacavir-lamivudine oral tablet 600-300 mg		Tier 1	SP; QL (1 EA per 1 day)
lamivudine-zidovudine oral tablet 150-300 mg		Tier 1	SP; QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.			
maraviroc oral tablet 150 mg	(Selzentry)	Tier 1	SP; QL (2 EA per 1 day)
maraviroc oral tablet 300 mg	(Selzentry)	Tier 1	SP; QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML		Tier 2	SP; QL (31 ML per 1 day)

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

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Drug		Status	Notes
lamivudine oral solution 10 mg/ml	(Epivir)	Tier 1	SP; QL (960 ML per 30 days)
lamivudine oral tablet 150 mg	(Epivir)	Tier 1	SP; QL (2 EA per 1 day)
lamivudine oral tablet 300 mg	(Epivir)	Tier 1	SP; QL (1 EA per 1 day)
stavudine oral capsule 15 mg, 20 mg		Tier 1	SP; QL (2 EA per 1 day)
zidovudine oral capsule 100 mg	(Retrovir)	Tier 1	SP; QL (6 EA per 1 day)
zidovudine oral syrup 10 mg/ml	(Retrovir)	Tier 1	SP; QL (1920 ML per 30 days)
zidovudine oral tablet 300 mg		Tier 1	SP; QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Nucleotide Analog, Rti			
tenofovir disoproxil fumarate oral tablet 300 mg	(Viread)	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY AND AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)		Tier 2	SP; QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		Tier 2	SP; QL (1 EA per 1 day)
Antivirals, Hiv-Specific, Protease Inhibitor Comb			
lopinavir-ritonavir oral solution 400-100 mg/5 ml	(Kaletra)	Tier 1	SP; QL (480 ML per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	(Kaletra)	Tier 1	SP; QL (10 EA per 1 day)
lopinavir-ritonavir oral tablet 200-50 mg	(Kaletra)	Tier 1	SP; QL (4 EA per 1 day)
Antivirals, Hiv-Specific, Protease Inhibitors			
atazanavir oral capsule 150 mg		Tier 1	SP; QL (2 EA per 1 day)
atazanavir oral capsule 200 mg	(Reyataz)	Tier 1	SP; QL (2 EA per 1 day)
atazanavir oral capsule 300 mg	(Reyataz)	Tier 1	SP; QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG		Tier 2	SP; QL (1 EA per 1 day)
fosamprenavir oral tablet 700 mg		Tier 1	SP; QL (4 EA per 1 day)
NORVIR ORAL CAPSULE 100 MG		Tier 2	SP; QL (12 EA per 1 day)
NORVIR ORAL POWDER IN PACKET 100 MG		Tier 2	SP; QL (12 EA per 1 day)

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Drug		Status	Notes
REYATAZ ORAL POWDER IN PACKET 50 MG		Tier 2	SP; QL (5 EA per 1 day)
ritonavir oral tablet 100 mg	(Norvir)	Tier 1	SP; QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG		Tier 2	SP
Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr			
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	(cabotegravir)	$0	$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)	(Apretude)	$0	$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
ISENTRESS HD ORAL TABLET 600 MG		Tier 2	SP; QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG		Tier 2	SP; QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG		Tier 2	SP; QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG		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 ORAL TABLET FOR SUSPENSION 5 MG		Tier 2	SP; QL (6 EA per 1 day)
VOCABRIA ORAL TABLET 30 MG		Tier 2	SP; QL (1 EA per 1 day); Age (Min 12 Years)
Artv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti			
COMPLERA ORAL TABLET 200-25-300 MG		Tier 3	SP; QL (1 EA per 1 day)

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Drug		Status	Notes
DELSTRIGO ORAL TABLET 100-300-300 MG		Tier 3	SP; QL (1 EA per 1 day)
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg		Tier 1	SP; QL (1 EA per 1 day)
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg	(Symfi Lo)	Tier 1	SP; QL (1 EA per 1 day)
efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg	(Symfi)	Tier 1	SP; QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG		Tier 2	SP; QL (1 EA per 1 day)
Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor			
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG		Tier 2	SP; QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG		Tier 2	SP; QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG		Tier 2	SP; QL (1 EA per 1 day)
Arv Comb-Nrtis & Integrase Inhibitor			
TRIUMEQ ORAL TABLET 600-50-300 MG		Tier 2	SP; QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG		Tier 2	SP; QL (6 EA per 1 day)
Cytochrome P450 Inhibitors			
TYBOST ORAL TABLET 150 MG		Tier 2	QL (1 EA per 1 day)
Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo			
VOSEVI ORAL TABLET 400-100-100 MG		Tier 2	PA; SP
Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo.			
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG		Tier 2	PA; SP
EPCLUSA ORAL TABLET 200-50 MG		Tier 2	PA; SP
EPCLUSA ORAL TABLET 400-100 MG	(sofosbuvir-velpatasvir)	Tier 2	PA; SP
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG		Tier 2	PA; SP
HARVONI ORAL TABLET 45-200 MG		Tier 2	PA; SP

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Drug		Status	Notes
HARVONI ORAL TABLET 90-400 MG	(ledipasvir-sofosbuvir)	Tier 2	PA; SP
Hep C Virus,Nucleotide Analog Ns5b Polymerase Inh			
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG		Tier 3	PA; SP
SOVALDI ORAL TABLET 200 MG, 400 MG		Tier 3	PA; SP
Hepatitis B Treatment Agents			
adefovir oral tablet 10 mg	(Hepsera)	Tier 1	SP; QL (1 EA per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML		Tier 2	SP; QL (630 ML per 30 days)
entecavir oral tablet 0.5 mg, 1 mg	(Baraclude)	Tier 1	SP; QL (1 EA per 1 day)
lamivudine oral tablet 100 mg		Tier 1	QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG		Tier 2	SP; QL (1 EA per 1 day)
Hepatitis C Treatment Agents			
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		Tier 2	PA; SP
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML		Tier 2	PA; SP
ribavirin oral capsule 200 mg		Tier 1	
ribavirin oral tablet 200 mg		Tier 1	
Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb			
MAVYRET ORAL PELLETS IN PACKET 50-20 MG		Tier 3	PA; SP
MAVYRET ORAL TABLET 100-40 MG		Tier 3	PA; SP
ZEPATIER ORAL TABLET 50-100 MG		Tier 3	PA; SP
Inflammatory Disease			
Anti-Arthritic And Chelating Agents			
CUPRIMINE ORAL CAPSULE 250 MG	(penicillamine)	Tier 3	PA; SP
D-PENAMINE ORAL TABLET 125 MG		Tier 1	PA; SP
penicillamine oral capsule 250 mg	(Cuprimine)	Tier 1	PA; SP
penicillamine oral tablet 250 mg	(Depen Titratabs)	Tier 1	PA; SP

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Drug	Status	Notes
Anti-Arthritic, Folate Antagonist Agents		
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	Tier 2	QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (2.4 ML per 28 days)

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Drug		Status	Notes
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML		Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (0.6 ML per 28 days)
Anti-Flam. Interleukin-1 Receptor Antagonist			
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG		Tier 3	PA; SP
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML		Tier 3	PA; SP
Anti-Inflammatory Tumor Necrosis Factor Inhibitor			
adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml	(Hyrimoz(CF) Pen)	Tier 2	PA; SP
adalimumab-adaz subcutaneous pen injector 80 mg/0.8 ml	(Hyrimoz Pen Crohn's-UC Starter)	Tier 2	PA; SP
adalimumab-adaz subcutaneous syringe 20 mg/0.2 ml, 40 mg/0.4 ml	(Hyrimoz(CF))	Tier 2	PA; SP
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)		Tier 3	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)		Tier 3	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2)		Tier 3	PA; SP
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)		Tier 2	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML		Tier 2	PA; SP
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)		Tier 2	PA; SP
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)		Tier 2	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML		Tier 2	PA; SP; PA REQUIRES TRIAL OF PREFERRED BIOSIMILARS FOR NEW PATIENTS

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Drug	Status	Notes
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 2	PA; SP; PA REQUIRES TRIAL OF PREFERRED BIOSIMILARS FOR NEW PATIENTS
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 2	PA; SP; PA REQUIRES TRIAL OF PREFERRED BIOSIMILARS FOR NEW PATIENTS
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 2	PA; SP; PA REQUIRES TRIAL OF PREFERRED BIOSIMILARS FOR NEW PATIENTS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 2	PA; SP; PA REQUIRES TRIAL OF PREFERRED BIOSIMILARS FOR NEW PATIENTS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 2	PA; SP; PA REQUIRES TRIAL OF PREFERRED BIOSIMILARS FOR NEW PATIENTS
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML (adalimumab-ryvk)	Tier 2	PA; SP
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 80 MG/0.8 ML	Tier 2	PA; SP
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML (adalimumab-ryvk)	Tier 2	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	Tier 3	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	Tier 3	PA; SP
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	Tier 3	PA; SP
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	Tier 3	PA; SP
Anti-Inflammatory, Pyrimidine Synthesis Inhibitor		
leflunomide oral tablet 10 mg, 20 mg (Arava)	Tier 1	

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Drug		Status	Notes
Anti-Inflammatory,Phosphodiesterase-4(Pde4) Inhib.			
OTEZLA ORAL TABLET 20 MG, 30 MG		Tier 2	PA; SP
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)		Tier 2	PA; SP
Anti-Inflammatory/Antiarthritics Agents, Misc.			
DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML		Tier 3	PA
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION)		Tier 2	PA
GEL-ONE INTRA-ARTICULAR SYRINGE 30 MG/3 ML		Tier 3	PA
GELSYN-3 INTRA-ARTICULAR SYRINGE 16.8 MG/2 ML		Tier 3	PA
GENVISC 850 INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 3	PA
HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML		Tier 3	PA
HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 3	PA
HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML		Tier 3	PA
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML		Tier 3	PA
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML		Tier 3	PA
SUPARTZ FX INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 3	PA
SYNOJOYNT INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 3	PA
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML		Tier 2	PA
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML		Tier 2	PA

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Drug		Status	Notes
TRILURON INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 3	PA
TRIVISC INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 3	PA
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 3	PA
Antinflammatory, Sel.Costim.Mod.,T-Cell Inhibitor			
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML		Tier 3	PA; SP
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML		Tier 3	PA; SP
Bradykinin B2 Receptor Antagonists			
icatibant subcutaneous syringe 30 mg/3 ml	(Sajazir)	Tier 1	PA; SP
SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML	(icatibant)	Tier 1	PA; SP
C1 Esterase Inhibitors			
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)		Tier 3	PA; SP
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML)		Tier 3	PA; SP
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)		Tier 3	PA; SP
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT		Tier 3	PA; SP
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT		Tier 3	PA; SP
Glucocorticoids			
AGAMREE ORAL SUSPENSION 40 MG/ML		Tier 3	PA; SP
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG		Tier 3	PA; SP
BETALOAN SUIK KIT 6 MG/ML		Tier 3	
budesonide oral capsule,delayed,extend.release 3 mg		Tier 1	

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Drug		Status	Notes
budesonide oral tablet,delayed and ext.release 9 mg	(Uceris)	Tier 1	ST: Requires prior prescription for Balsalazide within the past 120 days
cortisone oral tablet 25 mg		Tier 1	
deflazacort oral suspension 22.75 mg/ml	(Emflaza)	Tier 1	PA; SP
deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg	(Emflaza)	Tier 1	PA; SP
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML		Tier 3	
dexamethasone oral elixir 0.5 mg/5 ml		Tier 1	
dexamethasone oral solution 0.5 mg/5 ml		Tier 1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg		Tier 1	
DEXONTO IONTOPHORETIC SOLUTION 0.4 %		Tier 3	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	(deflazacort)	Tier 3	PA; SP
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML		Tier 3	PA; SP
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	(Cortef)	Tier 1	
hydrocortisone sod succinate injection recon soln 100 mg	(Solu-Cortef)	Tier 1	
MEDROL ORAL TABLET 2 MG		Tier 2	
MEDROLOAN II SUIK KIT 40 MG/ML		Tier 3	
MEDROLOAN SUIK KIT 40 MG/ML		Tier 3	
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg	(Medrol)	Tier 1	
methylprednisolone oral tablet 32 mg		Tier 1	
methylprednisolone oral tablets,dose pack 4 mg	(Medrol (Pak))	Tier 1	
prednisolone oral solution 15 mg/5 ml		Tier 1	
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)		Tier 1	

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Drug		Status	Notes
prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)	(Veripred 20)	Tier 1	
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)	(Pediapred)	Tier 1	
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	(Orapred ODT)	Tier 1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML		Tier 2	
prednisone oral solution 5 mg/5 ml		Tier 1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		Tier 1	
prednisone oral tablets,dose pack 10 mg, 5 mg		Tier 1	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML		Tier 3	
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG		Tier 3	PA; SP
TRILOAN II SUIK KIT 40 MG/ML		Tier 3	
TRILOAN SUIK KIT 40 MG/ML		Tier 3	
Gold Salts			
auranofin oral capsule 3 mg	(Ridaura)	Tier 1	
RIDAURA ORAL CAPSULE 3 MG	(auranofin)	Tier 3	
Hypertrichotic Agents, Systemic/Incl. Combinations			
LITFULO ORAL CAPSULE 50 MG		Tier 3	PA; SP
Immunomodulator,B-Lymphocyte Stim(Blys)-Spec Inhib			
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML		Tier 3	PA; SP
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML		Tier 3	PA; SP
Interleukin-6 (Il-6) Receptor Inhibitors			
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML		Tier 3	PA; SP

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Drug	Status	Notes
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 3	PA; SP
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 3	PA; SP
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 3	PA; SP
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 3	PA; SP
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 3	PA; SP
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 3	PA; SP
Janus Kinase (Jak) Inhibitors		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	Tier 3	PA; SP
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 3	PA; SP
RINVOQ LQ ORAL SOLUTION 1 MG/ML	Tier 2	PA; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	Tier 2	PA; SP
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 2	PA; SP
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 2	PA; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	Tier 2	PA; SP
Mineralocorticoids		
fludrocortisone oral tablet 0.1 mg	Tier 1	
Monoclonal Antibody-Human Interleukin 12/23 Inhib		
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 2	PA; SP
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 2	PA; SP
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 2	PA; SP

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Drug		Status	Notes
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML		Tier 2	PA; SP
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML		Tier 2	PA; SP
Nsaids (Cox Non-Specific Inhib)& Prostaglandin Cmb			
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg	(Arthrotec 50)	Tier 1	
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg	(Arthrotec 75)	Tier 1	
Nsaids, Cyclooxygenase 2 Inhibitor - Type			
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(Celebrex)	Tier 1	
Nsaids, Cyclooxygenase Inhibitor-Type			
diclofenac potassium oral tablet 50 mg		Tier 1	
diclofenac sodium oral tablet extended release 24 hr 100 mg		Tier 1	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg		Tier 1	
EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG	(naproxen)	Tier 1	
etodolac oral capsule 200 mg, 300 mg		Tier 1	
etodolac oral tablet 400 mg	(Lodine)	Tier 1	
etodolac oral tablet 500 mg		Tier 1	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg		Tier 1	
flurbiprofen oral tablet 100 mg		Tier 1	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	(ibuprofen)	Tier 1	
ibuprofen oral suspension 100 mg/5 ml	(Children's Advil)	Tier 1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	(IBU)	Tier 1	
indomethacin oral capsule 25 mg, 50 mg		Tier 1	

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Drug		Status	Notes
indomethacin oral capsule, extended release 75 mg		Tier 1	
indomethacin rectal suppository 100 mg		Tier 1	
ketoprofen oral capsule 25 mg	(Kiprofen)	Tier 1	
ketoprofen oral capsule 50 mg, 75 mg		Tier 1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg		Tier 1	
ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)		Tier 1	
ketorolac injection syringe 15 mg/ml, 30 mg/ml		Tier 1	
ketorolac intramuscular solution 60 mg/2 ml		Tier 1	
ketorolac intramuscular syringe 60 mg/2 ml		Tier 1	
ketorolac oral tablet 10 mg		Tier 1	QL (20 EA per 5 days)
KIPROFEN ORAL CAPSULE 25 MG	(ketoprofen)	Tier 1	
meclofenamate oral capsule 100 mg, 50 mg		Tier 1	
mefenamic acid oral capsule 250 mg		Tier 1	
meloxicam oral suspension 7.5 mg/5 ml		Tier 1	
meloxicam oral tablet 15 mg, 7.5 mg		Tier 1	
nabumetone oral tablet 500 mg, 750 mg		Tier 1	
naproxen oral tablet 250 mg, 375 mg		Tier 1	
naproxen oral tablet 500 mg	(Naprosyn)	Tier 1	
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	(EC-Naproxen)	Tier 1	
naproxen sodium oral tablet 275 mg		Tier 1	
naproxen sodium oral tablet 550 mg	(Anaprox DS)	Tier 1	
oxaprozin oral tablet 600 mg	(Daypro)	Tier 1	
piroxicam oral capsule 10 mg		Tier 1	
piroxicam oral capsule 20 mg	(Feldene)	Tier 1	
sulindac oral tablet 150 mg, 200 mg		Tier 1	
tolmetin oral capsule 400 mg		Tier 1	
TORONOVA II SUIK KIT 30 MG/ML		Tier 3	
TORONOVA SUIK KIT 30 MG/ML		Tier 3	

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Drug		Status	Notes
Plasma Kallikrein Inhibitors			
ORLADEYO ORAL CAPSULE 110 MG, 150 MG		Tier 3	PA; SP
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)		Tier 3	PA; SP
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)		Tier 3	PA; SP
Local Anesthesia			
Local Anesthetics			
GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 %	(lidocaine hcl)	Tier 1	
KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML		Tier 3	
lidocaine hcl mucous membrane jelly in applicator 2 %	(Glydo)	Tier 1	
lidocaine hcl mucous membrane solution 2 %	(Lidocaine Viscous)	Tier 1	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)		Tier 1	
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %	(lidocaine hcl)	Tier 1	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML)		Tier 3	
Periodontal Anesthetics			
ORAQIX DENTAL CARTRIDGE 2.5-2.5 %		Tier 3	
Lower Gastrointestinal Disorders - Bowel Inflammat			
Chronic Inflam. Colon Dx, 5-A-Salicylat,Rectal Tx			
mesalamine rectal enema 4 gram/60 ml	(Rowasa)	Tier 1	
mesalamine rectal suppository 1,000 mg	(Canasa)	Tier 1	
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	(Rowasa)	Tier 1	
Drug Tx-Chronic Inflam. Colon Dx,5-Aminosalicylat			
balsalazide oral capsule 750 mg	(Colazal)	Tier 1	

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Drug		Status	Notes
DIPENTUM ORAL CAPSULE 250 MG		Tier 3	ST: Requires prior prescription for Lialda within the past 120 days
mesalamine oral capsule (with del rel tablets) 400 mg	(Delzicol)	Tier 1	
mesalamine oral capsule, extended release 500 mg	(Pentasa)	Tier 1	
mesalamine oral capsule,extended release 24hr 0.375 gram	(Apriso)	Tier 1	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	(Lialda)	Tier 1	
mesalamine oral tablet,delayed release (dr/ec) 800 mg		Tier 1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG		Tier 2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	(mesalamine)	Tier 3	
sulfasalazine oral tablet 500 mg	(Azulfidine)	Tier 1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	(Azulfidine EN-tabs)	Tier 1	
Hemorrhoidal Prep, Anti-Infam Steroid/Local Anesth			
ANA-LEX KIT RECTAL KIT 2-2 %		Tier 1	
hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %	(Analpram-HC)	Tier 1	
hydrocortisone-pramoxine rectal cream 2.5-1 % (4g)		Tier 1	
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %		Tier 1	
lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)		Tier 1	
lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram), 3-2.5 % (7 gram)		Tier 1	
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %		Tier 1	
lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)		Tier 1	

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Drug		Status	Notes
PROCORT RECTAL CREAM 1.85-1.15 %		Tier 3	
PROCTOFOAM HC RECTAL FOAM 1-1 %		Tier 2	
ZYPRAM RECTAL KIT,CREAM AND TOWELETTE 2.35-1 %		Tier 3	
Ibs Agents,Mixed Opioid Recep Agonists/Antagonists			
VIBERZI ORAL TABLET 100 MG, 75 MG		Tier 2	
Integrin Receptor Antagonist, Monoclonal Antibody			
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML		Tier 3	PA; SP
Irritable Bowel Agents,Guanylate Cylase-C Agonist			
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		Tier 2	QL (1 EA per 1 day)
TRULANCE ORAL TABLET 3 MG		Tier 2	QL (1 EA per 1 day)
Local Anorectal Nitrate Preparations			
nitroglycerin rectal ointment 0.4 % (w/w)	(Rectiv)	Tier 1	
Rectal Preparations			
ANUCORT-HC RECTAL SUPPOSITORY 25 MG	(hydrocortisone acetate)	Tier 1	
hydrocortisone acetate rectal suppository 25 mg	(Anucort-HC)	Tier 1	
hydrocortisone acetate rectal suppository 30 mg	(Hemmorex-HC)	Tier 1	
Rectal/Lower Bowel Prep.,Glucocort. (Non-Hemorr)			
budesonide rectal foam 2 mg/actuation	(Uceris)	Tier 1	
CORTIFOAM RECTAL FOAM 10 % (80 MG)		Tier 3	
hydrocortisone rectal enema 100 mg/60 ml	(Cortenema)	Tier 1	

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Drug		Status	Notes
Lower Gastrointestinal Disorders - Other			
Ammonia Inhibitors			
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	(carglumic acid)	Tier 3	PA; SP
carglumic acid oral tablet, dispersible 200 mg	(Carbaglu)	Tier 1	PA; SP
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	(lactulose)	Tier 1	
GENERLAC ORAL SOLUTION 10 GRAM/15 ML	(lactulose)	Tier 1	
LITHOSTAT ORAL TABLET 250 MG		Tier 3	
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM		Tier 3	PA; SP
PHEBURANE ORAL GRANULES 483 MG/GRAM		Tier 3	PA; SP
RAVICTI ORAL LIQUID 1.1 GRAM/ML		Tier 3	PA; SP
sodium phenylbutyrate oral powder 0.94 gram/gram	(Buphenyl)	Tier 1	PA; SP
sodium phenylbutyrate oral tablet 500 mg	(Buphenyl)	Tier 1	PA; SP
Antidiarrheal - G.I. Chloride Channel Inhibitors			
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG		Tier 2	SP; ST: Requires prior prescription for Antiretrovirals therapy within the past 120 days; QL (2 EA per 1 day)
Antidiarrheal - Tryptophan Hydroxylase Inhibitor			
XERMELO ORAL TABLET 250 MG		Tier 2	PA; SP
Antidiarrheals			
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml		Tier 1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	(Lomotil)	Tier 1	
loperamide oral capsule 2 mg	(Anti-Diarrheal (loperamide))	Tier 1	

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Drug	Status	Notes
opium tincture oral tincture 10 mg/ml (morphine)	Tier 1	
Bile Salts		
CHENODAL ORAL TABLET 250 MG	Tier 3	PA; SP
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 3	PA; SP
ursodiol oral capsule 300 mg	Tier 1	
ursodiol oral tablet 250 mg	Tier 1	
ursodiol oral tablet 500 mg (URSO Forte)	Tier 1	
Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog		
OCALIVA ORAL TABLET 10 MG, 5 MG	Tier 2	PA; SP
Ibs Agents,Sodium-Hydrogen Exchanger 3(Nhe3) Inhib		
IBSRELA ORAL TABLET 50 MG	Tier 3	PA
Ileal Bile Acid Transporter (Ibat) Inhibitor		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	Tier 3	PA; SP
BYLVAY ORAL PELLET 200 MCG, 600 MCG	Tier 3	PA; SP
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	Tier 3	PA; SP
Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type		
alosetron oral tablet 0.5 mg, 1 mg (Lotronex)	Tier 1	
Laxatives And Cathartics		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML	$0	$0 COPAY IF QUANTITY 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 LIMITED TO 350, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (350 ML per 1 FILL)
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML (lactulose)	Tier 1	

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Drug		Status	Notes
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	(peg 3350-electrolytes)	$0	$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	(peg 3350-electrolytes)	$0	$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-N ORAL RECON SOLN 420 GRAM	(peg-electrolyte soln)	$0	$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
lactulose oral solution 10 gram/15 ml	(Constulose)	Tier 1	
lubiprostone oral capsule 24 mcg, 8 mcg	(Amitiza)	Tier 1	QL (2 EA per 1 day)
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	(GaviLyte-G)	$0	$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	(MoviPrep)	$0	$0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (1 EA per 1 FILL)
peg-electrolyte soln oral recon soln 420 gram	(GaviLyte-N)	$0	$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM		$0	ST: Requires prior prescription for Clenpiq, generic bowel prep, or Sutab within the past 120 days; $0 COPAY IF QUANTITY LIMITED TO 3, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (3 EA per 1 FILL)

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Drug	Status	Notes
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram (Suprep Bowel Prep Kit)	$0	$0 COPAY IF QUANTITY LIMITED TO 354, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (354 ML per 1 FILL)
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM	$0	ST: Requires prior prescription for Clenpiq, generic bowel prep, or Sutab within the past 120 days; $0 COPAY IF QUANTITY LIMITED TO 2, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (2 EA per 1 FILL)
SUTAB ORAL TABLET 1.479-0.188-0.225 GRAM	$0	$0 COPAY IF QUANTITY LIMITED TO 24, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (24 EA per 1 FILL)
Narcotic Antagonists, Peripherally-Acting		
alvimopan oral capsule 12 mg	Tier 1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 2	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG	Tier 3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	Tier 3	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	Tier 3	PA
SYMPROIC ORAL TABLET 0.2 MG	Tier 2	QL (1 EA per 1 day)
Ppar Agonist		
IQIRVO ORAL TABLET 80 MG	Tier 3	PA; SP
LIVDELZI ORAL CAPSULE 10 MG	Tier 3	PA; SP
Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	Tier 2	PA; SP
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	Tier 2	PA; SP

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Drug	Status	Notes
Medical Supplies		
Bandages And Related Supplies		
ACESO AG TOPICAL BANDAGE 4 X 4 "	Tier 3	
ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 "	Tier 3	
ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 ", 5 1/16 X 5 1/16 ", 6 1/16 X 6 1/16 ", 8 1/4 X 8 1/4 "	Tier 3	
CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL	Tier 3	
CURAD XEROFORM PETROLATM DRESS TOPICAL BANDAGE 1 X 8 "	Tier 3	
CURAFIL GEL WOUND TOPICAL GEL	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2"	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET	Tier 3	
CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 "	Tier 3	
CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "-YARD	Tier 3	
DYNAFOAM AG TOPICAL BANDAGE 4 X 4 "	Tier 3	
DYNAGINATE AG TOPICAL BANDAGE 12 ", 2 X 2 ", 4 X 5 ", 4 X 8 "	Tier 3	
KENDALL AMD ANTIMICRB FOAM DRS TOPICAL BANDAGE 0.5 %- 4" X 4"	Tier 3	
KERAGEL TOPICAL GEL	Tier 3	
KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD	Tier 3	
KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75"	Tier 3	

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Drug	Status	Notes
MAXORB EXTRA TOPICAL BANDAGE 4 X 4 "	Tier 3	
MEDIHONEY (HYDROCOLLOID-HONEY) TOPICAL BANDAGE 2 X 2 ", 4 X 5 "	Tier 3	
OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM	Tier 3	
OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM	Tier 3	
PETROLEUM GAUZE TOPICAL BANDAGE	Tier 3	
PIVOT SILVER ALGINATE TOPICAL BANDAGE 1 X 12 ", 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 "	Tier 3	
PURACOL PLUS AG TOPICAL BANDAGE 2 X 2.2 "	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 TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 "	Tier 3	
SILINOIN TOPICAL SHEET 5 CM X 14 CM	Tier 3	
SPECTRAGEL TOPICAL GEL	Tier 3	
STRATACTX TOPICAL GEL	Tier 3	
STRATAGRT TOPICAL GEL	Tier 3	
STRATAXRT TOPICAL GEL	Tier 3	
THERAHONEY TOPICAL BANDAGE 4 X 5 "	Tier 3	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 4 X 4 ", 5 X 9 "	Tier 3	
ZENPHOR TOPICAL BANDAGE 2 X 4.7 "	Tier 3	
ZENPHOR TOPICAL GEL	Tier 3	

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Drug	Status	Notes
Blood Administration Sets		
IVENIX BLOOD PRODUCT ADMIN SET BLOOD ADMINISTRATION SET	Tier 3	
Blood Sugar Diagnostics		
BLULINK BG SYSTEM REFILL KIT 32 GAUGE	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra or Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
Catheters And Related Devices		
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR-"	Tier 3	
ADVANCE PLUS INTERMITTENT 14-16 FR-" (catheter)	Tier 3	
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8 FR- 16"	Tier 3	
APOGEE IC INTERMIT CATHETER 14-6 FR-"	Tier 3	
APOGEE PLUS INTERMITT CATHETER 16-16 FR-"	Tier 3	
BARDEX I.C. FOLEY CATHETER 24 FR	Tier 3	
CURITY DRAINAGE BAG 2,000 ML	Tier 3	
DOVER COATED LATEX FOLEY COMBO PACK	Tier 3	
DOVER FOLEY CATHETER 24 FR	Tier 3	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR	Tier 3	
DOVER RED RUBBER ROBINSON CATH 8 FR	Tier 3	
DOVER UNIVERSAL TRAY (catheterization tray)	Tier 3	
FEMALE CATHETER 14 FR	Tier 3	

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Drug		Status	Notes
KENGUARD FOLEY CATHETER 18-16 FR-"		Tier 3	
KENGUARD FOLEY CATHETER TRAY	(catheterization tray)	Tier 3	
LOFRIC 12-16 FR-"		Tier 3	
LOFRIC 14-16 FR-"	(catheter)	Tier 3	
LOFRIC HYDRO-KIT COMBO PACK 14 FR- 16"		Tier 3	
LOFRIC ORIGO 14-16 FR-"	(catheter)	Tier 3	
LOFRIC PRIMO NELATON CATHETER 16-16 FR-"		Tier 3	
LOFRIC SENSE NELATON CATHETER 14-6 FR-"		Tier 3	
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-"		Tier 3	
MONO-FLO DRAINAGE BAG 2,000 ML		Tier 3	
ROBINSON CLEAR VINYL CATHETER 16 FR		Tier 3	
SELF-CATHETER, FEMALE 14 FR		Tier 3	
SILASTIC FOLEY CATHETER 20 FR		Tier 3	
SPEEDICATH (FEMALE) 16 FR		Tier 3	
TOUCH-TROL 10 FR		Tier 3	
VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8"		Tier 3	
Durable Medical Equipment,Misc			
A.I.R.S. NEBULIZER REPLACEMENT KIT		Tier 3	
AIRS ADULT AEROSOL MASK	(nebulizer accessories)	Tier 3	
ALL FLOW 1000 KIT	(nebulizer accessories)	Tier 3	
ALL FLOW 1000 PFT FILTER	(nebulizer accessories)	Tier 3	
ALL FLOW 3000 KIT	(nebulizer accessories)	Tier 3	
ALL FLOW 3000 PFT FILTER	(nebulizer accessories)	Tier 3	
ALL FLOW 4000 KIT	(nebulizer accessories)	Tier 3	
ALL FLOW 4000 PFT FILTER	(nebulizer accessories)	Tier 3	
ALL FLOW 5000 KIT	(nebulizer accessories)	Tier 3	
ALL FLOW 5000 PFT FILTER	(nebulizer accessories)	Tier 3	
ALL FLOW 6000 PFT FILTER	(nebulizer accessories)	Tier 3	

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Drug		Status	Notes
AMIELLE VAGINAL TRAINER KIT		Tier 3	
ARGYLE TRACHEOSTOMY CARE TRAY		Tier 3	
CEFALY COMBO PACK		Tier 3	
CLEVER CHOICE NEB KIT-ADULT	(nebulizer accessories)	Tier 3	
CLEVER CHOICE NEB KIT-CHILD	(nebulizer accessories)	Tier 3	
ENFIT MEDICAL STRAW		Tier 3	
ENFIT MEDICINE BOTTLE ADAPTER	(adapter cap for bottle)	Tier 3	
INNOSPIRE REPLACEMENT FILTER	(nebulizer accessories)	Tier 3	
INSPIRATION ELITE FILTER	(nebulizer accessories)	Tier 3	
NOSE CLIP	(nebulizer accessories)	Tier 3	
PARI BABY CONV KIT - SIZE 1 KIT		Tier 3	
PARI BABY CONV KIT - SIZE 2 KIT		Tier 3	
PARI BABY CONV KIT - SIZE 3 KIT		Tier 3	
PARI TREK S PORTABLE PWR KIT	(nebulizer accessories)	Tier 3	
PILLOW MASK CHILD	(nebulizer accessories)	Tier 3	
PRO COMFORT TENS ELECTRODE PAD		Tier 3	
PRO COMFORT TENS UNIT COMBO PACK		Tier 3	
PRO-CEPTION VAGINAL		Tier 3	
PRONEB ULTRA II FILTER ASSEM	(nebulizer accessories)	Tier 3	
PTS COLLECT CAPILLARY TUBE		Tier 3	
REUSABLE NEBULIZER KIT 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 DEVICE		Tier 3	
TENS 504 DEVICE		Tier 3	
Durable Medical Equipment,Misc(Group 1)			
ACCU-CHEK FASTCLIX LANCET DRUM	(lancets)	Tier 2	
ACCU-CHEK SAFE-T-PRO 23 GAUGE		Tier 2	

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Drug		Status	Notes
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE		Tier 2	
ACCU-CHEK SOFTCLIX LANCETS	(lancets)	Tier 2	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE		Tier 2	
ACTI-LANCE LANCETS 28 GAUGE	(lancets)	Tier 2	
ADVANCED TRAVEL LANCETS 28 GAUGE	(lancets)	Tier 2	
ADVOCATE LANCET 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
ADVOCATE LANCET 23 GAUGE		Tier 2	
ALTERNATE SITE LANCET 26 GAUGE	(lancets)	Tier 2	
ASSURE LANCE 25 GAUGE		Tier 2	
ASSURE LANCE 28 GAUGE	(lancets)	Tier 2	
ASSURE LANCE PLUS 21 GAUGE, 30 GAUGE	(lancets)	Tier 2	
ASSURE LANCE PLUS 25 GAUGE		Tier 2	
BD MICROTAINER LANCET 1.5 X 2 MM		Tier 2	
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE	(lancets)	Tier 2	
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 28 GAUGE	(lancets)	Tier 2	
BULLSEYE MINI SAFETY LANCETS 25 GAUGE		Tier 2	
BUTTERFLY TOUCH LANCET 30 GAUGE	(lancets)	Tier 2	
CAREONE ULTRA THIN LANCET	(lancets)	Tier 2	
CARESENS LANCETS 30 GAUGE	(lancets)	Tier 2	
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE	(lancets)	Tier 2	
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	
CHOSEN LANCET 30 GAUGE	(lancets)	Tier 2	
CHOSEN SAFETY LANCET 28 GAUGE	(lancets)	Tier 2	
CLEVER CHEK LANCETS 30 GAUGE	(lancets)	Tier 2	
COAGUCHEK LANCETS	(lancets)	Tier 2	

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

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Drug		Status	Notes
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	
GOJJI LANCETS 30 GAUGE	(lancets)	Tier 2	
HEALTHY ACCENTS UNILET LANCET 30 GAUGE	(lancets)	Tier 2	
INCONTROL SUPER THIN LANCETS 30 GAUGE	(lancets)	Tier 2	
INCONTROL ULTRA THIN LANCETS 28 GAUGE	(lancets)	Tier 2	
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
INVACARE LANCETS 30 GAUGE	(lancets)	Tier 2	
lancets	(Accu-Chek Fastclix Lancet Drum)	Tier 2	
lancets 21 gauge, 26 gauge, 30 gauge	(Advocate Lancet)	Tier 2	
lancets 28 gauge	(Acti-Lance Lancets)	Tier 2	
lancets 33 gauge	(CareTouch Twist Lancet)	Tier 2	
LANCETS, SUPER THIN	(lancets)	Tier 2	
LANCETS,THIN , 28 GAUGE	(lancets)	Tier 2	
LANCETS,ULTRA THIN	(lancets)	Tier 2	
MEDISENSE THIN LANCETS 28 GAUGE	(lancets)	Tier 2	
MEDLANCE PLUS LANCETS 21 GAUGE, 30 GAUGE	(lancets)	Tier 2	
MEDLANCE PLUS LANCETS 25 GAUGE		Tier 2	
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM		Tier 2	
MICRO THIN LANCETS 33 GAUGE	(lancets)	Tier 2	
MICRODOT LANCET 28 GAUGE	(lancets)	Tier 2	
MICROLET LANCET	(lancets)	Tier 2	
MOBILE LANCETS 30 GAUGE	(lancets)	Tier 2	
MONOLET LANCETS 21 GAUGE	(lancets)	Tier 2	
MONOLET THIN LANCETS 28 GAUGE	(lancets)	Tier 2	
MYGLUCOHEALTH LANCETS 30 GAUGE	(lancets)	Tier 2	
NOVA SAFETY LANCETS 23 GAUGE		Tier 2	

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

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Drug		Status	Notes
RIGHTEST GL300 LANCETS 30 GAUGE	(lancets)	Tier 2	
SAFETY LANCETS 21 GAUGE, 28 GAUGE	(lancets)	Tier 2	
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
SAFETY-LET LANCETS 30 GAUGE	(lancets)	Tier 2	
SINGLE-LET	(lancets)	Tier 2	
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE	(lancets)	Tier 2	
SMARTEST LANCET	(lancets)	Tier 2	
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
STERILANCE TL 30 GAUGE	(lancets)	Tier 2	
STERILANCE TL 32 GAUGE		Tier 2	
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
SURE COMFORT LANCETS 18 GAUGE, 23 GAUGE		Tier 2	
SURE COMFORT LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
SURE-LANCE , 26 GAUGE, 28 GAUGE	(lancets)	Tier 2	
SURE-LANCE ULTRA THIN 30 GAUGE	(lancets)	Tier 2	
SURE-TOUCH LANCET	(lancets)	Tier 2	
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
TELCARE LANCETS 30 GAUGE	(lancets)	Tier 2	
TEMPO REFILL KIT WITH GAUZE KIT		Tier 2	
THIN LANCETS 26 GAUGE	(lancets)	Tier 2	
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE	(lancets)	Tier 2	
TRUE COMFORT LANCET 30 GAUGE	(lancets)	Tier 2	
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	
TWIST LANCETS 30 GAUGE	(lancets)	Tier 2	
TWIST LANCETS 32 GAUGE		Tier 2	
ULTILET BASIC LANCETS 30 GAUGE	(lancets)	Tier 2	

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Drug		Status	Notes
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	
ULTILET SAFETY LANCETS 23 GAUGE		Tier 2	
ULTRA FINE LANCETS 30 GAUGE	(lancets)	Tier 2	
ULTRA THIN II LANCETS 30 GAUGE	(lancets)	Tier 2	
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	
ULTRA THIN LANCETS 31 GAUGE		Tier 2	
ULTRA THIN PLUS LANCETS 33 GAUGE	(lancets)	Tier 2	
ULTRA TLC LANCETS	(lancets)	Tier 2	
ULTRA-CARE LANCETS 30 GAUGE	(lancets)	Tier 2	
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE	(lancets)	Tier 2	
ULTRA-THIN II LANCETS 28 GAUGE	(lancets)	Tier 2	
UNILET COMFORTOUCH LANCET , 26 GAUGE	(lancets)	Tier 2	
UNILET GP LANCET	(lancets)	Tier 2	
UNILET LANCET 28 GAUGE, 33 GAUGE	(lancets)	Tier 2	
UNILET LANCETS 30 GAUGE	(lancets)	Tier 2	
UNILET SUPER THIN LANCETS 30 GAUGE	(lancets)	Tier 2	
UNISTIK 3 COMFORT LANCET 28 GAUGE	(lancets)	Tier 2	
UNISTIK 3 EXTRA LANCET 21 GAUGE	(lancets)	Tier 2	
UNISTIK 3 GENTLE 30 GAUGE	(lancets)	Tier 2	
UNISTIK 3 NORMAL LANCET 23 GAUGE		Tier 2	
UNISTIK COMFORT LANCETS 28 GAUGE	(lancets)	Tier 2	
UNISTIK CZT LANCET 23 GAUGE		Tier 2	
UNISTIK CZT LANCET 28 GAUGE	(lancets)	Tier 2	
UNISTIK EXTRA LANCETS 21 GAUGE	(lancets)	Tier 2	

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Drug	Status	Notes
UNISTIK NORMAL LANCETS 23 GAUGE	Tier 2	
UNISTIK PRO LANCET 21 GAUGE, 28 GAUGE (lancets)	Tier 2	
UNISTIK PRO LANCET 25 GAUGE	Tier 2	
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
UNISTIK TOUCH LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
UNISTIK TOUCH LANCETS 23 GAUGE	Tier 2	
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
VERIFINE SAFETY LANCET MINI 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
VERIFINE SAFETY LANCET MINI 23 GAUGE	Tier 2	
VERIFINE UNIVERSAL LANCET 28 GAUGE (lancets)	Tier 2	
VIVAGUARD LANCET 30 GAUGE (lancets)	Tier 2	
VIVAGUARD SAFETY LANCET 28 GAUGE (lancets)	Tier 2	
Feeding Devices		
ENFIT IRRIGATION KIT KIT	Tier 3	
enteral connector, enfit	Tier 3	
ENTERAL GRAVITY BAG SET-ENFIT	Tier 3	
KANGAROO 924 SAFETY SCREW (pump set)	Tier 3	
KANGAROO EPUMP SET	Tier 3	
KANGAROO GRAVITY SET	Tier 3	
RELIZORB CARTRIDGE	Tier 3	
Incontinence Supplies		
FLEXI-SEAL SIGNAL FMS RECTAL	Tier 3	
TENSCARE ITOUCH SURE VAGINAL DEVICE	Tier 3	
Medical Supplies,Miscellaneous		
VARITHENA ADMINISTRATION PACK	Tier 3	
VIBRANT ORAL CAPSULE	Tier 3	
VIBRANT STARTER KIT COMBO PACK	Tier 3	

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Drug		Status	Notes
Medical Supplies,Miscellaneous(Group 2)			
AIRS PEDIATRIC DISPOSABLE MASK	(nebulizer accessories)	Tier 3	
EAR POPPER INFLATION DEVICE NASAL DEVICE		Tier 3	
PCCA ACCUPEN-15 DEVICE		Tier 3	
PROVATE PELVIC ORGAN SUPPORT VAGINAL 61 MM, 67 MM, 73 MM, 79 MM, 85 MM, 91 MM		Tier 3	
Medical Supplies,Miscellaneous(Group 3)			
XENOVIEW EMPTY DELIVERY BAG		Tier 3	
Parenteral Administration Sets			
BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1", 24 GAUGE X 3/4"		Tier 3	
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4"		Tier 3	
FILTERED EXTENSION SET INFUSION 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 INFUSION SET 25 X 18 MM		Tier 3	
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 "		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 INFUSION SET	(iv administration set)	Tier 3	
IVENIX ADMIN SET 2INLET Y-SITE INFUSION SET	(iv administration set)	Tier 3	
IVENIX ADMIN SET SINGLE-INLET INFUSION SET	(iv administration set)	Tier 3	
MICROBORE EXTENSION SET INFUSION SET	(iv admin extension set)	Tier 3	

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Drug		Status	Notes
MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY		Tier 3	
NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 "		Tier 3	
PHASEAL ASSEMBLY FIXTURE DEVICE		Tier 3	
PHASEAL CONNECTOR LUER LOCK		Tier 3	
PHASEAL INFUSION ADAPTER		Tier 3	
PHASEAL INFUSION CLAMP		Tier 3	
PHASEAL INJECTOR LUER		Tier 3	
PHASEAL INJECTOR LUER LOCK		Tier 3	
PHASEAL SECONDARY SET INFUSION SET		Tier 3	
PHASEAL Y-SITE		Tier 3	
RATE FLOW REGULATOR IV SET INFUSION SET	(iv administration set)	Tier 3	
TRANSFER SET		Tier 3	
Syringes And Accessories			
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16"		Tier 2	
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"	(insulin u-500 syringe-needle)	Tier 2	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	Tier 2	
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64"		Tier 2	
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	Tier 2	
EXTENDED RESERVOIR 3 ML		Tier 3	
INTERLINK LEVER LOCK CANNULA		Tier 3	

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Drug	Status	Notes
KENDALL DISINFECTANT CAP	Tier 3	
PARADIGM RESERVOIR 1.8 ML, 3 ML	Tier 3	
Miscellaneous Agents		
Amyloidosis Agents-Transthyretin (Ttr) Suppression		
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	Tier 3	PA; SP
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML	Tier 3	PA; SP
Anaphylaxis Therapy Agents		
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml (Auvi-Q)	Tier 1	QL (4 EA per 1 FILL)
epinephrine injection auto-injector 0.15 mg/0.3 ml (EpiPen Jr)	Tier 1	QL (4 EA per 1 FILL)
NEFFY NASAL SPRAY,NON-AEROSOL 2 MG/SPRAY (0.1 ML)	Tier 3	QL (4 EA per 1 FILL)
Cxcr4 Chemokine Receptor Antagonist		
XOLREMDI ORAL CAPSULE 100 MG	Tier 3	PA; SP
Genetic D/O Tx-Exon Inclusion Antisense Oligonucle		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	Tier 3	PA; SP
EVRYSDI ORAL TABLET 5 MG	Tier 3	PA; SP
Miscellaneous Agents		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML	Tier 3	
Parasympathetic Agents		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	
cevimeline oral capsule 30 mg (Evoxac)	Tier 1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg (Salagen (pilocarpine))	Tier 1	
Pharmacological Chaperone-Alpha-Galactosid.A Stabz		
GALAFOLD ORAL CAPSULE 123 MG	Tier 3	PA; SP

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Drug		Status	Notes
Pku Treatment Agents - Phenylalanine Ammonia Lyase			
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML		Tier 2	PA; SP
Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase			
JAVYGTOR ORAL POWDER IN PACKET 100 MG, 500 MG	(sapropterin)	Tier 1	SP
JAVYGTOR ORAL TABLET,SOLUBLE 100 MG	(sapropterin)	Tier 1	SP
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	(sapropterin)	Tier 2	SP
KUVAN ORAL TABLET,SOLUBLE 100 MG	(sapropterin)	Tier 2	SP
sapropterin oral powder in packet 100 mg, 500 mg	(Javygtor)	Tier 1	SP
sapropterin oral tablet,soluble 100 mg	(Javygtor)	Tier 1	SP
Systemic Enzyme Inhibitors			
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG		Tier 3	SP
JOENJA ORAL TABLET 70 MG		Tier 3	PA; SP
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML		Tier 3	SP
VIJOICE ORAL GRANULES IN PACKET 50 MG		Tier 3	PA; SP
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG		Tier 3	PA; SP
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG		Tier 3	SP
ZOKINVY ORAL CAPSULE 50 MG, 75 MG		Tier 3	PA; SP
Thyroid Hormone Receptor (Thr) Agonist			
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG		Tier 3	PA; SP

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Drug		Status	Notes
Topical Anticholinergic Hyperhidrosis Tx Agents			
QBREXZA TOPICAL TOWELETTE 2.4 %		Tier 2	PA
SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION)		Tier 3	PA
Neoplastic Disease			
Alkylating Agents			
cyclophosphamide oral capsule 25 mg, 50 mg		Tier 1	SP
cyclophosphamide oral tablet 25 mg, 50 mg		Tier 1	SP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	(lomustine)	Tier 3	PA; SP
hydroxyurea oral capsule 500 mg	(Hydrea)	Tier 1	
LEUKERAN ORAL TABLET 2 MG		Tier 2	SP
MYLERAN ORAL TABLET 2 MG		Tier 2	SP
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg		Tier 1	PA; SP
Antiandrogenic Agents			
abiraterone oral tablet 250 mg	(Abirtega)	Tier 1	PA; SP
abiraterone oral tablet 500 mg	(Zytiga)	Tier 1	PA; SP
bicalutamide oral tablet 50 mg	(Casodex)	Tier 1	
ERLEADA ORAL TABLET 240 MG, 60 MG		Tier 2	PA; SP
nilutamide oral tablet 150 mg	(Nilandron)	Tier 1	SP; QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG		Tier 2	PA; SP
XTANDI ORAL CAPSULE 40 MG		Tier 2	PA; SP
XTANDI ORAL TABLET 40 MG, 80 MG		Tier 2	PA; SP
YONSA ORAL TABLET 125 MG		Tier 3	PA; SP
Antibiotic Antineoplastics			
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2		Tier 3	PA; SP
Antimetabolites			
capecitabine oral tablet 150 mg, 500 mg	(Xeloda)	Tier 1	PA; SP
INQOVI ORAL TABLET 35-100 MG		Tier 2	PA; SP
JYLAMVO ORAL SOLUTION 2 MG/ML		Tier 3	PA

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

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Drug	Status	Notes
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	Tier 3	PA; SP
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 2	PA; SP
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	Tier 2	PA; SP
ZELBORAF ORAL TABLET 240 MG	Tier 2	PA; SP
Antineoplastic - Hedgehog Pathway Inhibitor		
DAURISMO ORAL TABLET 100 MG, 25 MG	Tier 2	PA; SP
ERIVEDGE ORAL CAPSULE 150 MG	Tier 2	PA; SP
ODOMZO ORAL CAPSULE 200 MG	Tier 2	PA; SP
Antineoplastic - Janus Kinase (Jak) Inhibitors		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 2	PA; SP
Antineoplastic - Kras Protein Inhibitor		
KRAZATI ORAL TABLET 200 MG	Tier 2	PA; SP
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG	Tier 2	PA; SP
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors		
COTELLIC ORAL TABLET 20 MG	Tier 2	PA; SP
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	Tier 3	PA; SP
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	Tier 3	PA; SP
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 2	PA; SP
MEKINIST ORAL RECON SOLN 0.05 MG/ML	Tier 2	PA; SP
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 2	PA; SP
MEKTOVI ORAL TABLET 15 MG	Tier 2	PA; SP

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Drug		Status	Notes
Antineoplastic - Mtor Kinase Inhibitors			
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	(Torpenz)	Tier 1	PA; SP
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	(Afinitor Disperz)	Tier 1	PA; SP
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	(everolimus (antineoplastic))	Tier 1	PA; SP
Antineoplastic - Protein Methyltransferase Inhibit			
TAZVERIK ORAL TABLET 200 MG		Tier 2	PA; SP
Antineoplastic - Topoisomerase I Inhibitors			
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG		Tier 2	SP
Antineoplastic Immunomodulator Agents			
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	(Revlimid)	Tier 1	PA; SP
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG		Tier 2	PA; SP
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	(lenalidomide)	Tier 2	PA; SP
Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs			
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG		Tier 3	QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG		Tier 3	QL (1 EA per 30 days)
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG		Tier 3	QL (2 EA per 365 days)
ORGOVYX ORAL TABLET 120 MG		Tier 2	PA; SP
Antineoplastic Systemic Enzyme Inhibitors			
ALECENSA ORAL CAPSULE 150 MG		Tier 2	PA; SP
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG		Tier 3	PA; SP

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Drug		Status	Notes
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)		Tier 3	PA; SP
AUGTYRO ORAL CAPSULE 160 MG, 40 MG		Tier 2	PA; SP
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG		Tier 2	PA; SP
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG		Tier 2	PA; SP
BOSULIF ORAL CAPSULE 100 MG, 50 MG		Tier 2	PA; SP
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG		Tier 2	PA; SP
BRUKINSA ORAL CAPSULE 80 MG		Tier 2	PA; SP
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG		Tier 2	PA; SP
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG		Tier 2	PA; SP
CAPRELSA ORAL TABLET 100 MG, 300 MG	(vandetanib)	Tier 3	PA; SP
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)		Tier 2	PA; SP
COPIKTRA ORAL CAPSULE 15 MG, 25 MG		Tier 3	PA; SP
DANZITEN ORAL TABLET 71 MG, 95 MG		Tier 2	PA; SP
dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg	(Sprycel)	Tier 1	PA; SP
erlotinib oral tablet 100 mg	(Tarceva)	Tier 1	PA; SP
erlotinib oral tablet 150 mg, 25 mg		Tier 1	PA; SP
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG		Tier 2	PA; SP
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG		Tier 2	SP
GAVRETO ORAL CAPSULE 100 MG		Tier 2	PA; SP
gefitinib oral tablet 250 mg	(Iressa)	Tier 1	PA; SP

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Drug	Status	Notes
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 2	PA; SP
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 3	PA; SP
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 3	PA; SP
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Tier 2	PA; SP
imatinib oral tablet 100 mg, 400 mg (Gleevec)	Tier 1	PA; SP
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 2	PA; SP
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 2	PA; SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Tier 2	PA; SP
IMKELDI ORAL SOLUTION 80 MG/ML	Tier 3	PA; SP
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 2	PA; SP
INREBIC ORAL CAPSULE 100 MG	Tier 2	PA; SP
ITOVEBI ORAL TABLET 3 MG, 9 MG	Tier 2	PA; SP
IWILFIN ORAL TABLET 192 MG	Tier 2	PA; SP
JAYPIRCA ORAL TABLET 100 MG, 50 MG	Tier 2	PA; SP
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	Tier 2	PA; SP
lapatinib oral tablet 250 mg (Tykerb)	Tier 1	PA; SP
LAZCLUZE ORAL TABLET 240 MG, 80 MG	Tier 3	PA; SP
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	Tier 2	PA; SP
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 2	PA; SP
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 2	PA; SP

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Drug	Status	Notes
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 ORAL TABLET 40 MG	Tier 2	PA; SP
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 2	PA; SP
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	Tier 3	PA; SP
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Tier 2	PA; SP
pazopanib oral tablet 200 mg (Votrient)	Tier 1	PA; SP
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 2	PA; SP
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	Tier 2	PA; SP
QINLOCK ORAL TABLET 50 MG	Tier 2	PA; SP
RETEVMO ORAL CAPSULE 40 MG, 80 MG	Tier 2	PA; SP
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	Tier 2	PA; SP
REVUFORJ ORAL TABLET 110 MG, 160 MG	Tier 3	PA; SP
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	Tier 3	PA; SP
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 2	PA; SP
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	Tier 2	PA; SP
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 3	PA; SP
RYDAPT ORAL CAPSULE 25 MG	Tier 2	PA; SP
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	Tier 2	PA; SP
sorafenib oral tablet 200 mg (Nexavar)	Tier 1	PA; SP
STIVARGA ORAL TABLET 40 MG	Tier 2	PA; SP

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Drug	Status	Notes
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg (Sutent)	Tier 1	PA; SP
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 2	PA; SP
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 2	PA; SP
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 2	PA; SP
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 2	PA; SP
TEPMETKO ORAL TABLET 225 MG	Tier 2	PA; SP
TRUQAP ORAL TABLET 160 MG, 200 MG	Tier 2	PA; SP
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 2	PA; SP
TURALIO ORAL CAPSULE 125 MG	Tier 2	PA; SP
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Tier 2	PA; SP
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 2	PA; SP
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 2	PA; SP
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 2	PA; SP
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 2	PA; SP
VONJO ORAL CAPSULE 100 MG	Tier 2	PA; SP
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 2	PA; SP
XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG	Tier 2	PA; SP
XOSPATA ORAL TABLET 40 MG	Tier 2	PA; SP
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 2	PA; SP
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 2	PA; SP
ZYKADIA ORAL TABLET 150 MG	Tier 2	PA; SP

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Drug	Status	Notes
Antineoplastic,Histone Deacetylase Inhibitors,Hdis		
ZOLINZA ORAL CAPSULE 100 MG	Tier 2	SP
Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 2	PA; SP
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	Tier 2	PA; SP
Antineoplastic-Enzyme Inhib, Antiandrogen Comb.		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 2	PA; SP
Antineoplastic-Hypoxia Inducible Factor (Hif) Inh		
WELIREG ORAL TABLET 40 MG	Tier 2	PA; SP
Antineoplastic-Isocitrate Dehydrogenase Inhibitors		
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 3	PA; SP
REZLIDHIA ORAL CAPSULE 150 MG	Tier 2	PA; SP
TIBSOVO ORAL TABLET 250 MG	Tier 2	PA; SP
VORANIGO ORAL TABLET 10 MG, 40 MG	Tier 2	PA; SP
Antineoplastics,Miscellaneous		
etoposide oral capsule 50 mg	Tier 1	
LYSODREN ORAL TABLET 500 MG	Tier 2	SP
MATULANE ORAL CAPSULE 50 MG	Tier 2	SP
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	Tier 3	PA; SP
tretinoin (antineoplastic) oral capsule 10 mg	Tier 1	SP

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Drug	Status	Notes
Antineoplastic-Select Inhib Of Nuclear Exp (Sine)		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	Tier 2	PA; SP
Chemotherapy Rescue/Antidote Agents		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	Tier 1	
mesna oral tablet 400 mg (Mesnex)	Tier 1	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	Tier 2	SP; QL (24 EA per 14 days)
Intrapleural Sclerosing Agents, Antineoplast. Adj.		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM	Tier 3	
sterile talc intrapleural suspension for reconstitution 5 gram	Tier 1	
STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM	Tier 3	
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM	Tier 3	
Photoactivated, Antineopls. & Premalignant Lesions		
AMELUZ TOPICAL GEL 10 %	Tier 3	
LEVULAN TOPICAL SOLUTION 20 %	Tier 3	
Radioactive Therapeutic Agents		
HICON ORAL KIT 1,000 MCI/ML (1 ML), 250 MCI/0.25 ML, 500 MCI/0.5 ML	Tier 3	
sodium iodide-123 oral capsule 3.7 mbq (100 microci), 7.4 mbq (200 microci)	Tier 1	
sodium iodide-131 oral capsule 3.7 mbq (100 microci)	Tier 1	

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Drug		Status	Notes
Selective Estrogen Receptor Modulators (Serm)			
ORSERDU ORAL TABLET 345 MG, 86 MG		Tier 3	PA; SP
SOLTAMOX ORAL SOLUTION 20 MG/10 ML		Tier 2	
tamoxifen oral tablet 10 mg, 20 mg		$0	$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
toremifene oral tablet 60 mg	(Fareston)	Tier 1	PA; SP
Selective Retinoid X Receptor Agonists (Rxr)			
bexarotene oral capsule 75 mg	(Targretin)	Tier 1	PA; SP
Steroid Antineoplastics			
megestrol oral tablet 20 mg, 40 mg		Tier 1	
Neurological Disease - Miscellaneous			
Agents To Treat Multiple Sclerosis			
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML		Tier 2	PA; SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML		Tier 2	PA; SP
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML		Tier 2	PA; SP
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML		Tier 2	PA; SP
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG		Tier 3	PA; SP
BETASERON SUBCUTANEOUS KIT 0.3 MG		Tier 2	PA; SP
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG	(interferon beta-1b)	Tier 2	PA; SP
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	(glatiramer)	Tier 2	PA; SP
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg	(Tecfidera)	Tier 1	PA; SP
fingolimod oral capsule 0.5 mg	(Gilenya)	Tier 1	PA; SP

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Drug	Status	Notes
GILENYA ORAL CAPSULE 0.25 MG	Tier 3	PA; SP
glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml (Glatopa)	Tier 1	PA; SP
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML (glatiramer)	Tier 1	PA; SP
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	Tier 2	PA; SP
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	Tier 2	PA; SP
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	Tier 2	PA; SP
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	Tier 2	PA; SP
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	Tier 2	PA; SP
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 2	PA; SP
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 2	PA; SP

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

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Drug	Status	Notes
Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 3	ST: At least 2 prior prescriptions for Amitriptyline tablets, Cyclobenzaprine IR tablets, Duloxetine (20, 30, 60mg) capsules, generic Gabapentin IR tablets/capsules, or Pregabalin IR capsules within the past 365 days; QL (2 EA per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	Tier 3	ST: At least 2 prior prescriptions for Amitriptyline tablets, Cyclobenzaprine IR tablets, Duloxetine (20, 30, 60mg) capsules, generic Gabapentin IR tablets/capsules, or Pregabalin IR capsules within the past 365 days; QL (2 EA per 1 day)
Genetic Disorder Therapy - Hdac Inhibitor		
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	Tier 3	PA; SP
Glypromate (Gpe) Analogs		
DAYBUE ORAL SOLUTION 200 MG/ML	Tier 3	PA; SP
Heat Shock Protein (Hsp) Modulating Agents		
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	Tier 2	PA; SP
Metabolic Disease Enzyme Replacement, Mocd		
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	Tier 3	PA; SP
Movement Disorders(Drug Therapy)		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Tier 2	PA; SP

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Drug	Status	Notes
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	Tier 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 INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	Tier 2	PA; SP
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Tier 2	PA; SP
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	Tier 2	PA; SP
tetrabenazine oral tablet 12.5 mg, 25 mg (Xenazine)	Tier 1	PA; SP
Nuclear Factor Erythroid 2-Rel. Factor 2 Activator		
SKYCLARYS ORAL CAPSULE 50 MG	Tier 3	PA; SP
Pseudobulbar Affect (Pba) Agents, Nmda Antagonists		
NUEDEXTA ORAL CAPSULE 20-10 MG	Tier 3	PA
Sphingosine 1-Phosphate (S1p) Receptor Modulator		
VELSIPITY ORAL TABLET 2 MG	Tier 3	PA; SP
ZEPOSIA ORAL CAPSULE 0.92 MG	Tier 3	PA; SP
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	Tier 3	PA; SP
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	Tier 3	PA; SP
Oral/Pharyngeal Disorders		
Dental Aids And Preparations		
chlorhexidine gluconate mucous membrane mouthwash 0.12 % (Periogard)	Tier 1	
ORALONE DENTAL PASTE 0.1 % (triamcinolone acetonide)	Tier 1	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 % (chlorhexidine gluconate)	Tier 1	

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Drug	Status	Notes
Q-CARE RX Q2 KIT 0.12 %	Tier 3	
Q-CARE RX Q4 KIT 0.12 %	Tier 3	
triamcinolone acetonide dental paste 0.1 % (Oralone)	Tier 1	
Nose Preparations, Miscellaneous (Rx)		
cocaine nasal solution 4 % (Numbrino)	Tier 1	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)	Tier 1	
NUMBRINO NASAL SOLUTION 4 % (cocaine)	Tier 1	
Periodontal Collagenase Inhibitors		
doxycycline hyclate oral tablet 20 mg	Tier 1	
Other Drugs		
Abortifacient,Progesterone Receptor Antagonist-Typ		
MIFEPREX ORAL TABLET 200 MG (mifepristone)	Tier 3	
mifepristone oral tablet 200 mg (Mifeprex)	Tier 1	
Agents For Stomatological Use		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	Tier 3	
Antivenins		
ANASCORP INTRAVENOUS RECON SOLN 120 MG	Tier 3	
Appetite Stim. For Anorexia,Cachexia,Wasting Synd.		
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	Tier 1	
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	Tier 1	ST: Requires prior prescription for Megestrol Acetate within the past 120 days
Blood Collection Set With Local Anesthetics		
CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 %	Tier 3	
LIDO BDK KIT 21 GAUGE X 1"- 2.5 %-2.5 %	Tier 3	

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Drug	Status	Notes
Blood Testing Preparations,In-Vitro		
COAGUCHEK XS	Tier 3	
Cardioplegic Solutions		
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA DEL NIDO-ISOLYT S PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Tier 3	
CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 4:1 RINGER PERFUSION SOLUTION 48 MEQ/522.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM), 36 MEQ/500 ML (POTASSIUM), 60 MEQ/830 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA INDUCTION 8:1 PERFUSION SOLUTION 100 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAIN 8:1 NO-ENRCH PERFUSION SOLUTION 24 MEQ/300 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINT 4:1 PLASMA PERFUSION SOLUTION 30 MEQ/1,047 ML (POTASSIUM)	Tier 3	
CARDIOPLEGIA MAINT 4:1 RINGER PERFUSION SOLUTION 12 MEQ/504.8 ML (POTASSIUM)	Tier 1	

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Drug	Status	Notes
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM), 36 MEQ/L (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINTENANCE 8:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/500 ML (POTASSIUM), 7.5 MEQ/238.75 ML (POTASSIUM)	Tier 3	
CARDIOPLEGIA WARM INDUCT 4:1 PERFUSION SOLUTION 40 MEQ/500 ML (POTASSIUM)	Tier 3	
cardioplegic no.17(induct 4:1) perfusion solution 50 meq/500 ml (potassium)	Tier 1	
cardioplegic no.19 (maint 4:1) perfusion solution 40 meq/l (potassium)	Tier 1	
cardioplegic soln perfusion solution 16 meq/l (= k+) (Plegisol)	Tier 1	
cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)	Tier 1	
CUSTODIOL HTK PERFUSION SOLUTION 9 MMOL-198 MMOL -2 MMOL/L	Tier 3	
microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)	Tier 1	
microplegic solution no.1-cp2d perfusion solution 7.84 %-8.56 % (0.92 molar)	Tier 1	
Cholinesterase Reactivat.&Muscarinic Antg.Antidote		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML	Tier 3	
Cholinesterase Reactivating,Organophos. Antidotes		
pralidoxime intramuscular pen injector 600 mg/2 ml	Tier 3	

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Drug	Status	Notes
Conception Assistance Supplies		
CONCEPTION KIT	Tier 3	
Condoms		
AIMSCO LATEX CONDOM DEVICE	$0	$0 COPAY IF QUANTITY LIMITED TO 60
DUREX AIR CONDOM DEVICE	$0	$0 COPAY IF QUANTITY LIMITED TO 60
DUREX AVANTI BARE REAL FEEL	$0	$0 COPAY IF QUANTITY LIMITED TO 60
DUREX EXTRA SENSITIVE CONDOM DEVICE	$0	$0 COPAY IF QUANTITY LIMITED TO 60
DUREX TROPICAL CONDOM DEVICE	$0	$0 COPAY IF QUANTITY LIMITED TO 60
FANTASY CONDOM DEVICE	$0	$0 COPAY IF QUANTITY LIMITED TO 60
FC2 FEMALE CONDOM	$0	$0 COPAY IF QUANTITY LIMITED TO 60
KIMONO LUBRICATED CONDOMS DEVICE	$0	$0 COPAY IF QUANTITY LIMITED TO 60
KIMONO MICROTHIN AQUA LUBE CON DEVICE	$0	$0 COPAY IF QUANTITY LIMITED TO 60
KIMONO MICROTHIN CONDOMS DEVICE	$0	$0 COPAY IF QUANTITY LIMITED TO 60
KIMONO MICROTHIN LARGE CONDOMS DEVICE	$0	$0 COPAY IF QUANTITY LIMITED TO 60
KIMONO TEXTURED CONDOMS DEVICE	$0	$0 COPAY IF QUANTITY LIMITED TO 60
KIMONO THIN LUBRICATED CONDOMS DEVICE	$0	$0 COPAY IF QUANTITY LIMITED TO 60
TROJAN BARESKIN DEVICE	$0	$0 COPAY IF QUANTITY LIMITED TO 60
TROJAN EXTENDED PLEASURE DEVICE	$0	$0 COPAY IF QUANTITY LIMITED TO 60
TROJAN PLEASURE PACK DEVICE	$0	$0 COPAY IF QUANTITY LIMITED TO 60
TROJAN ULTRA RIBBED CONDOM DEVICE	$0	$0 COPAY IF QUANTITY LIMITED TO 60
TROJAN ULTRA THIN DEVICE	$0	$0 COPAY IF QUANTITY LIMITED TO 60

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Drug	Status	Notes
TRUE COVER CONDOM DEVICE	$0	$0 COPAY IF QUANTITY LIMITED TO 60
TRUSTEX LATEX CONDOM DEVICE	$0	$0 COPAY IF QUANTITY LIMITED TO 60
TRUSTEX LUBRICATED CONDOMS DEVICE	$0	$0 COPAY IF QUANTITY LIMITED TO 60
TRUSTEX NON-LUB CONDOMS DEVICE	$0	$0 COPAY IF QUANTITY LIMITED TO 60
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	$0	$0 COPAY IF QUANTITY LIMITED TO 60
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE	$0	$0 COPAY IF QUANTITY LIMITED TO 60
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	$0	$0 COPAY IF QUANTITY LIMITED TO 60
Cryopreservative Agents		
CRYOSERV SOLUTION 99 %	Tier 3	
Cystic Fibrosis - Inhaled Osmotic Agents		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	Tier 3	SP; ST: Requires prior prescription for inhaled 7% Sodium Chloride solution within the past 120 days; QL (20 EA per 1 day); Age (Min 18 Years)
Diagnostic Test Devices And Supplies		
eua patient assessment	Tier 3	
Diluent Solutions		
DILUENT FOR ROTARIX ORAL SYRINGE	Tier 3	
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION	Tier 3	
STERILE HYDROGEL FOR JELMYTO INTRA-PYELOCALYCEAL SOLUTION	Tier 3	
Drugs To Treat Hereditary Tyrosinemia		
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg (Orfadin)	Tier 1	PA; SP
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 2	PA; SP

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

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Drug	Status	Notes
Homeopathic Drugs		
AURUMHEEL ORAL DROPS	Tier 3	
CANTHARIS COMPOSITUM ORAL DROPS	Tier 3	
CRALONIN ORAL DROPS	Tier 3	
EYE ORAL TABLET,SOLUBLE	Tier 3	
LAMIOFLUR ORAL DROPS	Tier 3	
PLANTAGO-HOMACCORD ORAL DROPS	Tier 3	
POPULUS COMPOSITUM ORAL DROPS	Tier 3	
PSORINOHEEL ORAL DROPS	Tier 3	
RENEEL ORAL TABLET,SOLUBLE	Tier 3	
SABAL-HOMACCORD ORAL DROPS	Tier 3	
SYZYGIUM COMPOSITUM ORAL DROPS	Tier 3	
VERTIGOHEEL ORAL DROPS	Tier 3	
VERTIGOHEEL ORAL TABLET,SOLUBLE	Tier 3	
Intra-Uterine Devices (Iud's)		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	$0	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	$0	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	$0	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	$0	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	$0	
Medical Imaging Supplies		
ECOVUE HV ULTRASOUND GEL TOPICAL GEL	Tier 3	

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Drug		Status	Notes
ECOVUE ULTRASOUND GEL TOPICAL GEL		Tier 3	
Metabolic Deficiency Agents			
betaine oral powder 1 gram/scoop	(Cystadane)	Tier 1	PA; SP
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	(levocarnitine)	Tier 3	
levocarnitine (with sugar) oral solution 100 mg/ml	(Carnitor)	Tier 1	
levocarnitine oral solution 100 mg/ml	(Carnitor (sugar-free))	Tier 1	
levocarnitine oral tablet 330 mg	(Carnitor)	Tier 1	
Metabolic Disease Enzyme Replace, Hypophosphatasia			
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML		Tier 2	PA; SP
Metabolic Dx Enzyme Replacemt,Sev.Comb.Immune Def.			
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)		Tier 3	PA; SP
Metallic Poison,Agents To Treat			
CHEMET ORAL CAPSULE 100 MG		Tier 3	
CUVRIOR ORAL TABLET 300 MG		Tier 3	PA; SP
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	(Jadenu Sprinkle)	Tier 1	PA; SP
deferasirox oral tablet 180 mg, 360 mg, 90 mg	(Jadenu)	Tier 1	PA; SP
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	(Exjade)	Tier 1	PA; SP
deferiprone oral tablet 1,000 mg, 500 mg	(Ferriprox)	Tier 1	PA; SP
deferoxamine injection recon soln 2 gram		Tier 1	PA
deferoxamine injection recon soln 500 mg	(Desferal)	Tier 1	PA
FERRIPROX ORAL SOLUTION 100 MG/ML		Tier 3	PA; SP
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)		Tier 3	

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Drug	Status	Notes
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	Tier 3	
trientine oral capsule 250 mg (Syprine)	Tier 1	PA; SP
trientine oral capsule 500 mg	Tier 1	PA; SP
WILZIN ORAL CAPSULE 25 MG (ZINC)	Tier 3	
Muscarinic Receptor Antagonists		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML	Tier 3	
Needles/Needleless Devices		
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 2	
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 2	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	Tier 2	
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic)	Tier 2	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 2	
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2" (pen needle, diabetic)	Tier 2	
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 2	
HALO VIAL CONVERTER DEVICE 13 MM	Tier 3	
Ointment/Cream Bases		
RADIAGEL TOPICAL GEL	Tier 3	
Oral Lipid Supplements		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	Tier 3	PA; SP
Oral Mucositis/Stomatitis Agents		
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	Tier 3	
Protein Replacement		
AQNEURSA ORAL GRANULES IN PACKET 1 GRAM	Tier 2	PA; SP

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Drug	Status	Notes
Saliva Stimulant Agents		
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM	Tier 3	
Saliva Substitute Agents		
NUMOISYN MUCOUS MEMBRANE LIQUID	Tier 3	
Sexual Dysfunction Devices		
RAPPORT VACUUM THERAPY KIT	Tier 3	
Skin Tissue Replacement		
APLIGRAF TOPICAL DISK	Tier 3	
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 7 X 7 CM	Tier 3	
GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	Tier 3	
GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	Tier 3	
GRAFIX XC TOPICAL SHEET 7.5 X 15 CM	Tier 3	
MIRO3D TOPICAL SHEET 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 4 X 4 X 2 CM, 5 X 5 X 2 CM, 7 X 5 X 2 CM	Tier 3	
MIRODERM FENESTRATED PLUS TOPICAL SHEET 3 X 3 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM	Tier 3	
MIRODERM FENESTRATED TOPICAL SHEET 2 X 2 CM, 2 X 3 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM	Tier 3	
MIROTRACT TOPICAL SHEET 3 MM X 5 CM, 3 MM X 9 CM, 5 MM X 5 CM, 5 MM X 9 CM	Tier 3	
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM	Tier 3	
TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM	Tier 3	

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Drug	Status	Notes
Solvents		
isopropyl alcohol solution 70 % (Alcohol, Rubbing)	Tier 3	
isopropyl alcohol solution 91 %, 99 %	Tier 3	
MURI-LUBE OIL	Tier 3	
Somatostatic Agents		
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	Tier 3	PA; SP
octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml	Tier 1	SP
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml (Sandostatin)	Tier 1	SP
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	Tier 1	SP
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	Tier 3	PA; SP
Support Hosiery		
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	
Suspending Agents		
GELFILM IMPLANT FILM	Tier 3	
hydroxypropyl cellulose powder	Tier 3	
Tissue/Wound Adhesives		
ARTISS TOPICAL SYRINGE 2.5 TO 6.5 UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2 ML), 2.5 TO 6.5 UNIT/ML (4 ML)	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML	Tier 3	
Vehicles		
citric acid anhydrous (bulk) granules 100 %	Tier 3	
GEL VEHICLE FOR NEXOBRID TOPICAL GEL	Tier 3	

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

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Drug		Status	Notes
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML		Tier 3	
Mucolytics			
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)		Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML		Tier 2	PA; SP
Pulmonary Fibrosis - Systemic Enzyme Inhibitors			
OFEV ORAL CAPSULE 100 MG, 150 MG		Tier 2	PA; SP
Pain Management - Analgesics			
Analgesic, Non-Salicylate & Barbiturate Comb.			
butalbital-acetaminophen oral tablet 50-300 mg		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)
butalbital-acetaminophen oral tablet 50-325 mg	(Tencon)	Tier 1	
TENCON ORAL TABLET 50-325 MG	(butalbital-acetaminophen)	Tier 1	
Analgesic, Salicylate, Barbiturate,& Xanthine Cmb			
butalbital-aspirin-caffeine oral capsule 50-325-40 mg		Tier 1	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg		Tier 1	
Analgesic,Non-Salicylate,Barbiturate,&Xanthine Cmb			
butalbital-acetaminophen-caff oral capsule 50-300-40 mg	(Fioricet)	Tier 1	
butalbital-acetaminophen-caff oral capsule 50-325-40 mg		Tier 1	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	(Esgic)	Tier 1	
FIORICET ORAL CAPSULE 50-300-40 MG	(butalbital-acetaminophen-caff)	Tier 1	

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Drug		Status	Notes
Analgesic/Antipyretics, Salicylates			
aspirin oral tablet 325 mg	(Bayer Aspirin)	$0	
aspirin oral tablet,delayed release (dr/ec) 325 mg	(Bayer Aspirin)	$0	
BAYER ASPIRIN ORAL TABLET 325 MG	(aspirin)	$0	
BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG	(aspirin)	$0	
choline,magnesium salicylate oral liquid 500 mg/5 ml		Tier 1	
diflunisal oral tablet 500 mg		Tier 1	
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG	(aspirin)	$0	
salsalate oral tablet 500 mg, 750 mg	(Disalcid)	Tier 1	
Analgesics, Narcotic Agonist And Nsaid Combination			
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg		Tier 1	
Analgesics, Non-Narcotics			
JOURNAVX ORAL TABLET 50 MG		Tier 3	PA
Analgesics,Narcotics			
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	(buprenorphine hcl)	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg		Tier 1	
buprenorphine hcl injection solution 0.3 mg/ml		Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
buprenorphine hcl injection syringe 0.3 mg/ml		Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription

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Drug	Status	Notes
buprenorphine transdermal patch weekly (Butrans) *10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour*	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
butorphanol injection solution 1 mg/ml, 2 mg/ml	Tier 1	
butorphanol nasal spray,non-aerosol 10 mg/ml	Tier 1	
codeine sulfate oral tablet 15 mg, 30 mg	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
codeine sulfate oral tablet 60 mg	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML	Tier 3	
DILAUDID (PF) INJECTION SYRINGE (hydromorphone (pf)) 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML	Tier 3	
fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)	Tier 1	
fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,000 mcg/50 ml (20 mcg/ml), 500 mcg/50 ml (10 mcg/ml)	Tier 1	
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	Tier 1	PA
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)

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

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Drug		Status	Notes
methadone oral tablet,soluble 40 mg	(Methadose)	Tier 1	QL (1 EA per 1 day)
METHADOSE ORAL TABLET,SOLUBLE 40 MG	(methadone)	Tier 1	QL (1 EA per 1 day)
morphine (pf) intravenous syringe 1 mg/2 ml		Tier 1	
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)		Tier 1	PA
morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 275 mg/55 ml (5 mg/ml)		Tier 1	
morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml, 5 mg/ml		Tier 1	
morphine intramuscular pen injector 10 mg/0.7 ml		Tier 1	
morphine oral capsule, er multiphase 24 hr 120 mg		Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg		Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg		Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)		Tier 1	
morphine oral tablet 15 mg		Tier 1	
morphine oral tablet 30 mg		Tier 2	
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	(MS Contin)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg		Tier 1	

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

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Drug	Status	Notes
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
pentazocine-naloxone oral tablet 50-0.5 mg	Tier 1	
ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG (oxycodone)	Tier 3	
tramadol oral solution 5 mg/ml (Qdolo)	Tier 1	PA
tramadol oral tablet 50 mg	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet extended release 24 hr 100 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet extended release 24 hr 200 mg, 300 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet, er multiphase 24 hr 100 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)

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Drug	Status	Notes
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)
Antimigraine Preparations		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 2	PA
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	Tier 2	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	Tier 2	PA
almotriptan malate oral tablet 12.5 mg, 6.25 mg	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
dihydroergotamine injection solution 1 mg/ml	Tier 1	QL (15 ML per 14 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml) (Migranal)	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (8 ML per 28 days)
eletriptan oral tablet 20 mg, 40 mg (Relpax)	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)

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Drug	Status	Notes
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)	Tier 3	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	Tier 2	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 2	PA
ERGOMAR SUBLINGUAL TABLET 2 MG	Tier 3	QL (10 EA per 7 days)
ergotamine-caffeine oral tablet 1-100 mg	Tier 1	QL (10 EA per 7 days)
frovatriptan oral tablet 2.5 mg (Frova)	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg	Tier 1	QL (18 EA per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	Tier 2	PA
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	Tier 2	PA
REYVOW ORAL TABLET 100 MG, 50 MG	Tier 2	PA
rizatriptan oral tablet 10 mg (Maxalt)	Tier 1	QL (27 EA per 30 days)
rizatriptan oral tablet 5 mg	Tier 1	QL (27 EA per 30 days)
rizatriptan oral tablet,disintegrating 10 mg (Maxalt-MLT)	Tier 1	QL (27 EA per 30 days)
rizatriptan oral tablet,disintegrating 5 mg	Tier 1	QL (27 EA per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	Tier 1	QL (36 EA per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg (Imitrex)	Tier 1	QL (18 EA per 30 days)
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml (Imitrex STATdose Refill)	Tier 1	QL (18 ML per 30 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml (Imitrex STATdose Pen)	Tier 1	QL (18 ML per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml (Imitrex)	Tier 1	QL (18 ML per 30 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml	Tier 1	QL (18 ML per 30 days)

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

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Drug		Status	Notes
Narcotic & Salicylate Analgesics, Barb.& Xanthine			
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	(codeine-butalbital-asa-caff)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	(Ascomp with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic Analgesic & Non-Salicylate Analgesic Comb			
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml		Tier 1	QL (150 ML per 1 day); Age (Min 12 Years)
acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml		Tier 1	Age (Min 12 Years)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg		Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
acetaminophen-codeine oral tablet 300-60 mg		Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	(benzhydrocodone-acetaminophen)	Tier 3	ST: Requires prior prescription for generic Norco (Hydrocodone/Acetaminophen) tablets within the past 120 days; QL (12 EA per 1 day)
benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg	(Apadaz)	Tier 1	ST: Requires prior prescription for generic Norco (Hydrocodone/Acetaminophen) tablets within the past 120 days; QL (12 EA per 1 day)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	(oxycodone-acetaminophen)	Tier 1	QL (12 EA per 1 day)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml		Tier 1	QL (184 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg		Tier 1	QL (13 EA per 1 day)
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg		Tier 1	QL (12 EA per 1 day)

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Drug		Status	Notes
oxycodone-acetaminophen oral solution 5-325 mg/5 ml		Tier 1	QL (61 ML per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	(Endocet)	Tier 1	QL (12 EA per 1 day)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	(oxycodone-acetaminophen)	Tier 1	QL (12 EA per 1 day)
tramadol-acetaminophen oral tablet 37.5-325 mg		Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
Narcotic Withdrawal Therapy Agents			
buprenorphine hcl sublingual tablet 2 mg, 8 mg		Tier 1	QL (3 EA per 1 day)
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	(Suboxone)	Tier 1	
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg		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)
Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist			
lofexidine oral tablet 0.18 mg	(Lucemyra)	Tier 1	PA
Skeletal Muscle Relaxant,Salicylate,Narc Analgesic			
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg		Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
Parkinsons Disease			
Antiparkinsonism Drugs,Anticholinergic			
benztropine oral tablet 0.5 mg, 1 mg, 2 mg		Tier 1	
trihexyphenidyl oral elixir 0.4 mg/ml		Tier 1	
trihexyphenidyl oral tablet 2 mg, 5 mg		Tier 1	
Antiparkinsonism Drugs,Other			
amantadine hcl oral capsule 100 mg		Tier 1	
amantadine hcl oral solution 50 mg/5 ml		Tier 1	

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Drug	Status	Notes
amantadine hcl oral tablet 100 mg	Tier 1	
apomorphine subcutaneous cartridge 10 mg/ml (APOKYN)	Tier 1	PA; SP
bromocriptine oral capsule 5 mg	Tier 1	
bromocriptine oral tablet 2.5 mg	Tier 1	
carbidopa-levodopa oral tablet 10-100 mg (Sinemet)	Tier 1	
carbidopa-levodopa oral tablet 25-100 mg (Dhivy)	Tier 1	
carbidopa-levodopa oral tablet 25-250 mg	Tier 1	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	Tier 1	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	Tier 1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	Tier 1	
CREXONT ORAL CAPSULE,IR - EXTEND REL,BIPHASE 35-140 MG	Tier 3	ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (4 EA per 1 day)
CREXONT ORAL CAPSULE,IR - EXTEND REL,BIPHASE 52.5-210 MG	Tier 3	ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (10 EA per 1 day)
CREXONT ORAL CAPSULE,IR - EXTEND REL,BIPHASE 70-280 MG	Tier 3	ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (7 EA per 1 day)
CREXONT ORAL CAPSULE,IR - EXTEND REL,BIPHASE 87.5-350 MG	Tier 3	ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (6 EA per 1 day)

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Drug	Status	Notes
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	Tier 3	PA; SP
entacapone oral tablet 200 mg	Tier 1	
INBRIJA INHALATION CAPSULE 42 MG	Tier 3	PA; SP
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	Tier 3	PA; SP
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	Tier 2	ST: Requires prior prescription for Pramipexole IR or Ropinirole IR within the past 120 days; QL (1 EA per 1 day)
NOURIANZ ORAL TABLET 20 MG, 40 MG	Tier 3	PA; SP
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML	Tier 3	PA; SP
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Tier 3	PA
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	Tier 1	
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 4.5 mg	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)
pramipexole oral tablet extended release 24 hr 1.5 mg, 2.25 mg, 3 mg, 3.75 mg (Mirapex ER)	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)
rasagiline oral tablet 0.5 mg, 1 mg (Azilect)	Tier 1	QL (1 EA per 1 day)
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	Tier 1	

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Drug		Status	Notes
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg		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 ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG		Tier 3	ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (10 EA per 1 day)
selegiline hcl oral capsule 5 mg		Tier 1	
selegiline hcl oral tablet 5 mg		Tier 1	
tolcapone oral tablet 100 mg	(Tasmar)	Tier 1	ST: Requires prior prescription for entacapone within the past 120 days; QL (3 EA per 1 day)
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML		Tier 3	PA; SP
XADAGO ORAL TABLET 100 MG, 50 MG		Tier 3	ST: Requires prior prescription for Carbidopa/Levodopa (Duopa, Parcopa, Rytary, Sinemet IR, or Sinemet CR) within the past 120 days; QL (1 EA per 1 day)
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG		Tier 3	ST: Requires prior prescription for generic Selegiline capsules or tablets within the past 120 days; QL (2 EA per 1 day)
Decarboxylase Inhibitors			
carbidopa oral tablet 25 mg	(Lodosyn)	Tier 1	
Seizure Disorder			
Anticonvulsant - Benzodiazepine Type			
clobazam oral suspension 2.5 mg/ml	(Onfi)	Tier 1	QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	(Onfi)	Tier 1	QL (2 EA per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	(Klonopin)	Tier 1	

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Drug	Status	Notes
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	Tier 1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	Tier 3	QL (10 EA per 30 days)
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Tier 3	QL (10 EA per 30 days)
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	Tier 3	QL (10 EA per 30 days)
Anticonvulsant - Cannabinoid Type		
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 2	SP; ST: Requires trial of or contraindication to 2 of the following generic anticonsulvants: Clobazam, Lamotrigine, Levetiracetam, Topiramate, or Valproic Acid witihn the past 365 days
Anticonvulsants		
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 10 MG/ML	Tier 2	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 2	QL (2 EA per 1 day)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg (Carbatrol)	Tier 1	
carbamazepine oral suspension 100 mg/5 ml (Tegretol)	Tier 1	
carbamazepine oral tablet 200 mg (Epitol)	Tier 1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg (Tegretol XR)	Tier 1	
carbamazepine oral tablet,chewable 100 mg, 200 mg	Tier 1	

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Drug		Status	Notes
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	(carbamazepine)	Tier 3	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	(divalproex)	Tier 3	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	(divalproex)	Tier 3	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	(divalproex)	Tier 3	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG		Tier 3	PA; SP
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG		Tier 3	PA; SP
DILANTIN EXTENDED ORAL CAPSULE 100 MG	(phenytoin sodium extended)	Tier 3	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	(phenytoin)	Tier 3	
DILANTIN ORAL CAPSULE 30 MG		Tier 3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	(phenytoin)	Tier 3	
divalproex oral capsule, delayed rel sprinkle 125 mg	(Depakote Sprinkles)	Tier 1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	(Depakote ER)	Tier 1	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	(Depakote)	Tier 1	
EPITOL ORAL TABLET 200 MG	(carbamazepine)	Tier 1	
EPRONTIA ORAL SOLUTION 25 MG/ML		Tier 3	PA
ethosuximide oral capsule 250 mg	(Zarontin)	Tier 1	
ethosuximide oral solution 250 mg/5 ml	(Zarontin)	Tier 1	
felbamate oral suspension 600 mg/5 ml		Tier 1	QL (30 ML per 1 day)
felbamate oral tablet 400 mg	(Felbatol)	Tier 1	QL (9 EA per 1 day)
felbamate oral tablet 600 mg	(Felbatol)	Tier 1	QL (6 EA per 1 day)

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Drug		Status	Notes
FINTEPLA ORAL SOLUTION 2.2 MG/ML		Tier 3	PA; SP
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		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)
gabapentin oral capsule 100 mg, 300 mg, 400 mg	(Neurontin)	Tier 1	
gabapentin oral solution 250 mg/5 ml	(Neurontin)	Tier 1	
gabapentin oral solution 300 mg/6 ml (6 ml)		Tier 1	
gabapentin oral tablet 600 mg, 800 mg	(Neurontin)	Tier 1	
lacosamide oral solution 10 mg/ml	(Vimpat)	Tier 1	QL (1200 ML per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Vimpat)	Tier 1	QL (2 EA per 1 day)
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)		Tier 3	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)		Tier 3	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)		Tier 3	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Lamictal)	Tier 1	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)	(Lamictal ODT Starter (Blue))	Tier 1	
lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)	(Lamictal ODT Starter (Orange))	Tier 1	
lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)	(Lamictal ODT Starter (Green))	Tier 1	
lamotrigine oral tablet extended release 24hr 100 mg	(Lamictal XR)	Tier 1	QL (3 EA per 1 day)

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Drug		Status	Notes
lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg	(Lamictal XR)	Tier 1	QL (2 EA per 1 day)
lamotrigine oral tablet extended release 24hr 25 mg, 50 mg	(Lamictal XR)	Tier 1	QL (6 EA per 1 day)
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	(Lamictal)	Tier 1	
lamotrigine oral tablet,disintegrating 100 mg	(Lamictal ODT)	Tier 1	QL (3 EA per 1 day)
lamotrigine oral tablet,disintegrating 200 mg	(Lamictal ODT)	Tier 1	QL (2 EA per 1 day)
lamotrigine oral tablet,disintegrating 25 mg, 50 mg	(Lamictal ODT)	Tier 1	QL (6 EA per 1 day)
lamotrigine oral tablets,dose pack 25 mg (35)	(Lamictal Starter (Blue) Kit)	Tier 1	
lamotrigine oral tablets,dose pack 25 mg (42) -100 mg (7)	(Lamictal Starter (Orange) Kit)	Tier 1	
lamotrigine oral tablets,dose pack 25 mg (84) -100 mg (14)	(Lamictal Starter (Green) Kit)	Tier 1	
levetiracetam oral solution 100 mg/ml	(Keppra)	Tier 1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	(Keppra)	Tier 1	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	(Keppra XR)	Tier 1	
methsuximide oral capsule 300 mg	(Celontin)	Tier 1	
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG		Tier 3	PA
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	(Trileptal)	Tier 1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	Tier 1	
oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg	(Oxtellar XR)	Tier 1	QL (1 EA per 1 day)
oxcarbazepine oral tablet extended release 24 hr 600 mg	(Oxtellar XR)	Tier 1	QL (4 EA per 1 day)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	(phenytoin sodium extended)	Tier 3	
phenytoin oral suspension 125 mg/5 ml	(Dilantin-125)	Tier 1	

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Drug		Status	Notes
phenytoin oral tablet,chewable 50 mg	(Dilantin Infatabs)	Tier 1	
phenytoin sodium extended oral capsule 100 mg	(Dilantin Extended)	Tier 1	
phenytoin sodium extended oral capsule 200 mg, 300 mg	(Phenytek)	Tier 1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	(Lyrica)	Tier 1	
pregabalin oral solution 20 mg/ml	(Lyrica)	Tier 1	
primidone oral tablet 125 mg		Tier 1	
primidone oral tablet 250 mg, 50 mg	(Mysoline)	Tier 1	
rufinamide oral suspension 40 mg/ml	(Banzel)	Tier 1	QL (80 ML per 1 day)
rufinamide oral tablet 200 mg	(Banzel)	Tier 1	QL (16 EA per 1 day)
rufinamide oral tablet 400 mg	(Banzel)	Tier 1	QL (8 EA per 1 day)
SABRIL ORAL TABLET 500 MG	(vigabatrin)	Tier 3	PA; SP
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	(carbamazepine)	Tier 3	
TEGRETOL ORAL TABLET 200 MG	(carbamazepine)	Tier 3	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	(carbamazepine)	Tier 3	
tiagabine oral tablet 12 mg, 2 mg, 4 mg		Tier 1	QL (4 EA per 1 day)
tiagabine oral tablet 16 mg		Tier 1	QL (3 EA per 1 day)
topiramate oral capsule, sprinkle 15 mg, 25 mg	(Topamax)	Tier 1	
topiramate oral capsule, sprinkle 50 mg		Tier 1	
topiramate oral capsule,extended release 24hr 100 mg, 200 mg	(Trokendi XR)	Tier 1	QL (2 EA per 1 day)
topiramate oral capsule,extended release 24hr 25 mg	(Trokendi XR)	Tier 1	QL (8 EA per 1 day)
topiramate oral capsule,extended release 24hr 50 mg	(Trokendi XR)	Tier 1	QL (4 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 100 mg, 25 mg, 50 mg	(Qudexy XR)	Tier 1	QL (1 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg	(Qudexy XR)	Tier 1	QL (2 EA per 1 day)
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	Tier 1	

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Drug		Status	Notes
valproic acid (as sodium salt) oral solution 250 mg/5 ml		Tier 1	
valproic acid oral capsule 250 mg		Tier 1	
vigabatrin oral powder in packet 500 mg	(Vigadrone)	Tier 1	PA; SP
vigabatrin oral tablet 500 mg	(Vigadrone)	Tier 1	PA; SP
VIGADRONE ORAL POWDER IN PACKET 500 MG	(vigabatrin)	Tier 1	PA; SP
VIGADRONE ORAL TABLET 500 MG	(vigabatrin)	Tier 1	PA; SP
VIGAFYDE ORAL SOLUTION 100 MG/ML		Tier 3	PA; SP
VIGPODER ORAL POWDER IN PACKET 500 MG	(vigabatrin)	Tier 1	PA; SP
VIMPAT ORAL TABLETS,DOSE PACK 50 MG (14)- 100 MG (14)		Tier 2	
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)		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 ORAL TABLETS,DOSE PACK 12.5 MG (14)-25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)		Tier 2	QL (1 EA per 1 day)
ZONISADE ORAL SUSPENSION 100 MG/5 ML		Tier 3	PA
zonisamide oral capsule 100 mg, 25 mg	(Zonegran)	Tier 1	
zonisamide oral capsule 50 mg		Tier 1	
Neuroactive Steroid Gaba-A Receptor Modulator			
ZTALMY ORAL SUSPENSION 50 MG/ML		Tier 3	PA; SP
Skeletal Muscle Disorder			
Agents To Tx Periodic Paralysis - Carbon Anhyd Inh			
dichlorphenamide oral tablet 50 mg	(Ormalvi)	Tier 1	PA; SP
KEVEYIS ORAL TABLET 50 MG	(dichlorphenamide)	Tier 2	PA; SP

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

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Drug		Status	Notes
Smoking Cessation			
Smoking Deterrent Agents (Ganglionic Stim,Others)			
nicotine (polacrilex) buccal gum 2 mg	(Quit 2)	$0	$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal gum 4 mg	(Quit 4)	$0	$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal lozenge 2 mg	(Quit 2)	$0	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal lozenge 4 mg	(Quit 4)	$0	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	(Nicorette)	$0	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	(Nicoderm CQ)	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr		$0	$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER

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Drug		Status	Notes
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML		$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 2 MG	(nicotine (polacrilex))	$0	$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
QUIT 2 BUCCAL LOZENGE 2 MG	(nicotine (polacrilex))	$0	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL GUM 4 MG	(nicotine (polacrilex))	$0	$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL LOZENGE 4 MG	(nicotine (polacrilex))	$0	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG	(nicotine (polacrilex))	$0	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
Smoking Deterrent-Nicotinic Recept.Partial Agonist			
varenicline tartrate oral tablet 0.5 mg, 1 mg	(Chantix)	$0	$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)

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Drug	Status	Notes
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42) (Chantix Starting Month Box)	$0	$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
Smoking Deterrents, Other		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	$0	$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
Upper Gastrointestinal Disorders - Digestive		
Gastric Enzymes		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Tier 3	PA; SP
Pancreatic Enzymes		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	Tier 2	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200-24,600 UNIT	Tier 3	
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500-60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	Tier 3	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300-78,300 UNIT	Tier 3	

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Drug		Status	Notes
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT		Tier 2	
Upper Gastrointestinal Disorders - Spastic Disease			
Anticholinergics/Antispasmodics			
dicyclomine oral capsule 10 mg		Tier 1	
dicyclomine oral solution 10 mg/5 ml		Tier 1	
dicyclomine oral tablet 20 mg		Tier 1	
Belladonna Alkaloids			
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG	(hyoscyamine sulfate)	Tier 1	
hyoscyamine sulfate oral drops 0.125 mg/ml	(Hyosyne)	Tier 1	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	(Hyosyne)	Tier 1	
hyoscyamine sulfate oral tablet 0.125 mg	(Oscimin)	Tier 1	
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	(Levbid)	Tier 1	
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	(Ed-Spaz)	Tier 1	
hyoscyamine sulfate sublingual tablet 0.125 mg	(Oscimin SL)	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML	(hyoscyamine sulfate)	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML	(hyoscyamine sulfate)	Tier 1	
methscopolamine oral tablet 2.5 mg, 5 mg		Tier 1	
OSCIMIN ORAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	(hyoscyamine sulfate)	Tier 3	

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

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Drug		Status	Notes
Histamine H2-Receptor Inhibitors			
cimetidine hcl oral solution 300 mg/5 ml		Tier 1	
cimetidine oral tablet 200 mg	(Acid Reducer (cimetidine))	Tier 1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg		Tier 1	
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)		Tier 1	
famotidine oral tablet 20 mg	(Acid Controller)	Tier 1	
famotidine oral tablet 40 mg	(Pepcid)	Tier 1	
nizatidine oral capsule 150 mg, 300 mg		Tier 1	
Intestinal Motility Stimulants			
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY		Tier 3	PA; SP
metoclopramide hcl oral solution 5 mg/5 ml		Tier 1	
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	Tier 1	
prucalopride oral tablet 1 mg, 2 mg	(Motegrity)	Tier 1	QL (1 EA per 1 day)
Potassium-Competitive Acid Blockers (Pcabs)			
VOQUEZNA ORAL TABLET 10 MG, 20 MG		Tier 3	PA
Proton-Pump Inhibitors			
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG	(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)
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 5 MG		Tier 3	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day)

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Drug		Status	Notes
dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg	(Dexilant)	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	(Acid Reducer (esomeprazole))	Tier 1	QL (1 EA per 1 day)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	(Nexium)	Tier 1	QL (2 EA per 1 day)
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg	(Nexium Packet)	Tier 1	QL (1 EA per 1 day)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	(Nexium Packet)	Tier 1	QL (2 EA per 1 day)
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	(Acid Reducer (lansoprazole))	Tier 1	
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	(Prevacid)	Tier 1	
lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg	(Prevacid SoluTab)	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 120 days
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	(esomeprazole magnesium)	Tier 2	QL (1 EA per 1 day)
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg		Tier 1	
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram	(Zegerid OTC)	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram		Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)

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Drug		Status	Notes
pantoprazole oral granules dr for susp in packet 40 mg	(Protonix)	Tier 1	ST: Requires prior prescription for Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec within the past 120 days
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	(Protonix)	Tier 1	
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG, 2.5 MG		Tier 3	
rabeprazole oral capsule, delayed rel sprinkle 10 mg	(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)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	(AcipHex)	Tier 1	QL (1 EA per 1 day)
Urinary Tract - Functional Disorders			
Benign Prostatic Hypertrophy/Micturition Agents			
alfuzosin oral tablet extended release 24 hr 10 mg	(Uroxatral)	Tier 1	
dutasteride oral capsule 0.5 mg	(Avodart)	Tier 1	
finasteride oral tablet 5 mg	(Proscar)	Tier 1	
silodosin oral capsule 4 mg, 8 mg	(Rapaflo)	Tier 1	
tamsulosin oral capsule 0.4 mg	(Flomax)	Tier 1	
Bph Agent-5-Alpha-Reductase Inh And Pde5 Inh Comb			
ENTADFI ORAL CAPSULE 5-5 MG		Tier 3	PA
Bph Agents,5-Alpha-Red Inh & Alpha-1-Adr Antg Cmb			
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	(Jalyn)	Tier 1	ST: Requires prior prescription for Alfuzosin, Doxazosin, Finasteride 5mg, Prazosin, Silodosin, Tamsulosin, or Terazosin within the past 120 days

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Drug		Status	Notes
Cystine-Depleting Agents, Nephropathic Cystinosis			
CYSTAGON ORAL CAPSULE 150 MG, 50 MG		Tier 3	SP
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG		Tier 2	PA; SP
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG		Tier 2	PA; SP
Endothelin-Angiotensin Receptor Antagonist			
FILSPARI ORAL TABLET 200 MG, 400 MG		Tier 3	PA; SP
Kidney Stone Agents			
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG	(tiopronin)	Tier 2	SP
tiopronin oral tablet 100 mg	(Thiola)	Tier 1	SP
tiopronin oral tablet,delayed release (dr/ec) 100 mg, 300 mg	(Venxxiva)	Tier 1	SP
VENXXIVA ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG	(tiopronin)	Tier 1	SP
Overactive Bladder Agents, Beta-3 Adrenergic Recep			
GEMTESA ORAL TABLET 75 MG		Tier 3	ST: Requires prior prescriptions for Myrbetriq and Oxybutynin IR/XR within the past 365 days; QL (1 EA per 1 day)
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML		Tier 2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	(mirabegron)	Tier 1	QL (1 EA per 1 day)
Oxalosis Agent - Oxalate Inhibitor, Sirna Based			
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)		Tier 3	PA; SP

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Drug		Status	Notes
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML		Tier 3	PA; SP
Polycystic Kidney Disease Agent, Avp Recep. Antag			
JYNARQUE ORAL TABLET 15 MG, 30 MG		Tier 2	PA; SP
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)		Tier 2	PA; SP
Urinary Ph Modifiers			
K-PHOS NO 2 ORAL TABLET 305-700 MG		Tier 3	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG		Tier 3	
ORACIT ORAL SOLUTION 490-640 MG/5 ML	(sodium citrate-citric acid)	Tier 3	
potassium citrate oral tablet extended release 10 meq (1,080 mg)	(Urocit-K 10)	Tier 1	
potassium citrate oral tablet extended release 15 meq	(Urocit-K 15)	Tier 1	
potassium citrate oral tablet extended release 5 meq (540 mg)		Tier 1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML		Tier 3	
sodium citrate-citric acid oral solution 490-640 mg/5 ml	(Oracit)	Tier 1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG		Tier 3	
Urinary Tract Analgesic Agents			
ELMIRON ORAL CAPSULE 100 MG		Tier 2	PA
Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)			
phenazopyridine oral tablet 100 mg, 200 mg	(Pyridium)	Tier 1	

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Drug	Status	Notes
Urinary Tract Antispasmodic, M(3) Selective Antag.		
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg	Tier 1	
solifenacin oral tablet 10 mg, 5 mg (Vesicare)	Tier 1	
VESICARE LS ORAL SUSPENSION 1 MG/ML	Tier 3	PA
Urinary Tract Antispasmodic/Antiincontinence Agent		
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg (Toviaz)	Tier 1	QL (1 EA per 1 day)
flavoxate oral tablet 100 mg	Tier 1	
oxybutynin chloride oral syrup 5 mg/5 ml	Tier 1	
oxybutynin chloride oral tablet 2.5 mg, 5 mg	Tier 1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	Tier 1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	Tier 3	ST: Requires prior prescriptions for Myrbetriq and Oxybutynin IR/XR within the past 365 days
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	Tier 1	
tolterodine oral tablet 1 mg, 2 mg	Tier 1	
trospium oral capsule,extended release 24hr 60 mg	Tier 1	
trospium oral tablet 20 mg	Tier 1	
Vaginal Disorders		
Vaginal Antibiotics		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Tier 3	ST: At least 2 prior prescriptions for oral Metronidazole, Clindamycin, vaginal Clindamycin cream, vaginal Metronidazole gel, or Tinidazole within the past 365 days; QL (3 EA per 30 days)

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Drug	Status	Notes
clindamycin phosphate vaginal cream 2 % (Cleocin)	Tier 1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	Tier 3	ST: Requires prior prescription for generic Clindamycin vaginal cream within the past 120 days
metronidazole vaginal gel 0.75 % (37.5mg/5 gram) (Vandazole)	Tier 1	
metronidazole vaginal gel 1.3 % (65 mg/5 gram) (Nuvessa)	Tier 1	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM) (metronidazole)	Tier 3	
Vaginal Antifungals		
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 2	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	Tier 1	
terconazole vaginal cream 0.4 %, 0.8 %	Tier 1	
terconazole vaginal suppository 80 mg	Tier 1	
Vaginal Antiseptics		
FEM PH VAGINAL GEL 0.9-0.025 %	Tier 3	
RELAGARD VAGINAL GEL 0.9-0.025 %	Tier 3	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	Tier 3	
Vaginal Estrogen For Sexual Dysfunction		
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	Tier 3	ST: Requires prior prescriptions Premarin cream and one of the following: Estradiol cream or vaginal tablet within the past 365 days; QL (18 EA per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	Tier 3	ST: Requires prior prescriptions Premarin cream and one of the following: Estradiol cream or vaginal tablet within the past 365 days; QL (18 EA per 28 days)

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Drug		Status	Notes
Vaginal Estrogen Preparations			
estradiol vaginal cream 0.01 % (0.1 mg/gram)	(Estrace)	Tier 1	
estradiol vaginal tablet 10 mcg	(Yuvafem)	Tier 1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)		Tier 3	ST: Requires prior prescriptions Premarin cream and one of the following: Estradiol cream or vaginal tablet within the past 365 days; QL (1 EA per 90 days)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR		Tier 3	ST: Requires prior prescriptions Premarin cream and one of the following: Estradiol cream or vaginal tablet within the past 365 days; QL (1 EA per 84 days)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM		Tier 2	
YUVAFEM VAGINAL TABLET 10 MCG	(estradiol)	Tier 1	
Vitamin And/Or Mineral Deficiency			
Fluoride Preparations			
CLINPRO 5000 DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 3	
DENTA 5000 PLUS DENTAL CREAM 1.1 %	(fluoride (sodium))	Tier 1	
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 %	(sodium fluoride-pot nitrate)	Tier 1	
DENTAGEL DENTAL GEL 1.1 %	(fluoride (sodium))	Tier 1	
FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML		Tier 3	
fluoride (sodium) dental cream 1.1 %	(Denta 5000 Plus)	Tier 1	
fluoride (sodium) dental gel 1.1 %	(DentaGel)	Tier 1	
fluoride (sodium) dental paste 1.1 %	(Sodium Fluoride 5000 Dry Mouth)	Tier 1	
fluoride (sodium) dental solution 0.2 %	(PreviDent)	Tier 1	
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	(SoluVita)	$0	$0 COPAY IF 6 MONTHS TO 6 YEARS OF AGE

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Drug		Status	Notes
fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	(Ludent Fluoride)	$0	$0 COPAY IF 6 MONTHS TO 6 YEARS OF AGE
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	(sodium fluoride-pot nitrate)	Tier 3	
FLUORIMAX 5000 DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 %	(sodium fluoride-pot nitrate)	Tier 3	
FRAICHE 5000 KIDS PLUS DENTAL GEL 1.1-4 %		Tier 3	
FRAICHE 5000 PREVI DENTAL GEL 1.1-3 %		Tier 3	
GEL-KAM DENTAL GEL 0.4 %	(stannous fluoride)	Tier 1	
JUST RIGHT 5000 DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 3	
PERIO MED DENTAL SOLUTION 0.63 %	(stannous fluoride)	Tier 3	
PHOS-FLUR DENTAL SOLUTION 0.02 % (0.044 % SOD. FLUORIDE)		Tier 3	
SF 5000 PLUS DENTAL CREAM 1.1 %	(fluoride (sodium))	Tier 1	
SF DENTAL GEL 1.1 %	(fluoride (sodium))	Tier 1	
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 1	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 %	(fluoride (sodium))	Tier 1	
sodium fluoride-pot nitrate dental paste 1.1-5 %	(Denta 5000 Plus Sensitive)	Tier 1	
Folic Acid Preparations			
folic acid injection solution 5 mg/ml		Tier 1	
folic acid oral tablet 1 mg		Tier 1	
folic acid oral tablet 400 mcg, 800 mcg		$0	
Iron Replacement			
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON		Tier 3	

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Drug	Status	Notes
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML	Tier 3	
Prenatal Vitamin Preparations		
ATABEX OB ORAL TABLET 29-1 MG	$0	
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK,TABLET AND CAP,DR 27 MG IRON-1 MG -374 MG	$0	
BAL-CARE DHA ORAL COMBO PACK,TABLET AND CAP,DR 27-1-430 MG	$0	
CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG	$0	
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG	$0	
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	$0	
KPN ORAL TABLET 9 MG IRON- 267 MCG	$0	
MINI PRENATAL ORAL TABLET 6.75 MG IRON- 200 MCG	$0	
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG (pnv,calcium 72-iron-folic acid)	$0	
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG	$0	
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG	$0	
MYNATAL ORAL TABLET 90-1-50 MG	$0	
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG	$0	
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG	$0	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG	$0	
NATAVI PNV ORAL CAPSULE 13.5 MG IRON- 0.5 MG-150 MG	$0	

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Drug	Status	Notes
NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON- 1 MG	$0	
NEO-VITAL RX ORAL TABLET 27 MG IRON- 1 MG	$0	
OBSTETRIX DHA ORAL COMBO PACK,TABLET AND CAP,DR 29 MG IRON-1 MG -50 MG	$0	
OBSTETRIX DHA PRENATAL DUO ORAL COMB PACK,TABLET DR,CAPSULE DR 29 MG IRON- 1,700 MCG DFE	$0	
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC) 29 MG IRON- 1,700 MCG DFE, 29 MG IRON-1 MG -50 MG	$0	
ONE DAILY PRENATAL ORAL COMBO PACK 28-800-440 MG-MCG-MG	$0	
ONE-A-DAY PRENATAL-1 ORAL CAPSULE 27 MG IRON- 800 MCG-235 MG	$0	
pnv cmb#95-ferrous fumarate-fa oral tablet 28 mg iron- 800 mcg (Prenatal)	$0	
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG	$0	
PNV-SELECT ORAL TABLET 27-1 MG	$0	
PR NATAL 400 EC ORAL COMBO PACK,TABLET AND CAP,DR 29-1-400 MG	$0	
PR NATAL 400 ORAL COMBO PACK 29-1-400 MG	$0	
PR NATAL 430 EC ORAL COMBO PACK,TABLET AND CAP,DR 29-1-430 MG	$0	
PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG -430 MG	$0	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	$0	
PRENATABS FA ORAL TABLET 29-1 MG	$0	

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Drug		Status	Notes
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG		$0	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON- 975 MCG-200 MG, 28 MG IRON-800 MCG-200 MG		$0	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG		$0	
PRENATAL 19 ORAL TABLET 29 MG IRON- 1 MG		$0	
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG		$0	
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG		$0	
PRENATAL ESSENTIALS ORAL CAPSULE 6 MG IRON- 272 MCG DFE		$0	
PRENATAL FORMULA ORAL TABLET 28 MG IRON- 800 MCG	(pnv cmb#95-ferrous fumarate-fa)	$0	
PRENATAL FORMULA ORAL TABLET 9 MG IRON- 267 MCG		$0	
PRENATAL FORMULA-DHA ORAL CAPSULE 28 MG-800 MCG- 200 MG		$0	
PRENATAL MULTI ORAL TABLET 27-800 MG-MCG		$0	
PRENATAL MULTI-DHA (ALGAL OIL) ORAL CAPSULE 27MG IRON- 800 MCG-250 MG		$0	
PRENATAL MULTI-DHA(WITH VIT K) ORAL CAPSULE 27 MG IRON-800 MCG-260 MG		$0	
PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG	(pnv cmb#95-ferrous fumarate-fa)	$0	
PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG		$0	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	(pnv cmb#95-ferrous fumarate-fa)	$0	
PRENATAL ORAL TABLET 28-800 MG-MCG		$0	

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Drug		Status	Notes
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	(pnv,calcium 72-iron-folic acid)	$0	
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG		$0	
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG	(pnv,calcium 72-iron,carb-folic)	$0	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG		$0	
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG	(prenatal vit-iron fum-folic ac)	$0	
prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg		$0	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG, 27 MG IRON- 800 MCG, 28 MG IRON- 800 MCG		$0	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	(pnv,calcium 72-iron-folic acid)	$0	
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG	(prenatal vit-iron fum-folic ac)	$0	
prenatal vit-iron fum-folic ac oral tablet 28 mg iron- 800 mcg	(Prenatal Tablet)	$0	
PRENATAL WITH DHA-FOLIC ACID ORAL TABLET,CHEWABLE 400-32.5 MCG-MG		$0	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG		$0	
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG		$0	
SE-NATAL 19 ORAL TABLET 29 MG IRON- 1 MG		$0	
SIMILAC PRENATAL ORAL COMBO PACK 27 MG IRON-800 MCG-200 MG		$0	
STUART ONE ORAL CAPSULE 27 MG IRON- 800 MCG-200 MG		$0	
TENDERA-OB ORAL CAPSULE 27 MG IRON-1 MG -205 MG		$0	

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Drug	Status	Notes
THERANATAL COMPLETE ORAL COMBO PACK 27 MG IRON- 1 MG-150 MG	$0	
THERANATAL ONE ORAL CAPSULE 27 MG IRON-1000 MCG-300 MG	$0	
THERANATAL ORAL TABLET 27 MG IRON- 1 MG	$0	
THERANATAL OVAVITE ORAL COMBO PACK 18-1-125 MG-MG-UNIT	$0	
THERANATAL PLUS ORAL COMBO PACK 27 MG IRON- 1 MG-300 MG	$0	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	$0	
TRICARE ORAL TABLET 27 MG IRON- 1 MG	$0	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG	$0	
TRINATE ORAL TABLET 28 MG IRON- 1 MG	$0	
ULTRA PRENATAL PLUS DHA ORAL CAPSULE 23 MG-800 MCG- 250 MG- 200 MG	$0	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON- 0.33 MG	$0	
WESNATAL DHA COMPLETE ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG	$0	
WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG (pnv,calcium 72-iron-folic acid)	$0	
WOMEN'S PRENATAL PLUS DHA ORAL COMBO PACK 28 MG-975 MCG- 200 MG	$0	
Prenatal Vitamins Without Iron		
NATAVI PRIMA ORAL CAPSULE 4 MG IRON- 0.5 MG-150 MG	$0	
ONE-A-DAY PRENATAL ORAL TABLET,CHEWABLE 400 MCG- 25 MG	$0	

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Drug	Status	Notes
PRENATAL GUMMIES ORAL TABLET,CHEWABLE 400 MCG-35 MG-25 MG-5 MG	$0	
PRENATAL GUMMIES(ZINC CHELATE) ORAL TABLET,CHEWABLE 180 MCG-35 MG- 25 MG-5 MG	$0	
PRENATAL ORAL TABLET,CHEWABLE 400 MCG	$0	
Vitamin D Preparations		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Tier 1	
calcitriol oral solution 1 mcg/ml (Rocaltrol)	Tier 1	
Weight Reduction		
Anorexic Agents		
benzphetamine oral tablet 50 mg	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
diethylpropion oral tablet 25 mg	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
diethylpropion oral tablet extended release 75 mg	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
LOMAIRA ORAL TABLET 8 MG (phentermine)	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
phendimetrazine tartrate oral capsule, extended release 105 mg	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
phendimetrazine tartrate oral tablet 35 mg	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
phentermine oral capsule 15 mg, 30 mg, 37.5 mg	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
phentermine oral tablet 37.5 mg (Adipex-P)	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
PLENITY (WELCOME KIT) ORAL CAPSULE 0.75 GRAM	Tier 3	PA
PLENITY ORAL CAPSULE 0.75 GRAM	Tier 3	PA
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG	Tier 3	PA

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Drug	Status	Notes
Anti-Obesity - Incretin Mimetics Combination		
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	Tier 2	PA
Anti-Obesity - Melanocortin 4 Receptor Agonists		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 3	PA; SP
Anti-Obesity - Opioid Antag/Norepi & Da Reup Inhib		
CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG	Tier 3	PA
Anti-Obesity Glucagon-Like Peptide-1 Recep Agonist		
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML)	Tier 2	PA
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	Tier 2	PA
Fat Absorption Decreasing Agents		
orlistat oral capsule 120 mg (Xenical)	Tier 1	PA

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