

State of Oklahoma

DRUG FORMULARY

January 1 - December 31, 2026

This document contains a list of covered drugs for the GlobalHealth State of Oklahoma Employees and Educators plan. The Drug Formulary was updated on 9/28/2026. For more recent information or other questions, please contact GlobalHealth Customer Care.

1-877-280-5600

9:00 AM - 5:00 PM, Monday-Friday

www.GlobalHealth.com



GlobalHealth

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IMPORTANT INFORMATION

This formulary applies to Members who enrolled in GlobalHealth through an employer group in the State of Oklahoma, including State, Education, and Local Government employees who enrolled through the State of Oklahoma benefits enrollment process.

Member Materials

Your comprehensive Member handbook has four booklets. Each one has a different purpose.

These documents are important legal documents. Keep them in a safe place.

Booklet	Purpose
Member Handbook for State, Education, and Local Government Employees ("Member Handbook")	• Tells you about your benefits. ○ What benefits are covered and how much you will pay. ○ How they are covered (including limitations and exclusions). ○ How to use them.
Physicians and Health Providers Directory ("Provider Directory")	• Lists our Network of doctors, and Facilities. • Tells you if a Facility is preferred or not.
Pharmacy Directory	• Lists our Network of pharmacies
Formulary Drug List for State, Education, and Local Government Employees ("Drug Formulary" or "Formulary")	• Lists drugs we cover. • Tells you what Tier a drug is in. • Tells you if there are any rules to getting a drug.

Member materials are available on our website. Contact Customer Care for printed copies at no charge. But be aware that the most current *Drug Formulary* and *Provider Directory* lists are on the website.

This is an important legal document. Please keep it in a safe place.

When this document says "we", "us", or "our", it means GlobalHealth, Inc. Words or phrases that start with a capital letter are defined in the *Member Handbook* glossary.

For specific questions about your coverage, please call the phone number printed on your Member ID card.

Preferred Drugs

Preferred drugs are listed in this *Drug Formulary*. Drugs on the list are selected based on quality (effectiveness and safety) as well as cost-effectiveness. Doctors and pharmacists have worked together to develop the Formulary, which includes generics and brand name drugs that are approved by the U. S. Food and Drug Administration (FDA).

For the Member: Generic drugs contain the same active ingredients in the same amounts as brand name products. However, they may be a different color, shape, or size.

For the physician: Please prescribe preferred products and allow generic substitutions when medically appropriate. Thank you.

***THIS DOCUMENT LIST IS EFFECTIVE AS OF THE DATE ON THE COVER.
THIS LIST IS SUBJECT TO CHANGE. You may find the most current list,
including any Utilization Management requirements, on our website.
Contact Customer Care for printed copies.***

EXCEPTION REQUESTS

Call 1-877-280-5600 to ask for an exception.

Others that may help with this process include.

- Your doctor or pharmacist.
- The parent of a child under 18 years of age.
- Your power of attorney with medical decision authority. We must have a copy of the signed power of attorney form on file.
- Your authorized representative. You will need to complete the *Appointment of Authorized Representative* form (which can be found on our website) if you want us to share your PHI with anyone else, for example:
 - Your parent, if you are age 18 or over.
 - Your spouse.
 - Your caregiver, friend, neighbor, or other.

Exception Type	Process
Standard Exception	You can ask us to waive coverage rules and limits. You may ask us by mail, e-mail, or telephone. Generally, we will only approve a request if: • The alternative drug is included on the Formulary; • The drug without utilization rules would not work as well for you; and • It would cause you to have harmful side effects. We will not approve a request to lower your Cost-share for a drug. If you ask us to cover a drug that is not on our Formulary, your doctor must send: • The reason you need the non-formulary drug; and • A statement that all Formulary drugs on any Tier: ○ Will not or have not worked;

Exception Type	Process
	○ Would not work as well; or ○ Would have harmful side effects. You should contact us to find out how to ask for an exception. Your doctor will need to send us information. We make a decision within 72 hours if we have the required information. • If we agree, we also cover appropriate refills of the prescription. • If we deny your request, you may ask for an External Review. They will send you their decision within 72 hours after getting your request for review. We will cover your drug during the time we are reviewing. We will also cover your drug during an External Review.
Expedited Exception	You may ask for a fast exceptions process when: • You are suffering from a health condition that may risk your life, health, or ability to regain maximum function; or • You are already using a non-formulary drug. We will tell you our decision within 24 hours after you ask us for a review if we have enough information. • If we agree, we also cover appropriate refills of the prescription. • If we deny your request, you may ask for an External Review. They will send you their decision within 24 hours after getting your request for review. We will cover your drug during the time we are reviewing. We will also cover the drug during an External Review.

HELPFUL NUMBERS

Plan Issuer:

GlobalHealth, Inc.
PO Box 2393
Oklahoma City, OK 73101-2393
www.GlobalHealth.com

GlobalHealth Customer Care and Language Assistance:

1-877-280-5600 (toll-free)
711 (TTY)
Mon – Fri, 9 a.m. – 5 p.m.

Appeals and Grievances:

GlobalHealth, Appeals and Grievances
PO Box 2393
Oklahoma City, OK 73101-2393

Hearing Aid Benefits:

NationsHearing
1-877-241-4736 (toll-free)
711 (TTY)

24/7 Nurse Help Line:

CareNet
1-800-554-9371 (toll-free)
711 (TTY)

24/7 GlobalHealth Compliance Recorded Hotline:

1-877-627-0004 (toll-free)
compliance@globalhealth.com
m
privacy@globalhealth.com

Behavioral Health/Telehealth:

Carelon Behavioral Health
1-888-434-9204 (Monday – Friday, 7 am – 5 pm Central)
711 (TTY)

Behavioral Health Appeals and Grievances:
Carelon Behavioral Health
PO Box 1851
Hicksville, NY 11802-1851

Mail Claims to:
Carelon Behavioral Health
Claims Processing Center
PO Box 1850
Hicksville, NY 11802-1850

Pharmacy Benefits Manager:

MedImpact
Customer Service
1-800-424-1789 (toll-free)
711 (TTY)

Prior Authorizations:
1-800-361-4542 (toll-free)

Mail Claims to:
MedImpact – DMR
7835 Freedom Avenue NW
North Canton, OH 44720

Prescription Drug Grievances:
1-877-280-5600 (toll-free)
GlobalHealth Pharmacy
Exceptions Department
PO Box 2393
Oklahoma City, OK 73101-2393

Drug Appeals:
MedImpact
Attn: Clinical Services
7835 Freedom Avenue NW
North Canton, OH 44720

Mail Order Pharmacy:

MedImpact Birdi Patient Care
1-866-909-5170 (toll-free)

Have your Member ID card with you when you call.

Register on the at www.GlobalHealth.com to access personalized Health Insurance information.

TTY numbers require special telephone equipment and is only for people who have difficulties with hearing or speaking.

PREVENTIVE CARE INDEX

These drugs are available with no Cost-share to you. Drugs listed are based on the recommendations of the U.S. Preventive Services Task Force (USPSTF) in conjunction with the recommendations of Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA). Recommendations, ages, and populations may vary.

This list is subject to change as ACA guidelines are updated or modified.

Immunizations

Covered immunizations include those that are routine vaccines recommended by the CDC and that meet the FDA approved indications for age and/or gender limitations. Coverage also includes non-routine immunizations as designated by the CDC.

THERAPEUTIC CLASS INDEX

Tier 4* drugs in the table below are non-preferred specialty medications. You will pay the higher Cost-share for drugs shown below in Tier 4*.

Key

ACA: Affordable Care Act. Those drugs and products available at no Cost-share to the Member because they are part of Preventive Care.

DME: Durable Medical Supplies. Diabetic supplies that may be purchased at a pharmacy. You pay the Durable Medical Equipment Cost-share shown in your *Member Handbook*.

DS: Diabetic Supplies. Diabetic supplies that may be purchased at a pharmacy. You pay the diabetic supplies Cost-share shown in your *Member Handbook*.

OC: Oral Chemotherapy. You will not pay more than \$100 per prescription fill, regardless of the cost of the Tier.

OTC: Over-the-Counter. You can get these drugs at no cost (if ACA is also indicated) or at your Plan's lowest Cost-share amount (if LCG is also indicated). Otherwise, you will pay the preferred generic Cost-share amount. Your doctor must prescribe them. Present your prescription and Member ID card to the pharmacist.

PA: Prior Authorization. GlobalHealth requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, GlobalHealth limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, GlobalHealth requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

List of Abbreviations

Tier 1: Generic Drug

Tier 2: Preferred Brand

Tier 3: Non-Preferred Drug

Tier 4 (SP Non-Preferred): Specialty Non-Preferred

Tier 4 (SP Preferred): Specialty Preferred

lowercase italics: Generic drugs

UPPERCASE BOLD: Brand name drugs

Drug Name	Drug Tier	Notes
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexians		
*Adhd Agent - Selective Alpha Adrenergic Agonists***		
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	Tier 1	
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
ONYDA XR ORAL SUSPENSION EXTENDED RELEASE 0.1 MG/ML	Tier 3	ST; TRIAL OF CLONIDINE 0.1 MG ER IN THE PAST 120 DAYS; QL (120 ML per 30 days)
*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	Tier 3	ST; TRIAL OF ATOMOXETINE, CLONIDINE ER (KAPVAY), GUANFACINE ER (INTUNIV), GENERIC IR METHYLPHENIDATE, DEXMETHYLPHENIDATE OR DEXTROAMPHETAMINE/AMPHETAMINE IN THE PAST 120 DAYS; QL (30 EA per 30 days)
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL	Tier 3	ST; TRIAL OF ATOMOXETINE, CLONIDINE ER (KAPVAY), GUANFACINE ER (INTUNIV), GENERIC IR METHYLPHENIDATE, DEXMETHYLPHENIDATE OR DEXTROAMPHETAMINE/AMPHETAMINE IN THE PAST 120 DAYS; QL (60 EA per 30 days)
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	Tier 3	ST; TRIAL OF ATOMOXETINE, CLONIDINE ER, GUANFACINE ER, METHYLPHENIDATE, DEXMETHYLPHENIDATE OR DEXTROAMPHETAMINE/AMPHETAMINE; QL (90 EA per 30 days)
*Amphetamine Mixtures***		
<i>amphetamine-dextroamphet er capsule extended release 24 hour 10 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>amphetamine-dextroamphet er capsule extended release 24 hour 15 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>amphetamine-dextroamphet er capsule extended release 24 hour 20 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>amphetamine-dextroamphet er capsule extended release 24 hour 25 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>amphetamine-dextroamphet er capsule extended release 24 hour 30 mg oral</i>	Tier 1	QL (60 EA per 30 days)

PA - Prior Authorization ST - Step Therapy QL - Quantity Limit ACA - Affordable Care Act
 OC - Oral Chemotherapy

Drug Name	Drug Tier	Notes
<i>amphetamine-dextroamphetamine capsule extended release 24 hour 5 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>amphetamine-dextroamphetamine tablet 10 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine tablet 12.5 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine tablet 15 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine tablet 20 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine tablet 30 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine tablet 5 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>amphetamine-dextroamphetamine tablet 7.5 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>amphet-dextroamphetamine 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 1	QL (30 EA per 30 days)
*Amphetamines***		
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (120 EA per 30 days)
ARYNTA ORAL SOLUTION 10 MG/ML	Tier 3	PA; QL (210 ML per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10 mg oral</i>	Tier 1	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 15 mg oral</i>	Tier 1	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 5 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	Tier 1	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate tablet 10 mg oral</i>	Tier 1	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate tablet 15 mg oral</i>	Tier 1	ST; SWITCH TO STEP ONE: FLUNISOLIDE SPRAY, OR FLUTICASONE PROPIONATE SPRAY; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate tablet 15 mg oral</i>	Tier 1	ST; TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate tablet 2.5 mg oral</i>	Tier 1	ST; TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate tablet 20 mg oral</i>	Tier 1	ST; TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (90 EA per 30 days)
<i>dextroamphetamine sulfate tablet 30 mg oral</i>	Tier 1	ST; TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (30 EA per 30 days)

PA - Prior Authorization ST - Step Therapy QL - Quantity Limit ACA - Affordable Care Act
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Drug Name	Drug Tier	Notes
<i>dextroamphetamine sulfate tablet 5 mg oral</i>	Tier 1	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate tablet 7.5 mg oral</i>	Tier 1	ST; TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (120 EA per 30 days)
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>methamphetamine hcl oral tablet 5 mg</i>	Tier 1	QL (150 EA per 30 days)
PROCENTRA ORAL SOLUTION 5 MG/5ML	Tier 1	QL (1800 ML per 30 days)
ZENZEDI TABLET 10 MG ORAL	Tier 3	QL (120 EA per 30 days)
ZENZEDI TABLET 15 MG ORAL	Tier 3	ST; TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (120 EA per 30 days)
ZENZEDI TABLET 2.5 MG ORAL	Tier 3	ST; TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (120 EA per 30 days)
ZENZEDI TABLET 20 MG ORAL	Tier 3	ST; TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (90 EA per 30 days)
ZENZEDI TABLET 30 MG ORAL	Tier 3	ST; TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (30 EA per 30 days)
ZENZEDI TABLET 5 MG ORAL	Tier 3	QL (120 EA per 30 days)
ZENZEDI TABLET 7.5 MG ORAL	Tier 3	ST; TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (120 EA per 30 days)
*Analeptics***		
<i>caffeine citrate oral solution 60 mg/3ml</i>	Tier 1	
*Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)***		
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 2	PA; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Notes
*Histamine H3-Receptor Antagonist/Inverse Agonists***		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (60 EA per 30 days)
*Stimulant Combinations***		
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG	Tier 2	ST; TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (30 EA per 30 days)
*Stimulants - Misc.***		
armodafinil tablet 150 mg oral	Tier 1	QL (30 EA per 30 days)
armodafinil tablet 200 mg oral	Tier 1	QL (30 EA per 30 days)
armodafinil tablet 250 mg oral	Tier 1	QL (30 EA per 30 days)
armodafinil tablet 50 mg oral	Tier 1	QL (90 EA per 30 days)
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	Tier 1	QL (30 EA per 30 days)
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	QL (60 EA per 30 days)
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	Tier 2	ST; TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (30 EA per 30 days)
methylphenidate hcl er (cd) capsule extended release 10 mg oral	Tier 1	QL (30 EA per 30 days)
methylphenidate hcl er (cd) capsule extended release 20 mg oral	Tier 1	QL (30 EA per 30 days)
methylphenidate hcl er (cd) capsule extended release 30 mg oral	Tier 1	QL (60 EA per 30 days)
methylphenidate hcl er (cd) capsule extended release 40 mg oral	Tier 1	QL (30 EA per 30 days)
methylphenidate hcl er (cd) capsule extended release 50 mg oral	Tier 1	QL (30 EA per 30 days)
methylphenidate hcl er (cd) capsule extended release 60 mg oral	Tier 1	QL (30 EA per 30 days)
methylphenidate hcl er (la) capsule extended release 24 hour 10 mg oral	Tier 1	QL (30 EA per 30 days)
methylphenidate hcl er (la) capsule extended release 24 hour 20 mg oral	Tier 1	QL (30 EA per 30 days)
methylphenidate hcl er (la) capsule extended release 24 hour 30 mg oral	Tier 1	QL (60 EA per 30 days)
methylphenidate hcl er (la) capsule extended release 24 hour 40 mg oral	Tier 1	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Notes
<i>methylphenidate hcl er (la) capsule extended release 24 hour 60 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) tablet extended release 18 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) tablet extended release 27 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) tablet extended release 36 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>methylphenidate hcl er (osm) tablet extended release 54 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>methylphenidate hcl er tablet extended release 24 hour 18 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>methylphenidate hcl er tablet extended release 24 hour 27 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>methylphenidate hcl er tablet extended release 24 hour 36 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>methylphenidate hcl er tablet extended release 24 hour 54 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	Tier 1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl tablet chewable 10 mg oral</i>	Tier 1	QL (180 EA per 30 days)
<i>methylphenidate hcl tablet chewable 2.5 mg oral</i>	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl tablet chewable 5 mg oral</i>	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr</i>	Tier 1	ST; TRIAL OF ORAL METHYLPHENIDATE CD, ER OR LA FORMULATION OR METHYLPHENIDATE SUSPENSION/SOLUTION IN THE PAST 120 DAYS; QL (30 EA per 30 days)
<i>modafinil tablet 100 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>modafinil tablet 200 mg oral</i>	Tier 1	QL (30 EA per 30 days)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG	Tier 3	ST; TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (30 EA per 30 days)
QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL	Tier 3	ST; TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (180 ML per 30 days)

Drug Name	Drug Tier	Notes
QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL	Tier 3	ST; TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (240 ML per 30 days)
QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL	Tier 3	ST; TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (300 ML per 30 days)
QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL	Tier 3	ST; TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (60 ML per 30 days)
Allergenic Extracts/Biologicals Misc		
*Allergenic Extracts***		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU	Tier 2	PA
PALFORZIA (1 MG DAILY DOSE) ORAL 1 X 1 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
PALFORZIA (20 MG DAILY DOSE) ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty
PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (30 EA per 30 days)
PALFORZIA (300 MG TITRATION) ORAL PACKET	Tier 4 (SP Non-Preferred)	PA; Specialty
PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
PALFORZIA INITIAL DOSE 1-3YRS ORAL 0.5 & 1 & 1.5 & 3 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
PALFORZIA INITIAL DOSE 4-17YRS ORAL 0.5 & 1 & 1.5 & 3 & 6 MG	Tier 4 (SP Non-Preferred)	PA; Specialty

PA - Prior Authorization ST - Step Therapy QL - Quantity Limit ACA - Affordable Care Act
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Drug Name	Drug Tier	Notes
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U	Tier 2	PA
*Mixed Allergenic Extracts***		
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM	Tier 2	PA
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR	Tier 2	PA
Aminoglycosides		
*Aminoglycosides***		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	Tier 4 (SP Non-Preferred)	PA; Specialty
HUMATIN ORAL CAPSULE 250 MG	Tier 2	
neomycin sulfate oral tablet 500 mg	Tier 1	
TOBI PODHALER INHALATION CAPSULE 28 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (224 EA per 56 days)
tobramycin nebulization solution 300 mg/4ml inhalation	Tier 4 (SP Preferred)	PA; Specialty; QL (224 ML per 56 days)
tobramycin nebulization solution 300 mg/5ml inhalation	Tier 4 (SP Preferred)	PA; Specialty; QL (280 ML per 56 days)
Analgesics - Anti-Inflammatory		
*Antirheumatic - Janus Kinase (Jak) Inhibitors***		
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (30 EA per 30 days)
RINVOQ LQ ORAL SOLUTION 1 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	Tier 4 (SP Preferred)	PA; Specialty
tofacitinib citrate er oral tablet extended release 24 hour 11 mg, 22 mg	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
tofacitinib citrate oral solution 1 mg/ml	Tier 4 (SP Preferred)	PA; Specialty; QL (300 ML per 30 days)
tofacitinib citrate oral tablet 10 mg, 5 mg	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
*Antirheumatic Antimetabolites***		
RASUVO SOLUTION AUTO-INJECTOR 10 MG/0.2ML SUBCUTANEOUS	Tier 2	QL (0.8 ML per 28 days)
RASUVO SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML SUBCUTANEOUS	Tier 2	QL (1 ML per 28 days)
RASUVO SOLUTION AUTO-INJECTOR 15 MG/0.3ML SUBCUTANEOUS	Tier 2	QL (1.2 ML per 28 days)
RASUVO SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML SUBCUTANEOUS	Tier 2	QL (1.4 ML per 28 days)
RASUVO SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS	Tier 2	QL (1.6 ML per 28 days)
RASUVO SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML SUBCUTANEOUS	Tier 2	QL (1.8 ML per 28 days)
RASUVO SOLUTION AUTO-INJECTOR 25 MG/0.5ML SUBCUTANEOUS	Tier 2	QL (2 ML per 28 days)

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Drug Name	Drug Tier	Notes
RASUVO SOLUTION AUTO-INJECTOR 30 MG/0.6ML SUBCUTANEOUS	Tier 2	QL (2.4 ML per 28 days)
RASUVO SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML SUBCUTANEOUS	Tier 2	QL (0.6 ML per 28 days)
*Anti-Tnf-Alpha - Monoclonal Antibodies***		
adalimumab-aaty (1 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml	Tier 4 (SP Preferred)	PA; Specialty
adalimumab-aaty (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml	Tier 4 (SP Preferred)	PA; Specialty
adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml	Tier 4 (SP Preferred)	PA; Specialty
adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit 80 mg/0.8ml	Tier 4 (SP Preferred)	PA; Specialty
adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml	Tier 4 (SP Non-Preferred)	PA; Specialty
adalimumab-ryvk (1 pen) subcutaneous auto-injector kit 80 mg/0.8ml	Tier 4 (SP Preferred)	PA; Specialty
adalimumab-ryvk (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml	Tier 4 (SP Preferred)	PA; Specialty
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML	Tier 4 (SP Non-Preferred)	PA; Specialty
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	Tier 4 (SP Non-Preferred)	PA; Specialty
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	Tier 4 (SP Non-Preferred)	PA; Specialty
*Cyclooxygenase 2 (Cox-2) Inhibitors***		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	Tier 1	
VYSCOXIA ORAL SUSPENSION 10 MG/ML	Tier 3	QL (1200 ML per 30 days)
*Gold Compounds***		
auranofin oral capsule 3 mg	Tier 3	
RIDAURA ORAL CAPSULE 3 MG	Tier 3	
*Interleukin-1 Blockers***		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
*Interleukin-1 Receptor Antagonist (IL-1Ra)***		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	Tier 4 (SP Non-Preferred)	PA; Specialty
*Interleukin-1Beta Blockers***		
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML	Tier 4 (SP Preferred)	PA; Specialty

Drug Name	Drug Tier	Notes
*Interleukin-6 Receptor Inhibitors***		
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	Tier 4 (SP Non-Preferred)	PA; Specialty
AVTOZMA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	Tier 4 (SP Preferred)	PA; Specialty
AVTOZMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	Tier 4 (SP Preferred)	PA; Specialty
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (2.28 ML per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (2.28 ML per 28 days)
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	Tier 4 (SP Non-Preferred)	PA; Specialty
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	Tier 4 (SP Preferred)	PA; Specialty
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	Tier 4 (SP Preferred)	PA; Specialty
*Nonsteroidal Anti-Inflammatory Agent Combinations***		
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	Tier 1	
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***		
diclofenac potassium oral tablet 25 mg, 50 mg	Tier 1	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	Tier 1	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	Tier 1	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	Tier 1	
etodolac oral capsule 200 mg, 300 mg	Tier 1	
etodolac oral tablet 400 mg, 500 mg	Tier 1	
flurbiprofen oral tablet 100 mg, 50 mg	Tier 3	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	Tier 1	
ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	Tier 1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	Tier 1	
indomethacin er oral capsule extended release 75 mg	Tier 1	
indomethacin oral capsule 25 mg, 50 mg	Tier 1	
ketoprofen capsule 25 mg oral	Tier 1	
ketoprofen capsule 50 mg oral	Tier 3	
ketoprofen er oral capsule extended release 24 hour 200 mg	Tier 1	
ketorolac tromethamine +rfid injection solution 30 mg/ml	Tier 1	
ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml	Tier 1	
ketorolac tromethamine intramuscular solution 60 mg/2ml	Tier 1	

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Drug Name	Drug Tier	Notes
<i>ketorolac tromethamine oral tablet 10 mg</i>	Tier 1	QL (20 EA per 5 days)
LOFENA ORAL TABLET 25 MG	Tier 1	
LURBIRO ORAL TABLET 100 MG	Tier 3	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	Tier 3	
<i>mefenamic acid oral capsule 250 mg</i>	Tier 1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1	
<i>naproxen dr oral tablet delayed release 500 mg</i>	Tier 1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Tier 1	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	Tier 1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	
<i>oxaprozin oral tablet 600 mg</i>	Tier 1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Tier 1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	
TOLECTIN 600 ORAL TABLET 600 MG	Tier 3	
TOLECTIN DS ORAL CAPSULE 400 MG	Tier 3	
<i>tolmetin sodium oral capsule 400 mg</i>	Tier 3	
<i>tolmetin sodium oral tablet 200 mg, 600 mg</i>	Tier 3	
*Phosphodiesterase 4 (Pde4) Inhibitors***		
OTEZLA ORAL TABLET 20 MG, 30 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (55 EA per 28 days)
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (41 EA per 28 days)
*Pyrimidine Synthesis Inhibitors***		
<i>leflunomide oral tablet 10 mg, 20 mg</i>		
*Selective Costimulation Modulators***		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML		PA; Specialty
*Soluble Tumor Necrosis Factor Receptor Agents***		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty

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ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
Analgesics - Nonnarcotic		
*Analgesics - Selective Nav1.8 Sodium Channel Inhibitors***		
JOURNAVX ORAL TABLET 50 MG	Tier 3	PA; QL (29 EA per 14 days)
*Analgesics-Sedatives***		
BAC (BUTALBITAL-ACETAMIN-CAFF) ORAL TABLET 50-325-40 MG	Tier 1	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tier 1	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	Tier 1	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	Tier 1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 1	
TENCON ORAL TABLET 50-325 MG	Tier 1	
*Salicylates***		
<i>aspirin 81 oral tablet chewable 81 mg</i>	Tier 1	ACA
<i>aspirin 81 oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>aspirin childrens oral tablet chewable 81 mg</i>	Tier 1	ACA
<i>aspirin ec adult low dose oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>aspirin low dose oral tablet chewable 81 mg</i>	Tier 1	ACA
<i>aspirin low dose oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>aspirin oral tablet chewable 81 mg</i>	Tier 1	ACA
<i>aspirin oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>aspirin regimen oral tablet delayed release 81 mg</i>	Tier 1	ACA
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	Tier 1	ACA
BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG	Tier 1	ACA
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	Tier 1	ACA
<i>childrens aspirin oral tablet chewable 81 mg</i>	Tier 1	ACA
<i>cvs aspirin adult low dose oral tablet chewable 81 mg</i>	Tier 1	ACA
<i>cvs aspirin adult low strength oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>cvs aspirin low dose oral tablet delayed release 81 mg</i>	Tier 1	ACA

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Drug Name	Drug Tier	Notes
<i>cvs aspirin low strength oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>diflunisal oral tablet 500 mg</i>	Tier 1	
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG	Tier 1	ACA
<i>eq aspirin adult low dose oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>eq aspirin low dose oral tablet chewable 81 mg</i>	Tier 1	ACA
<i>eql aspirin low dose oral tablet chewable 81 mg</i>	Tier 1	ACA
<i>eql aspirin low dose oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>gnp adult aspirin low strength oral tablet chewable 81 mg</i>	Tier 1	ACA
<i>gnp aspirin low dose oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>goodsense aspirin oral tablet chewable 81 mg</i>	Tier 1	ACA
<i>h-e-b aspirin oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>kls aspirin low dose oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>kp aspirin oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>mm aspirin oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>qc aspirin low dose oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>sb childrens aspirin oral tablet chewable 81 mg</i>	Tier 1	ACA
<i>sb low dose asa ec oral tablet delayed release 81 mg</i>	Tier 1	ACA
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG	Tier 1	ACA
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG	Tier 1	ACA
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	Tier 1	ACA
Analgesics - Opioid		
*Codeine Combinations***		
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	Tier 1	
<i>acetaminophen-codeine solution 120-12 mg/5ml oral</i>	Tier 1	
<i>acetaminophen-codeine solution 300-30 mg/12.5ml oral</i>	Tier 1	
<i>acetaminophen-codeine solution 300-30 mg/12.5ml oral</i>	Tier 3	
ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG	Tier 1	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	Tier 1	
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	Tier 1	
*Hydrocodone Combinations***		
<i>hydrocodone-acetaminophen solution 10-300 mg/15ml oral</i>	Tier 3	QL (6000 ML per 30 days)
<i>hydrocodone-acetaminophen solution 2.5-108 mg/5ml oral</i>	Tier 1	
<i>hydrocodone-acetaminophen solution 5-217 mg/10ml oral</i>	Tier 1	
<i>hydrocodone-acetaminophen solution 7.5-325 mg/15ml oral</i>	Tier 1	

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Drug Name	Drug Tier	Notes
<i>hydrocodone-acetaminophen tablet 10-300 mg oral</i>	Tier 1	
<i>hydrocodone-acetaminophen tablet 10-325 mg oral</i>	Tier 1	
<i>hydrocodone-acetaminophen tablet 2.5-325 mg oral</i>	Tier 3	
<i>hydrocodone-acetaminophen tablet 5-300 mg oral</i>	Tier 1	
<i>hydrocodone-acetaminophen tablet 5-325 mg oral</i>	Tier 1	
<i>hydrocodone-acetaminophen tablet 7.5-300 mg oral</i>	Tier 1	
<i>hydrocodone-acetaminophen tablet 7.5-325 mg oral</i>	Tier 1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 1	
*Opioid Agonists***		
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	Tier 1	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	Tier 1	
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	Tier 1	
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg</i>	Tier 1	
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	Tier 1	
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>levorphanol tartrate oral tablet 2 mg</i>	Tier 1	
METHADONE HCL INTENSOL ORAL CONCENTRATE 10 MG/ML	Tier 1	
<i>methadone hcl oral concentrate 10 mg/ml</i>	Tier 1	
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	Tier 1	
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>methadone hcl oral tablet soluble 40 mg</i>	Tier 1	
METHADOSE ORAL TABLET SOLUBLE 40 MG	Tier 1	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	Tier 1	
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	Tier 1	
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	Tier 1	
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	Tier 1	
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	Tier 1	
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	Tier 1	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Tier 2	
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	Tier 1	
<i>oxycodone hcl oral solution 5 mg/5ml</i>	Tier 1	

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oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	Tier 1	
oxymorphone hcl er tablet extended release 12 hour 10 mg oral	Tier 2	
oxymorphone hcl er tablet extended release 12 hour 15 mg oral	Tier 2	
oxymorphone hcl er tablet extended release 12 hour 20 mg oral	Tier 2	
oxymorphone hcl er tablet extended release 12 hour 30 mg oral	Tier 1	
oxymorphone hcl er tablet extended release 12 hour 40 mg oral	Tier 1	
oxymorphone hcl er tablet extended release 12 hour 5 mg oral	Tier 2	
oxymorphone hcl er tablet extended release 12 hour 7.5 mg oral	Tier 2	
oxymorphone hcl oral tablet 10 mg, 5 mg	Tier 1	
tapentadol hcl tablet 100 mg oral	Tier 1	
tapentadol hcl tablet 100 mg oral	Tier 1	QL (180 EA per 30 days)
tapentadol hcl tablet 50 mg oral	Tier 1	
tapentadol hcl tablet 50 mg oral	Tier 1	QL (180 EA per 30 days)
tapentadol hcl tablet 75 mg oral	Tier 1	
tapentadol hcl tablet 75 mg oral	Tier 1	QL (180 EA per 30 days)
tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	Tier 1	
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	Tier 1	
tramadol hcl oral solution 5 mg/ml	Tier 3	PA
tramadol hcl oral tablet 50 mg	Tier 1	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	Tier 2	
XYVONA ORAL TABLET 2 MG	Tier 1	
*Opioid Combinations***		
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	Tier 1	
oxycodone-acetaminophen oral solution 5-325 mg/5ml	Tier 3	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	
*Opioid Partial Agonists***		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	Tier 2	
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16 MG/0.32ML, 24 MG/0.48ML, 32 MG/0.64ML, 8 MG/0.16ML	Tier 4 (SP Non-Preferred)	PA; Specialty

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Drug Name	Drug Tier	Notes
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.36ML, 64 MG/0.18ML, 96 MG/0.27ML	Tier 4 (SP Non-Preferred)	PA; Specialty
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	Tier 1	
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2- 0.5 mg, 4-1 mg, 8-2 mg</i>	Tier 1	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	Tier 1	
SUBLOCADE SOLUTION PREFILLED SYRINGE 100 MG/0.5ML SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (0.5 ML per 26 days)
SUBLOCADE SOLUTION PREFILLED SYRINGE 300 MG/1.5ML SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1.5 ML per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	Tier 3	QL (90 EA per 30 days)
*Tramadol Combinations***		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	
Androgens-Anabolic		
*Androgens***		
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	Tier 3	PA; QL (150 GM per 30 days)
AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML	Tier 3	PA; QL (6 ML per 30 days)
AZMIRO INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 200 MG/ML	Tier 3	QL (2 ML per 28 days)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	
DEPO-TESTOSTERONE SOLUTION 100 MG/ML INTRAMUSCULAR	Tier 3	PA; QL (10 ML per 28 days)
DEPO-TESTOSTERONE SOLUTION 200 MG/ML INTRAMUSCULAR	Tier 1	PA; QL (10 ML per 28 days)
JATENZO CAPSULE 158 MG ORAL	Tier 3	PA; QL (120 EA per 30 days)
JATENZO CAPSULE 198 MG ORAL	Tier 3	PA; QL (120 EA per 30 days)
JATENZO CAPSULE 237 MG ORAL	Tier 3	PA; QL (60 EA per 30 days)
KYZATREX ORAL CAPSULE 150 MG, 200 MG	Tier 3	PA; QL (120 EA per 30 days)
<i>methitest oral tablet 10 mg</i>	Tier 3	
<i>methyltestosterone oral capsule 10 mg</i>	Tier 1	
NATESTO NASAL GEL 5.5 MG/ACT	Tier 3	PA; QL (21.96 GM per 30 days)
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%)	Tier 3	PA; QL (300 GM per 30 days)
<i>testosterone cypionate solution 100 mg/ml intramuscular</i>	Tier 1	PA; QL (10 ML per 28 days)
<i>testosterone cypionate solution 200 mg/ml intramuscular</i>	Tier 1	PA; QL (10 ML per 28 days)
<i>testosterone cypionate solution 200 mg/ml intramuscular</i>	Tier 2	PA; QL (10 ML per 28 days)
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	Tier 1	PA; QL (5 ML per 28 days)
<i>testosterone gel 1.62 % transdermal</i>	Tier 1	PA; QL (150 GM per 30 days)
<i>testosterone gel 12.5 mg/act (1%) transdermal</i>	Tier 1	PA; QL (300 GM per 30 days)

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Drug Name	Drug Tier	Notes
<i>testosterone gel 20.25 mg/1.25gm (1.62%) transdermal</i>	Tier 1	PA; QL (37.5 GM per 30 days)
<i>testosterone gel 20.25 mg/act (1.62%) transdermal</i>	Tier 1	PA; QL (150 GM per 30 days)
<i>testosterone gel 25 mg/2.5gm (1%) transdermal</i>	Tier 1	PA; QL (150 GM per 30 days)
<i>testosterone gel 40.5 mg/2.5gm (1.62%) transdermal</i>	Tier 1	PA; QL (150 GM per 30 days)
<i>testosterone gel 40.5 mg/2.5gm (1.62%) transdermal</i>	Tier 3	PA; QL (150 GM per 30 days)
<i>testosterone gel 50 mg/5gm (1%) transdermal</i>	Tier 1	PA; QL (300 GM per 30 days)
<i>testosterone transdermal solution 30 mg/act</i>	Tier 1	PA; QL (180 ML per 30 days)
TLANDO ORAL CAPSULE 112.5 MG	Tier 3	PA; QL (120 EA per 30 days)
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%)	Tier 3	PA; QL (300 GM per 30 days)
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	Tier 3	PA; QL (300 GM per 30 days)
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML	Tier 2	PA; QL (2 ML per 28 days)

Anorectal And Related Products

*Intrarectal Steroids***

<i>budesonide rectal foam 2 mg, 2 mg/act</i>	Tier 1	ST; TRIAL OF MESALAMINE ENEMA IN THE PAST 120 DAYS
CORTIFOAM EXTERNAL FOAM 10 %	Tier 2	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	Tier 1	

*Nitrate Vasodilating Agents***

<i>nitroglycerin rectal ointment 0.4 %</i>	Tier 1	
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*Rectal Anesthetic/Steroids***

ANALPRAM HC EXTERNAL LOTION 2.5-1 %	Tier 3	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	Tier 1	
PROCTOFOAM HC EXTERNAL FOAM 1-1 %	Tier 3	

*Rectal Steroids***

<i>anucort-hc rectal suppository 25 mg</i>	Tier 1	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG	Tier 1	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG, 30 MG	Tier 1	
<i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	Tier 1	
PROCTO-MED HC EXTERNAL CREAM 2.5 %	Tier 1	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	Tier 1	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	Tier 1	

Anthelmintics

*Anthelmintics***

<i>albendazole oral tablet 200 mg</i>	Tier 1	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Tier 2	
EMVERM ORAL TABLET CHEWABLE 100 MG	Tier 2	PA
<i>ivermectin oral tablet 3 mg</i>	Tier 1	

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Drug Name	Drug Tier	Notes
<i>praziquantel oral tablet 600 mg</i>	Tier 1	
STROMEKTOL ORAL TABLET 3 MG	Tier 3	
Antianginal Agents		
*Antianginals-Other***		
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	Tier 1	
*Nitrates***		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	Tier 1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 3	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	Tier 1	
<i>nitroglycerin transdermal ointment 2 %</i>	Tier 1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Tier 1	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	Tier 1	
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY	Tier 1	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG	Tier 1	
Antianxiety Agents		
*Antianxiety Agents - Misc.***		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>hydroxyzine hcl oral syrup 10 mg/5ml, 50 mg/25ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
*Benzodiazepines***		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 3	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 1	

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Drug Name	Drug Tier	Notes
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 1	
<i>diazepam oral concentrate 5 mg/ml</i>	Tier 1	
<i>diazepam oral solution 5 mg/5ml</i>	Tier 1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	Tier 1	
<i>lorazepam oral concentrate 2 mg/ml</i>	Tier 1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	
Antiarrhythmics		
*Antiarrhythmics Type I-A***		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Tier 1	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	Tier 3	
NORPACE ORAL CAPSULE 100 MG, 150 MG	Tier 3	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	Tier 1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1	
*Antiarrhythmics Type I-B***		
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	
*Antiarrhythmics Type I-C***		
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	Tier 1	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1	
*Antiarrhythmics Type Iii***		
<i>amiodarone hcl oral tablet 100 mg, 200 mg</i>	Tier 1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Tier 1	
MULTAQ ORAL TABLET 400 MG	Tier 2	
PACERONE ORAL TABLET 100 MG, 200 MG	Tier 1	
Antiasthmatic And Bronchodilator Agents		
*Adrenergic Combinations***		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	Tier 2	QL (12 GM per 30 days)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT	Tier 2	QL (32.1 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	Tier 2	QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	Tier 2	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Notes
BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	Tier 1	QL (30.9 GM per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-18-4.8 MCG/ACT, 160-9-4.8 MCG/ACT	Tier 2	QL (10.7 GM per 30 days)
<i>budesonide-formoterol fumarate aerosol 160-4.5 mcg/act inhalation</i>	Tier 1	QL (10.2 GM per 30 days)
<i>budesonide-formoterol fumarate aerosol 160-4.5 mcg/act inhalation</i>	Tier 1	QL (30.6 GM per 30 days)
<i>budesonide-formoterol fumarate aerosol 80-4.5 mcg/act inhalation</i>	Tier 1	QL (10.2 GM per 30 days)
<i>budesonide-formoterol fumarate aerosol 80-4.5 mcg/act inhalation</i>	Tier 1	QL (30.6 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	Tier 2	QL (4 GM per 20 days)
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT	Tier 2	QL (13 GM per 30 days)
<i>fluticasone-salmeterol aerosol powder breath activated 100-50 mcg/act inhalation</i>	Tier 1	QL (60 EA per 30 days)
<i>fluticasone-salmeterol aerosol powder breath activated 113-14 mcg/act inhalation</i>	Tier 1	ST; TRIAL OF DULERA, BREO ELLIPTA, OR ADVAIR HFA IN THE PAST 120 DAYS; QL (1 EA per 30 days)
<i>fluticasone-salmeterol aerosol powder breath activated 232-14 mcg/act inhalation</i>	Tier 1	ST; TRIAL OF DULERA, BREO ELLIPTA, OR ADVAIR HFA IN THE PAST 120 DAYS; QL (1 EA per 30 days)
<i>fluticasone-salmeterol aerosol powder breath activated 250-50 mcg/act inhalation</i>	Tier 1	QL (60 EA per 30 days)
<i>fluticasone-salmeterol aerosol powder breath activated 500-50 mcg/act inhalation</i>	Tier 1	QL (60 EA per 30 days)
<i>fluticasone-salmeterol aerosol powder breath activated 55-14 mcg/act inhalation</i>	Tier 1	ST; TRIAL OF DULERA, BREO ELLIPTA, OR ADVAIR HFA IN THE PAST 120 DAYS; QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	Tier 1	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	Tier 2	QL (4 GM per 30 days)
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT INHALATION	Tier 3	QL (28 EA per 14 days)
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT INHALATION	Tier 2	QL (60 EA per 30 days)
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT INHALATION	Tier 2	QL (60 EA per 30 days)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	Tier 1	QL (60 EA per 30 days)
*Anti-Ige Monoclonal Antibodies***		
OMLYCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty

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Drug Name	Drug Tier	Notes
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	Tier 4 (SP Preferred)	PA; Specialty
*Anti-Inflammatory Agents***		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	Tier 1	
*Beta Adrenergics***		
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Tier 1	QL (14 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Tier 1	QL (17 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Tier 1	QL (36 GM per 30 days)
<i>albuterol sulfate nebulization solution (2.5 mg/3ml) 0.083% inhalation</i>	Tier 1	
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	Tier 1	
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	Tier 3	
<i>albuterol sulfate nebulization solution 0.63 mg/3ml inhalation</i>	Tier 1	
<i>albuterol sulfate nebulization solution 1.25 mg/3ml inhalation</i>	Tier 1	
<i>albuterol sulfate nebulization solution 2.5 mg/0.5ml inhalation</i>	Tier 1	
<i>albuterol sulfate oral syrup 2 mg/5ml, 8 mg/20ml</i>	Tier 1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1	
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	Tier 1	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	Tier 1	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	Tier 2	QL (60 EA per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	Tier 2	QL (4 GM per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	Tier 1	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	Tier 3	ST; SWITCH TO STEP ONE: Generic albuterol HFA; QL (16 GM per 30 days)
*Bronchodilators - Anticholinergics***		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	Tier 2	QL (12.9 GM per 25 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	Tier 2	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Notes
<i>ipratropium bromide hfa inhalation aerosol solution 17 mcg/act</i>	Tier 1	QL (12.9 GM per 25 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	Tier 3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25 MCG/ACT INHALATION	Tier 2	QL (4 GM per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	Tier 3	QL (4 GM per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	Tier 2	QL (4 GM per 30 days)
<i>tiotropium bromide inhalation capsule 18 mcg</i>	Tier 1	QL (30 EA per 30 days)
YUPELRI INHALATION NEBULIZATION SOLUTION 175 MCG/3ML	Tier 3	QL (90 ML per 30 days)
*Interleukin-5 Antagonists (Igg1 Kappa)***		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 30 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML	Tier 4 (SP Preferred)	PA; Specialty
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	Tier 4 (SP Preferred)	PA; Specialty
*Leukotriene Receptor Antagonists***		
<i>montelukast sodium oral packet 4 mg</i>	Tier 1	
<i>montelukast sodium oral tablet 10 mg</i>	Tier 1	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	Tier 1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Tier 1	
*Phosphodiesterase 3 & 4 (Pde3 & Pde4) Inhibitors***		
OHTUVAYRE INHALATION SUSPENSION 3 MG/2.5ML	Tier 4 (SP Non-Preferred)	PA; Specialty
*Selective Phosphodiesterase 4 (Pde4) Inhibitors***		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	Tier 1	
*Steroid Inhalants***		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Tier 2	QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Tier 2	QL (1 EA per 30 days)

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Drug Name	Drug Tier	Notes
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Tier 3	QL (1 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	Tier 2	QL (1 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Tier 2	QL (1 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Tier 2	QL (13 GM per 30 days)
beclomethasone diprop hfa inhalation aerosol solution 40 mcg/act, 80 mcg/act	Tier 1	QL (8.7 GM per 30 days)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	Tier 1	QL (120 ML per 30 days)
fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act	Tier 2	QL (60 EA per 30 days)
fluticasone propionate hfa aerosol 110 mcg/act inhalation	Tier 2	QL (12 GM per 30 days)
fluticasone propionate hfa aerosol 220 mcg/act inhalation	Tier 2	QL (24 GM per 30 days)
fluticasone propionate hfa aerosol 44 mcg/act inhalation	Tier 1	QL (21.2 GM per 30 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	Tier 2	QL (21.2 GM per 30 days)
*Thymic Stromal Lymphopoietin (Tslp) Antagonists***		
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML	Tier 4 (SP Preferred)	PA; Specialty; QL (1.91 ML per 28 days)
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.91ML	Tier 4 (SP Preferred)	PA; Specialty; QL (1.91 ML per 28 days)
*Xanthines***		
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML	Tier 1	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	Tier 3	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	Tier 1	
theophylline er tablet extended release 12 hour 100 mg oral	Tier 2	
theophylline er tablet extended release 12 hour 200 mg oral	Tier 2	
theophylline er tablet extended release 12 hour 300 mg oral	Tier 1	
theophylline er tablet extended release 12 hour 450 mg oral	Tier 1	
theophylline oral elixir 80 mg/15ml	Tier 1	
theophylline oral solution 80 mg/15ml	Tier 1	
Anticoagulants		
*Coumarin Anticoagulants***		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	Tier 1	
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	Tier 1	

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Drug Name	Drug Tier	Notes
*Direct Factor Xa Inhibitors***		
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG	Tier 2	
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG	Tier 2	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	Tier 2	QL (74 EA per 30 days)
ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG	Tier 2	QL (120 EA per 30 days)
ELIQUIS ORAL TABLET SOLUBLE 0.5 MG	Tier 2	QL (960 EA per 30 days)
ELIQUIS TABLET 2.5 MG ORAL	Tier 2	QL (60 EA per 30 days)
ELIQUIS TABLET 5 MG ORAL	Tier 2	QL (74 EA per 30 days)
<i>rivaroxaban oral suspension reconstituted 1 mg/ml</i>	Tier 1	QL (600 ML per 30 days)
<i>rivaroxaban oral tablet 2.5 mg</i>	Tier 1	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	Tier 2	QL (600 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	Tier 2	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	Tier 2	
*Heparins And Heparinoid-Like Agents***		
<i>heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%</i>	Tier 1	
<i>heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml</i>	Tier 1	
<i>heparin sodium (porcine) +rfid injection solution 1000 unit/ml</i>	Tier 1	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	Tier 1	
<i>heparin sodium (porcine) pf solution 1000 unit/ml injection</i>	Tier 1	
<i>heparin sodium (porcine) pf solution 5000 unit/0.5ml injection</i>	Tier 1	
<i>heparin sodium (porcine) pf solution 5000 unit/ml injection</i>	Tier 3	
*Low Molecular Weight Heparins***		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Tier 1	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	Tier 1	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML	Tier 3	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	Tier 3	

Drug Name	Drug Tier	Notes
*Synthetic Heparinoid-Like Agents***		
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Tier 1	
*Thrombin Inhibitors - Selective Direct & Reversible***		
<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>	Tier 1	
Anticonvulsants		
*Ampa Glutamate Receptor Antagonists***		
<i>perampanel oral suspension 0.5 mg/ml</i>	Tier 1	QL (680 ML per 28 days)
<i>perampanel tablet 10 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>perampanel tablet 12 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>perampanel tablet 2 mg oral</i>	Tier 1	QL (120 EA per 30 days)
<i>perampanel tablet 4 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>perampanel tablet 6 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>perampanel tablet 8 mg oral</i>	Tier 1	QL (30 EA per 30 days)
*Anticonvulsants - Benzodiazepines***		
<i>clobazam oral suspension 2.5 mg/ml</i>	Tier 1	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	Tier 1	
<i>midazolam intramuscular solution auto-injector 10 mg/0.7ml</i>	Tier 3	QL (7 ML per 30 days)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	Tier 2	PA; QL (10 EA per 30 days)
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	Tier 2	PA; QL (10 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	Tier 2	PA; QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	Tier 2	PA; QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	Tier 2	PA; QL (10 EA per 30 days)
*Anticonvulsants - Misc.***		
<i>brivaracetam oral solution 10 mg/ml</i>	Tier 1	QL (600 ML per 30 days)
<i>brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	Tier 1	
<i>carbamazepine oral suspension 100 mg/5ml, 200 mg/10ml</i>	Tier 1	

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Drug Name	Drug Tier	Notes
<i>carbamazepine oral tablet 200 mg</i>	Tier 1	
<i>carbamazepine tablet chewable 100 mg oral</i>	Tier 1	
<i>carbamazepine tablet chewable 200 mg oral</i>	Tier 3	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	Tier 3	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
DIACOMIT ORAL PACKET 250 MG, 500 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 4 (SP Preferred)	ST; Specialty; TRIAL OF OR CONTRAINDICATION TO 2 OF THE FOLLOWING GENERIC ANTICONVULSANTS: CLOBAZAM, VALPROIC ACID DERIVATIVES, LAMOTRIGINE, LEVETIRACETAM, AND TOPIRAMATE IN THE PAST 365 DAYS
<i>eslicarbazepine acetate tablet 200 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>eslicarbazepine acetate tablet 400 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>eslicarbazepine acetate tablet 600 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>eslicarbazepine acetate tablet 800 mg oral</i>	Tier 1	QL (60 EA per 30 days)
FINTEPLA ORAL SOLUTION 2.2 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Tier 1	
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	Tier 1	PA; QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier 1	
<i>lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml</i>	Tier 1	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG	Tier 3	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	Tier 1	
<i>lamotrigine odt oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>	Tier 1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	Tier 1	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	Tier 1	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	Tier 1	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	Tier 1	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Tier 1	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5ml</i>	Tier 1	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	
MYSOLINE ORAL TABLET 250 MG, 50 MG	Tier 3	

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Drug Name	Drug Tier	Notes
<i>oxcarbazepine er tablet extended release 24 hour 150 mg oral</i>	Tier 1	ST; TRIAL OF 2 OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 365 DAYS; QL (90 EA per 30 days)
<i>oxcarbazepine er tablet extended release 24 hour 300 mg oral</i>	Tier 1	ST; TRIAL OF 2 OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 365 DAYS; QL (90 EA per 30 days)
<i>oxcarbazepine er tablet extended release 24 hour 600 mg oral</i>	Tier 1	ST; TRIAL OF 2 OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 365 DAYS; QL (120 EA per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	Tier 1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Tier 1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	Tier 1	
<i>pregabalin oral solution 20 mg/ml</i>	Tier 1	PA; QL (900 ML per 30 days)
<i>primidone tablet 125 mg oral</i>	Tier 3	
<i>primidone tablet 250 mg oral</i>	Tier 1	
<i>primidone tablet 50 mg oral</i>	Tier 1	
RELGAABI ORAL CAPSULE 300 MG, 400 MG	Tier 1	
ROWEEPRA ORAL TABLET 500 MG	Tier 1	
<i>rufinamide oral suspension 40 mg/ml</i>	Tier 1	ST; TRIAL OF TWO OF THE FOLLOWING: EPIDIOLEX, FELBAMATE, CLOBAZAM, TOPIRAMATE, LAMOTRIGINE OR CLONAZEPAM IN PAST 365 DAYS; QL (2400 ML per 30 days)
<i>rufinamide tablet 200 mg oral</i>	Tier 1	ST; TRIAL OF TWO OF THE FOLLOWING: EPIDIOLEX, FELBAMATE, CLOBAZAM, TOPIRAMATE, LAMOTRIGINE OR CLONAZEPAM IN PAST 365 DAYS; QL (480 EA per 30 days)
<i>rufinamide tablet 400 mg oral</i>	Tier 1	ST; TRIAL OF TWO OF THE FOLLOWING: EPIDIOLEX, FELBAMATE, CLOBAZAM, TOPIRAMATE, LAMOTRIGINE OR CLONAZEPAM IN PAST 365 DAYS; QL (240 EA per 30 days)
SUBVENITE ORAL SUSPENSION 10 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty

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Drug Name	Drug Tier	Notes
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	Tier 1	
SUBVENITE STARTER KIT-BLUE ORAL KIT 35 X 25 MG	Tier 1	
SUBVENITE STARTER KIT-GREEN ORAL KIT 84 X 25 MG & 14X100 MG	Tier 1	
SUBVENITE STARTER KIT-ORANGE ORAL KIT 42 X 25 MG & 7 X 100 MG	Tier 1	
TEGRETOL ORAL SUSPENSION 100 MG/5ML	Tier 3	
TEGRETOL ORAL TABLET 200 MG	Tier 3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG	Tier 3	
<i>topiramate er capsule er 24 hour sprinkle 100 mg oral</i>	Tier 1	ST; TRIAL OF TOPIRAMATE IR IN THE PAST 120 DAYS; QL (90 EA per 30 days)
<i>topiramate er capsule er 24 hour sprinkle 150 mg oral</i>	Tier 1	ST; TRIAL OF TOPIRAMATE IR IN THE PAST 120 DAYS; QL (60 EA per 30 days)
<i>topiramate er capsule er 24 hour sprinkle 200 mg oral</i>	Tier 1	ST; TRIAL OF TOPIRAMATE IR IN THE PAST 120 DAYS; QL (60 EA per 30 days)
<i>topiramate er capsule er 24 hour sprinkle 25 mg oral</i>	Tier 1	ST; TRIAL OF TOPIRAMATE IR IN THE PAST 120 DAYS; QL (30 EA per 30 days)
<i>topiramate er capsule er 24 hour sprinkle 50 mg oral</i>	Tier 1	ST; TRIAL OF TOPIRAMATE IR IN THE PAST 120 DAYS; QL (210 EA per 30 days)
<i>topiramate er capsule extended release 24 hour 100 mg oral</i>	Tier 1	QL (90 EA per 30 days)
<i>topiramate er capsule extended release 24 hour 200 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>topiramate er capsule extended release 24 hour 25 mg oral</i>	Tier 1	QL (240 EA per 30 days)
<i>topiramate er capsule extended release 24 hour 50 mg oral</i>	Tier 1	QL (210 EA per 30 days)
<i>topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg</i>	Tier 1	
<i>topiramate oral solution 25 mg/ml</i>	Tier 1	PA
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
ZONISADE ORAL SUSPENSION 100 MG/5ML	Tier 3	PA
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
ZTALMY ORAL SUSPENSION 50 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
*Carbamates***		
<i>felbamate oral suspension 600 mg/5ml</i>	Tier 1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	Tier 1	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	Tier 2	QL (60 EA per 30 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	Tier 2	QL (60 EA per 30 days)
XCOPRI TABLET 100 MG ORAL	Tier 2	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Notes
XCOPRI TABLET 150 MG ORAL	Tier 2	QL (30 EA per 30 days)
XCOPRI TABLET 200 MG ORAL	Tier 2	QL (60 EA per 30 days)
XCOPRI TABLET 25 MG ORAL	Tier 2	QL (60 EA per 30 days)
XCOPRI TABLET 50 MG ORAL	Tier 2	QL (30 EA per 30 days)
XCOPRI TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG ORAL	Tier 2	QL (60 EA per 30 days)
XCOPRI TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG ORAL	Tier 2	QL (30 EA per 30 days)
XCOPRI TABLET THERAPY PACK 14 X 50 MG & 14 X100 MG ORAL	Tier 2	QL (30 EA per 30 days)
*Gaba Modulators***		
<i>tiagabine hcl tablet 12 mg oral</i>	Tier 1	ST; TRIAL OF 2 OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 365 DAYS; QL (120 EA per 30 days)
<i>tiagabine hcl tablet 16 mg oral</i>	Tier 1	ST; TRIAL OF 2 OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 365 DAYS; QL (90 EA per 30 days)
<i>tiagabine hcl tablet 2 mg oral</i>	Tier 1	ST; TRIAL OF 2 OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 365 DAYS; QL (120 EA per 30 days)
<i>tiagabine hcl tablet 4 mg oral</i>	Tier 1	ST; TRIAL OF 2 OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 365 DAYS; QL (120 EA per 30 days)
<i>vigabatrin oral packet 500 mg</i>	Tier 4 (SP Preferred)	PA; Specialty
<i>vigabatrin oral tablet 500 mg</i>	Tier 4 (SP Preferred)	PA; Specialty
VIGADRONE ORAL PACKET 500 MG	Tier 4 (SP Preferred)	PA; Specialty
VIGADRONE ORAL TABLET 500 MG	Tier 4 (SP Preferred)	PA; Specialty
VIGAFYDE ORAL SOLUTION 100 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
*Hydantoins***		
DILANTIN CAPSULE 100 MG ORAL	Tier 3	

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Drug Name	Drug Tier	Notes
DILANTIN CAPSULE 30 MG ORAL	Tier 2	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG	Tier 3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5ML	Tier 3	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	Tier 1	
PHENYTOIN INFATABS ORAL TABLET CHEWABLE 50 MG	Tier 1	
<i>phenytoin oral suspension 125 mg/5ml</i>	Tier 1	
<i>phenytoin oral tablet chewable 50 mg</i>	Tier 1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 1	
*Succinimides***		
CELONTIN ORAL CAPSULE 300 MG	Tier 3	
<i>ethosuximide oral capsule 250 mg</i>	Tier 1	
<i>ethosuximide oral solution 250 mg/5ml</i>	Tier 1	
<i>methsuximide oral capsule 300 mg</i>	Tier 1	
ZARONTIN ORAL CAPSULE 250 MG	Tier 3	
ZARONTIN ORAL SOLUTION 250 MG/5ML	Tier 3	
*Valproic Acid***		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	Tier 1	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	Tier 1	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	Tier 1	
<i>valproic acid oral capsule 250 mg</i>	Tier 1	
<i>valproic acid oral solution 250 mg/5ml, 500 mg/10ml</i>	Tier 1	
Antidepressants		
*Alpha-2 Receptor Antagonists (Tetracyclics)***		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	Tier 1	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	Tier 1	
*Antidepressant - Miscellaneous Combinations***		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	Tier 3	
AUVELITY TITRATION PACK ORAL TABLET EXTENDED RELEASE THERAPY PACK 30-105 MG & 45-105 MG	Tier 3	QL (51 EA per 29 days)
*Antidepressants - Misc.***		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	Tier 1	
<i>bupropion hcl er (xl) tablet extended release 24 hour 150 mg oral</i>	Tier 1	

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Drug Name	Drug Tier	Notes
<i>bupropion hcl er (xl) tablet extended release 24 hour 300 mg oral</i>	Tier 1	
<i>bupropion hcl er (xl) tablet extended release 24 hour 450 mg oral</i>	Tier 3	ST; TRIAL OF BUPROPION HCL ER (XL), BUPROPION HCL, OR BUPROPION HCL ER (SR) IN THE PAST 120 DAYS; QL (30 EA per 30 days)
<i>bupropion hcl tablet 100 mg oral</i>	Tier 1	ST; TRIAL OF GENERIC WELLBUTRIN AND 2 ADDITIONAL GENERIC ANTIDEPRESSANTS IN THE PAST 365 DAYS
<i>bupropion hcl tablet 100 mg oral</i>	Tier 1	
<i>bupropion hcl tablet 75 mg oral</i>	Tier 1	ST; TRIAL OF GENERIC WELLBUTRIN AND 2 ADDITIONAL GENERIC ANTIDEPRESSANTS IN THE PAST 365 DAYS
<i>bupropion hcl tablet 75 mg oral</i>	Tier 1	
*Gaba Receptor Modulator - Neuroactive Steroid***		
ZURZUVAE CAPSULE 20 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (28 EA per 14 days)
ZURZUVAE CAPSULE 25 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (28 EA per 14 days)
ZURZUVAE CAPSULE 30 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (14 EA per 14 days)
*Monoamine Oxidase Inhibitors (Maois)***		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	Tier 3	QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	Tier 3	
NARDIL ORAL TABLET 15 MG	Tier 3	
<i>phenelzine sulfate oral tablet 15 mg</i>	Tier 1	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	Tier 1	
*N-Methyl-D-Aspartic Acid (Nmدا) Receptor Antagonists***		
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	Tier 4 (SP Preferred)	PA; Specialty
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	Tier 4 (SP Preferred)	PA; Specialty
*Selective Serotonin Reuptake Inhibitors (Ssris)***		
<i>citalopram hydrobromide oral solution 10 mg/5ml, 20 mg/10ml</i>	Tier 1	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	Tier 1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	Tier 1	

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Drug Name	Drug Tier	Notes
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	Tier 1	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg</i>	Tier 1	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	Tier 1	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	Tier 1	
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	Tier 2	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	Tier 1	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
*Serotonin Modulators***		
RALDESY ORAL SOLUTION 10 MG/ML	Tier 3	PA
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 2	QL (30 EA per 30 days)
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***		
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	Tier 1	
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20 MG ORAL	Tier 3	ST; TRIAL OF GENERIC DULOXETINE IN THE PAST 120 DAYS; QL (60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30 MG ORAL	Tier 3	ST; TRIAL OF GENERIC DULOXETINE IN THE PAST 120 DAYS; QL (90 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40 MG ORAL	Tier 3	ST; TRIAL OF GENERIC DULOXETINE IN THE PAST 120 DAYS; QL (60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60 MG ORAL	Tier 3	ST; TRIAL OF GENERIC DULOXETINE IN THE PAST 120 DAYS; QL (60 EA per 30 days)
<i>duloxetine hcl capsule delayed release particles 20 mg oral</i>	Tier 1	ST; GENERIC ANTIDEPRESSANT AGENT
<i>duloxetine hcl capsule delayed release particles 20 mg oral</i>	Tier 1	
<i>duloxetine hcl capsule delayed release particles 30 mg oral</i>	Tier 1	ST; GENERIC ANTIDEPRESSANT AGENT
<i>duloxetine hcl capsule delayed release particles 30 mg oral</i>	Tier 1	
<i>duloxetine hcl capsule delayed release particles 40 mg oral</i>	Tier 1	ST; TRIAL OF GENERIC DULOXETINE 20 MG CAPS IN THE PAST 120 DAYS; QL (60 EA per 30 days)
<i>duloxetine hcl capsule delayed release particles 60 mg oral</i>	Tier 1	ST; GENERIC ANTIDEPRESSANT AGENT
<i>duloxetine hcl capsule delayed release particles 60 mg oral</i>	Tier 1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	Tier 2	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Notes
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	Tier 2	QL (30 EA per 30 days)
<i>venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg</i>	Tier 3	ST; SWITCH TO STEP ONE: Generic antidepressant agent; QL (60 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	Tier 1	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Tier 1	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	
*Tricyclic Agents***		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 1	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	Tier 1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Tier 1	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	Tier 1	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antidiabetics		
*Alpha-Glucosidase Inhibitors***		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (90 EA per 30 days)
*Biguanides***		
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Tier 1	
<i>metformin hcl oral solution 500 mg/5ml</i>	Tier 1	PA; QL (765 ML per 30 days)
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	Tier 1	
*Diabetic Other***		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	Tier 2	QL (2 EA per 30 days)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	Tier 2	QL (2 EA per 30 days)
<i>diazoxide oral suspension 50 mg/ml</i>	Tier 1	

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Drug Name	Drug Tier	Notes
<i>glucagon emergency injection solution reconstituted 1 mg</i>	Tier 1	ST; TRIAL OF BAQSIMI OR GVOKE IN THE PAST 120 DAYS; QL (2 EA per 30 days)
GVOKE HYPOPEN 1-PACK SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML SUBCUTANEOUS	Tier 2	QL (0.2 ML per 30 days)
GVOKE HYPOPEN 1-PACK SOLUTION AUTO-INJECTOR 1 MG/0.2ML SUBCUTANEOUS	Tier 2	QL (0.4 ML per 30 days)
GVOKE HYPOPEN 2-PACK SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML SUBCUTANEOUS	Tier 2	QL (0.2 ML per 30 days)
GVOKE HYPOPEN 2-PACK SOLUTION AUTO-INJECTOR 1 MG/0.2ML SUBCUTANEOUS	Tier 2	QL (0.4 ML per 30 days)
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	Tier 2	QL (0.4 ML per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	Tier 2	QL (0.4 ML per 30 days)
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***		
<i>sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (30 EA per 30 days)
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***		
<i>sitagliptin phos-metformin hcl er tablet extended release 24 hour 100-1000 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>sitagliptin phos-metformin hcl er tablet extended release 24 hour 50-1000 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>sitagliptin phos-metformin hcl er tablet extended release 24 hour 50-500 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>sitagliptin phos-metformin hcl oral tablet 50-1000 mg, 50-500 mg</i>	Tier 1	QL (60 EA per 30 days)
*Dopamine Receptor Agonists - Ergot Derivatives***		
CYCLOSET ORAL TABLET 0.8 MG	Tier 3	ST; TRIAL OF METFORMIN, METFORMIN ER, GLYBURIDE/METFORMIN, OR GLIPIZIDE/METFORMIN IN THE PAST 120 DAYS; QL (180 EA per 30 days)
*Human Insulin***		
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	Tier 3	PA
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
FIASP INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)

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Drug Name	Drug Tier	Notes
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	Tier 2	QL (12 ML per 28 days)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	Tier 2	
<i>insulin glargine-yfgn solution pen-injector 100 unit/ml subcutaneous</i>	Tier 2	QL (30 ML per 28 days)
<i>insulin glargine-yfgn solution pen-injector 100 unit/ml subcutaneous</i>	Tier 3	QL (30 ML per 28 days)
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	Tier 2	QL (40 ML per 28 days)
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	Tier 2	QL (30 ML per 28 days)
<i>insulin lispro injection solution 100 unit/ml</i>	Tier 2	QL (40 ML per 28 days)
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	Tier 2	QL (30 ML per 28 days)
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	Tier 2	QL (30 ML per 28 days)
LYUMJEV INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
LYUMJEV KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	Tier 2	QL (30 ML per 28 days)
LYUMJEV KWIKPEN SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS	Tier 2	QL (12 ML per 28 days)
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)

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Drug Name	Drug Tier	Notes
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 3	ST; TRIAL OF INSULIN GLARGINE-YFGN, TOUJEO, OR TRESIBA IN THE PAST 120 DAYS
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Tier 2	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Tier 2	
TRESIBA FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	Tier 2	QL (18 ML per 28 days)
TRESIBA FLEXTOUCH SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS	Tier 2	QL (30 ML per 28 days)
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
*Incretin Mimetic Agents (Gip & Glp-1 Receptor Agonists)***		
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	Tier 2	PA; QL (2 ML per 28 days)

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Drug Name	Drug Tier	Notes
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***		
<i>exenatide subcutaneous solution pen-injector 10 mcg/0.04ml, 5 mcg/0.02ml</i>	Tier 2	PA; QL (2.4 ML per 28 days)
<i>liraglutide subcutaneous solution pen-injector 18 mg/3ml</i>	Tier 1	PA; QL (9 ML per 28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	Tier 2	PA; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	Tier 2	PA; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	Tier 2	PA; QL (3 ML per 28 days)
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG	Tier 2	PA; QL (30 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	Tier 2	PA; QL (30 EA per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	Tier 2	PA; QL (2 ML per 28 days)
*Insulin-Incretin Mimetic Combinations***		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	Tier 2	ST; SWITCH TO STEP ONE: metformin, metformin/TZD, metformin/DPP4, metformin/SGLT2, metformin/meglitinide, metformin/sulfonylurea, insulin; QL (15 ML per 25 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	Tier 2	ST; SWITCH TO STEP ONE: metformin, metformin/TZD, metformin/DPP4, metformin/SGLT2, metformin/meglitinide, metformin/sulfonylurea, insulin; QL (15 ML per 30 days)
*Meglitinide Analogues***		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>repaglinide tablet 0.5 mg oral</i>	Tier 1	QL (120 EA per 30 days)
<i>repaglinide tablet 1 mg oral</i>	Tier 1	QL (120 EA per 30 days)
<i>repaglinide tablet 2 mg oral</i>	Tier 1	QL (240 EA per 30 days)
*Progesterone Receptor Antagonists***		
<i>mifepristone oral tablet 300 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (120 EA per 30 days)
*SglT2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb***		
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG ORAL	Tier 2	QL (30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG ORAL	Tier 2	QL (60 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25-5-1000 MG ORAL	Tier 2	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Notes
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5-2.5-1000 MG ORAL	Tier 2	QL (60 EA per 30 days)
*Sgt2 Inhibitor - Dpp-4 Inhibitor Combinations***		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 2	QL (30 EA per 30 days)
*Sodium-Glucose Co-Transporter 2 (Sgt2) Inhibitors***		
dapagliflozin oral tablet 10 mg, 5 mg	Tier 1	QL (30 EA per 30 days)
JARDIANCE TABLET 10 MG ORAL	Tier 2	QL (60 EA per 30 days)
JARDIANCE TABLET 25 MG ORAL	Tier 2	QL (30 EA per 30 days)
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***		
dapaglifloz base-metformin er tablet extended release 24 hour 10-1000 mg oral	Tier 1	QL (30 EA per 30 days)
dapaglifloz base-metformin er tablet extended release 24 hour 10-500 mg oral	Tier 1	QL (30 EA per 30 days)
dapaglifloz base-metformin er tablet extended release 24 hour 5-1000 mg oral	Tier 1	QL (60 EA per 30 days)
dapaglifloz base-metformin er tablet extended release 24 hour 5-500 mg oral	Tier 1	QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	Tier 2	QL (60 EA per 30 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG ORAL	Tier 2	QL (60 EA per 30 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG ORAL	Tier 2	QL (60 EA per 30 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG ORAL	Tier 2	QL (30 EA per 30 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL	Tier 2	QL (60 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	Tier 2	QL (60 EA per 30 days)
*Sulfonylurea-Biguanide Combinations***		
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	QL (120 EA per 30 days)
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	QL (120 EA per 30 days)
*Sulfonylureas***		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	Tier 1	
glipizide er tablet extended release 24 hour 10 mg oral	Tier 1	
glipizide er tablet extended release 24 hour 2.5 mg oral	Tier 1	QL (30 EA per 30 days)
glipizide er tablet extended release 24 hour 5 mg oral	Tier 1	
glipizide oral tablet 10 mg, 5 mg	Tier 1	

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Drug Name	Drug Tier	Notes
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	
*Sulfonylurea-Thiazolidinedione Combinations***		
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	Tier 1	QL (30 EA per 30 days)
*Thiazolidinedione-Biguanide Combinations***		
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	Tier 1	QL (90 EA per 30 days)
*Thiazolidinediones***		
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	
Antidiarrheal/Probiotic Agents		
*Antidiarrheal - Chloride Channel Antagonists***		
MYTESI ORAL TABLET DELAYED RELEASE 125 MG	Tier 4 (SP Non-Preferred)	ST; Specialty; TRIAL OF ANTI-RETROVIRAL THERAPY IN THE PAST 120 DAYS; QL (60 EA per 30 days)
*Antiperistaltic Agents***		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	Tier 3	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 1	
<i>loperamide hcl oral capsule 2 mg</i>	Tier 1	
<i>opium tincture 10 mg/ml (1%) oral</i>	Tier 2	
<i>opium tincture 10 mg/ml (1%) oral</i>	Tier 1	
Antidotes And Specific Antagonists		
*Antidotes - Chelating Agents***		
CHEMET ORAL CAPSULE 100 MG	Tier 2	
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	Tier 4 (SP Preferred)	PA; Specialty
<i>deferasirox oral packet 180 mg, 360 mg, 90 mg</i>	Tier 4 (SP Preferred)	PA; Specialty
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	Tier 4 (SP Preferred)	PA; Specialty
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	Tier 4 (SP Preferred)	PA; Specialty
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	Tier 4 (SP Preferred)	PA; Specialty
FERRIPROX ORAL SOLUTION 100 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
*Cholinesterase Inhibitors***		
<i>pyridostigmine bromide er oral tablet extended release 24 hour 105 mg</i>	Tier 3	
*Opioid Antagonists***		
KLOXXADO NASAL LIQUID 8 MG/0.1ML	Tier 2	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	Tier 1	

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Drug Name	Drug Tier	Notes
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml</i>	Tier 1	
<i>naloxone hcl solution cartridge 0.4 mg/ml injection</i>	Tier 1	
<i>naloxone hcl solution cartridge 0.4 mg/ml injection</i>	Tier 3	
<i>naltrexone hcl oral tablet 50 mg</i>	Tier 1	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML	Tier 3	
REXTOVY NASAL LIQUID 4 MG/0.25ML	Tier 3	QL (4 EA per 30 days)
REZENOPY NASAL LIQUID 10 MG/0.11ML	Tier 3	QL (4 EA per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	Tier 4 (SP Non-Preferred)	Specialty; QL (1 EA per 28 days)
ZURNAI INJECTION SOLUTION AUTO-INJECTOR 1.5 MG/0.5ML	Tier 3	QL (4 ML per 30 days)
Antiemetics		
*5-Ht3 Receptor Antagonists***		
ANZEMET ORAL TABLET 50 MG	Tier 3	ST; TRIAL OF ONDANSETRON TABLET OR ODT IN THE PAST 120 DAYS; QL (10 EA per 21 days)
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	QL (10 EA per 21 days)
<i>ondansetron hcl oral solution 4 mg/5ml</i>	Tier 1	QL (150 ML per 21 days)
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	Tier 1	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	Tier 1	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR	Tier 3	ST; TRIAL OF ONDANSETRON TABLET OR ODT IN THE PAST 120 DAYS; QL (1 EA per 21 days)
*Antiemetic Combinations***		
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	Tier 1	
*Antiemetics - Anticholinergic***		
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	Tier 1	
<i>meclizine hcl oral tablet chewable 25 mg</i>	Tier 3	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	Tier 1	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	Tier 1	
*Antiemetics - Miscellaneous***		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (60 EA per 30 days)
SYNDROS ORAL SOLUTION 5 MG/ML	Tier 3	ST; TRIAL OF GENERIC DRONABINOL (MARINOL) CAPSULES IN THE PAST 120 DAYS; QL (60 ML per 30 days)
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***		
<i>aprepitant capsule 125 mg oral</i>	Tier 1	QL (1 EA per 21 days)
<i>aprepitant capsule 40 mg oral</i>	Tier 1	QL (1 EA per 28 days)
<i>aprepitant capsule 80 mg oral</i>	Tier 1	QL (2 EA per 21 days)
<i>aprepitant oral capsule therapy pack 80 & 125 mg</i>	Tier 1	QL (3 EA per 21 days)

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Drug Name	Drug Tier	Notes
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	Tier 2	PA; QL (4 EA per 28 days)
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG	Tier 2	QL (2 EA per 21 days)
Antifungals		
*Antifungals***		
flucytosine oral capsule 250 mg, 500 mg	Tier 1	
griseofulvin microsize oral suspension 125 mg/5ml	Tier 1	
griseofulvin microsize oral tablet 500 mg	Tier 1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	Tier 1	
nystatin oral tablet 500000 unit	Tier 1	
terbinafine hcl oral tablet 250 mg	Tier 1	
*Imidazoles***		
ketoconazole oral tablet 200 mg	Tier 1	
*Tetrazoles***		
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG	Tier 3	PA; QL (18 EA per 90 days)
*Triazoles***		
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	Tier 3	PA
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	Tier 1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Tier 1	
itraconazole oral capsule 100 mg	Tier 1	
itraconazole oral solution 10 mg/ml	Tier 1	
NOXAFIL ORAL PACKET 300 MG	Tier 2	PA
posaconazole oral suspension 40 mg/ml	Tier 1	PA
posaconazole oral tablet delayed release 100 mg	Tier 1	PA
voriconazole oral suspension reconstituted 40 mg/ml	Tier 1	
voriconazole oral tablet 200 mg, 50 mg	Tier 1	
Antihistamines		
*Antihistamines - Ethanolamines***		
carbinoxamine maleate er oral suspension extended release 4 mg/5ml	Tier 3	ST; TRIAL OF CARBINOXAMINE IR ORAL SOLUTION IN THE PAST 120 DAYS
carbinoxamine maleate oral solution 4 mg/5ml	Tier 3	
carbinoxamine maleate oral tablet 4 mg	Tier 1	
carbzah oral solution 4 mg/5ml	Tier 3	
clemastine fumarate oral tablet 2.68 mg	Tier 3	
CLEMSZA ORAL TABLET 2.68 MG	Tier 2	
diphenhydramine hcl elixir 12.5 mg/5ml oral (rx)	Tier 3	
diphenhydramine hcl elixir 12.5 mg/5ml oral (rx)	Tier 1	

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Drug Name	Drug Tier	Notes
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML	Tier 3	ST; TRIAL OF CARBINOXAMINE IR ORAL SOLUTION IN THE PAST 120 DAYS
*Antihistamines - Non-Sedating***		
cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml	Tier 1	
desloratadine oral tablet 5 mg	Tier 1	
desloratadine tablet dispersible 2.5 mg oral	Tier 3	
desloratadine tablet dispersible 2.5 mg oral	Tier 1	
desloratadine tablet dispersible 5 mg oral	Tier 3	
desloratadine tablet dispersible 5 mg oral	Tier 1	
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	Tier 1	ST; Trial of desloratadine tablet, levocetirizine tablet or cetirizine solution
levocetirizine dihydrochloride oral tablet 5 mg	Tier 1	
*Antihistamines - Phenothiazines***		
promethazine hcl oral solution 12.5 mg/10ml, 6.25 mg/5ml	Tier 1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	Tier 1	
*Antihistamines - Piperidines***		
cypheptadine hcl oral syrup 2 mg/5ml	Tier 1	
cypheptadine hcl oral tablet 4 mg	Tier 1	
Antihyperlipidemics		
*Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb***		
NEXLIZET ORAL TABLET 180-10 MG	Tier 2	ST; TRIAL OF GENERIC STATIN IN THE PAST 120 DAYS
*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors***		
NEXLETOL ORAL TABLET 180 MG	Tier 2	ST; TRIAL OF GENERIC STATIN IN THE PAST 120 DAYS
*Antihyperlipidemics - Misc.***		
icosapent ethyl oral capsule 0.5 gm, 1 gm	Tier 1	
*Bile Acid Sequestrants***		
cholestyramine light oral powder 4 gm/dose	Tier 1	
cholestyramine oral packet 4 gm	Tier 1	
cholestyramine oral powder 4 gm/dose	Tier 1	
colesevelam hcl oral tablet 625 mg	Tier 1	
colestipol hcl oral granules 5 gm	Tier 1	
colestipol hcl oral packet 5 gm	Tier 1	
colestipol hcl oral tablet 1 gm	Tier 1	
PREVALITE ORAL POWDER 4 GM/DOSE	Tier 1	

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Drug Name	Drug Tier	Notes
*Fibric Acid Derivatives***		
<i>fenofibrate capsule 134 mg oral</i>	Tier 1	
<i>fenofibrate capsule 150 mg oral</i>	Tier 1	
<i>fenofibrate capsule 200 mg oral</i>	Tier 1	
<i>fenofibrate capsule 50 mg oral</i>	Tier 3	
<i>fenofibrate capsule 67 mg oral</i>	Tier 1	
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	Tier 1	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	Tier 1	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	Tier 1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	Tier 3	
<i>gemfibrozil oral tablet 600 mg</i>	Tier 1	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	Tier 2	
*Hmg Coa Reductase Inhibitors***		
ATORVALIQ ORAL SUSPENSION 20 MG/5ML	Tier 3	PA
<i>atorvastatin calcium tablet 10 mg oral</i>	Tier 1	ACA, Some restrictions may apply.
<i>atorvastatin calcium tablet 20 mg oral</i>	Tier 1	ACA, Some restrictions may apply.
<i>atorvastatin calcium tablet 40 mg oral</i>	Tier 1	
<i>atorvastatin calcium tablet 80 mg oral</i>	Tier 1	
<i>flolipid oral suspension 20 mg/5ml, 40 mg/5ml</i>	Tier 3	PA
<i>fluvastatin sodium capsule 20 mg oral</i>	Tier 1	ACA, Some restrictions may apply.; QL (60 EA per 30 days)
<i>fluvastatin sodium capsule 20 mg oral</i>	Tier 1	ST; TRIAL OF GENERIC STATIN IN THE PAST 120 DAYS; ACA, Some restrictions may apply.; QL (60 EA per 30 days)
<i>fluvastatin sodium capsule 40 mg oral</i>	Tier 1	ST; TRIAL OF GENERIC STATIN IN THE PAST 120 DAYS; ACA, Some restrictions may apply.; QL (60 EA per 30 days)
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	Tier 1	ST; TRIAL OF GENERIC STATIN IN THE PAST 120 DAYS; ACA, Some restrictions may apply.; QL (60 EA per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	ACA, Some restrictions may apply.
<i>pitavastatin calcium tablet 1 mg oral</i>	Tier 1	ACA, Some restrictions may apply.
<i>pitavastatin calcium tablet 2 mg oral</i>	Tier 1	
<i>pitavastatin calcium tablet 2 mg oral</i>	Tier 1	ACA, Some restrictions may apply.
<i>pitavastatin calcium tablet 4 mg oral</i>	Tier 1	ACA, Some restrictions may apply.
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	ACA, Some restrictions may apply.
<i>rosuvastatin calcium tablet 10 mg oral</i>	Tier 1	ACA, Some restrictions may apply.
<i>rosuvastatin calcium tablet 20 mg oral</i>	Tier 1	
<i>rosuvastatin calcium tablet 40 mg oral</i>	Tier 1	
<i>rosuvastatin calcium tablet 5 mg oral</i>	Tier 1	ACA, Some restrictions may apply.
<i>simvastatin tablet 10 mg oral</i>	Tier 1	ACA, Some restrictions may apply.

PA - Prior Authorization **ST** - Step Therapy **QL** - Quantity Limit **ACA** - Affordable Care Act

OC - Oral Chemotherapy

Drug Name	Drug Tier	Notes
<i>simvastatin tablet 20 mg oral</i>	Tier 1	ACA, Some restrictions may apply.
<i>simvastatin tablet 40 mg oral</i>	Tier 1	ACA, Some restrictions may apply.
<i>simvastatin tablet 5 mg oral</i>	Tier 1	ACA, Some restrictions may apply.
<i>simvastatin tablet 80 mg oral</i>	Tier 1	PA
*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***		
<i>ezetimibe-simvastatin tablet 10-10 mg oral</i>	Tier 1	
<i>ezetimibe-simvastatin tablet 10-20 mg oral</i>	Tier 1	
<i>ezetimibe-simvastatin tablet 10-40 mg oral</i>	Tier 1	
<i>ezetimibe-simvastatin tablet 10-80 mg oral</i>	Tier 1	PA
*Intestinal Cholesterol Absorption Inhibitors***		
<i>ezetimibe oral tablet 10 mg</i>	Tier 1	
*Microsomal Triglyceride Transfer Protein Inhibitors***		
JUXTAPID ORAL CAPSULE 10 MG, 2 MG, 20 MG, 30 MG, 5 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
*Nicotinic Acid Derivatives***		
<i>niacin (antihyperlipidemic) oral tablet 500 mg</i>	Tier 3	
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	Tier 1	
NIACOR ORAL TABLET 500 MG	Tier 3	
*Pcsk9 Inhibitors***		
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	Tier 2	ST; SWITCH TO STEP 1: generic statin or generic statin combination; QL (6 ML per 84 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	Tier 2	ST; SWITCH TO STEP 1: generic statin or generic statin combination; QL (6 ML per 84 days)
Antihypertensives		
*Ace Inhibitor & Calcium Channel Blocker Combinations***		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	Tier 1	
*Ace Inhibitors & Thiazide/Thiazide-Like***		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	Tier 1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 3	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 1	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	

PA - Prior Authorization ST - Step Therapy QL - Quantity Limit ACA - Affordable Care Act
OC - Oral Chemotherapy

Drug Name	Drug Tier	Notes
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	
*Ace Inhibitors***		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 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	Tier 1	PA
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 1	
fosinopril sodium 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	Tier 1	
moexipril hcl 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	PA
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	Tier 1	
*Agents For Pheochromocytoma***		
metyrosine oral capsule 250 mg	Tier 4 (SP Preferred)	PA; Specialty
phenoxybenzamine hcl oral capsule 10 mg	Tier 4 (SP Preferred)	PA; Specialty
*Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb***		
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	Tier 1	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	Tier 1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	Tier 1	
*Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like***		
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	Tier 1	ST; SWITCH TO STEP ONE: IRBESARTAN, LOSARTAN, VALSARTAN, OLMESARTAN, TELMISARTAN, CANDESARTAN
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	Tier 1	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	Tier 1	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	Tier 1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	Tier 1	

PA - Prior Authorization ST - Step Therapy QL - Quantity Limit ACA - Affordable Care Act
OC - Oral Chemotherapy

Drug Name	Drug Tier	Notes
*Angiotensin II Receptor Antagonists***		
ARBLI ORAL SUSPENSION 10 MG/ML	Tier 3	PA
azilsartan medoxomil oral tablet 40 mg, 80 mg	Tier 1	ST; IRBESARTAN, LOSARTAN, VALSARTAN, OLMESARTAN, TELMISARTAN, CANDESARTAN
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 1	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	Tier 1	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	Tier 1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	Tier 1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	Tier 1	
*Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides***		
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	Tier 1	
olmesartan-amlodipine-hctz 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	Tier 1	
*Antidiuretics - Centrally Acting***		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	Tier 1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	Tier 1	
guanfacine hcl oral tablet 1 mg, 2 mg	Tier 1	
JAVADIN ORAL SOLUTION 0.02 MG/ML	Tier 3	PA; QL (3600 ML per 30 days)
methyldopa tablet 250 mg oral	Tier 1	
methyldopa tablet 500 mg oral	Tier 3	
*Antidiuretics - Peripherally Acting***		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	Tier 1	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	Tier 1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
TEZRULY ORAL SOLUTION 1 MG/ML	Tier 3	PA
*Antihypertensives - Misc.***		
VECAMYL ORAL TABLET 2.5 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
*Beta Blocker & Diuretic Combinations***		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	Tier 1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	Tier 1	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	Tier 1	

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Drug Name	Drug Tier	Notes
*Direct Renin Inhibitors***		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	Tier 1	
*Endothelin Receptor Antagonists***		
TRYVIO ORAL TABLET 12.5 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (30 EA per 30 days)
*Selective Aldosterone Receptor Antagonists (Saras)***		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1	
*Vasodilators***		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1	
Anti-Infective Agents - Misc.		
*Anti-Infective Agents - Misc.***		
IMPAVIDO CAPSULE 50 MG ORAL	Tier 2	PA; QL (84 EA per 28 days)
IMPAVIDO CAPSULE 50 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (84 EA per 28 days)
LIKMEZ ORAL SUSPENSION 500 MG/5ML	Tier 3	PA
<i>metronidazole oral capsule 375 mg</i>	Tier 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	
XIFAXAN TABLET 200 MG ORAL	Tier 3	PA
XIFAXAN TABLET 550 MG ORAL	Tier 2	QL (90 EA per 30 days)
*Anti-Infective Misc. - Combinations***		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml, 800-160 mg/20ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 1	
SULFATRIM PEDIATRIC ORAL SUSPENSION 200-40 MG/5ML	Tier 1	
*Antiprotozoal Agents***		
<i>atovaquone oral suspension 750 mg/5ml</i>	Tier 1	
LAMPIT ORAL TABLET 120 MG, 30 MG	Tier 3	
<i>nitazoxanide oral tablet 500 mg</i>	Tier 1	
*Glycopeptides***		
FIRVANQ SOLUTION RECONSTITUTED 25 MG/ML ORAL	Tier 3	QL (300 ML per 1 day)
FIRVANQ SOLUTION RECONSTITUTED 50 MG/ML ORAL	Tier 3	QL (600 ML per 1 day)
<i>vancomycin hcl capsule 125 mg oral</i>	Tier 1	QL (77 EA per 28 days)
<i>vancomycin hcl capsule 250 mg oral</i>	Tier 1	QL (112 EA per 1 day)
<i>vancomycin hcl solution reconstituted 25 mg/ml oral</i>	Tier 1	QL (300 ML per 1 day)

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Drug Name	Drug Tier	Notes
vancomycin hcl solution reconstituted 250 mg/5ml oral	Tier 1	QL (600 ML per 1 day)
vancomycin hcl solution reconstituted 50 mg/ml oral	Tier 1	QL (600 ML per 1 day)
*Leprostatics***		
dapsone oral tablet 100 mg, 25 mg	Tier 1	
*Lincosamides***		
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	Tier 1	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	Tier 1	
*Monobactams***		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (84 ML per 56 days)
*Oxazolidinones***		
linezolid oral suspension reconstituted 100 mg/5ml	Tier 1	
linezolid oral tablet 600 mg	Tier 1	
SIVEXTRO ORAL TABLET 200 MG	Tier 3	PA; QL (6 EA per 6 days)
*Penem Combinations**		
ORLYNVAH ORAL TABLET 500-500 MG	Tier 3	PA; QL (60 EA per 30 days)
*Urinary Anti-Infectives***		
BLUJEPAL ORAL TABLET 750 MG	Tier 3	PA; QL (20 EA per 5 days)
fosfomycin tromethamine oral packet 3 gm	Tier 1	
methenamine hippurate oral tablet 1 gm	Tier 1	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
nitrofurantoin monohyd macro oral capsule 100 mg	Tier 1	
nitrofurantoin suspension 25 mg/5ml oral	Tier 1	
nitrofurantoin suspension 50 mg/5ml oral	Tier 3	
*Urinary Antiseptic-Antispasmodic &/Or Analgesics***		
URELLE ORAL TABLET 81 MG	Tier 1	
URETRON D/S ORAL TABLET 81.6 MG	Tier 1	
UROGESIC-BLUE ORAL TABLET 81.6 MG	Tier 3	
uro-mp oral capsule 118 mg	Tier 1	
Antimalarials		
*Antimalarial Combinations***		
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	Tier 1	
COARTEM ORAL TABLET 20-120 MG	Tier 3	
*Antimalarials***		
ARAKODA ORAL TABLET 100 MG	Tier 3	
chloroquine phosphate tablet 250 mg oral	Tier 2	

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Drug Name	Drug Tier	Notes
<i>chloroquine phosphate tablet 500 mg oral</i>	Tier 1	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	Tier 1	
KRINTAFEL ORAL TABLET 150 MG	Tier 3	QL (2 EA per 1 day)
<i>mefloquine hcl oral tablet 250 mg</i>	Tier 1	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	Tier 1	
<i>pyrimethamine oral tablet 25 mg</i>	Tier 4 (SP Preferred)	PA; Specialty
<i>quinine sulfate oral capsule 324 mg</i>	Tier 1	
Antimyasthenic/Cholinergic Agents		
*Antimyasthenic/Cholinergic Agents***		
FIRDAPSE ORAL TABLET 10 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	Tier 1	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	Tier 1	
<i>pyridostigmine bromide tablet 30 mg oral</i>	Tier 3	
<i>pyridostigmine bromide tablet 60 mg oral</i>	Tier 1	
Antimycobacterial Agents		
*Antimycobacterial Agents***		
<i>cycloserine capsule 250 mg oral</i>	Tier 2	
<i>cycloserine capsule 250 mg oral</i>	Tier 1	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	Tier 1	
<i>isoniazid oral syrup 50 mg/5ml</i>	Tier 1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1	
<i>pretomanid oral tablet 200 mg</i>	Tier 3	QL (30 EA per 30 days)
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	
<i>rifabutin oral capsule 150 mg</i>	Tier 1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	
<i>rifapentine oral tablet 150 mg</i>	Tier 1	
SIRTURO ORAL TABLET 100 MG, 20 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
Antineoplastics And Adjunctive Therapies		
*Alkylating Agents***		
MYLERAN ORAL TABLET 2 MG	Tier 4 (SP Preferred)	Specialty; OC
*Androgen Biosynthesis Inhibitors***		
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; OC
ABIRTEGA ORAL TABLET 250 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
YONSA ORAL TABLET 125 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
*Antiadrenals***		
LYSODREN ORAL TABLET 500 MG	Tier 4 (SP Preferred)	Specialty; OC

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Drug Name	Drug Tier	Notes
*Antiandrogens***		
<i>bicalutamide oral tablet 50 mg</i>	Tier 1	OC
ERLEADA ORAL TABLET 240 MG, 60 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
EULEXIN ORAL CAPSULE 125 MG	Tier 3	OC
<i>nilutamide oral tablet 150 mg</i>	Tier 4 (SP Preferred)	Specialty; OC
NUBEQA ORAL TABLET 300 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
XTANDI ORAL CAPSULE 40 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
XTANDI ORAL TABLET 40 MG, 80 MG	Tier 4 (SP Preferred)	PA; Specialty
*Antiestrogens***		
SOLTAMOX ORAL SOLUTION 10 MG/5ML	Tier 2	OC
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	Tier 1	OC; ACA, Some restrictions may apply.
<i>toremifene citrate oral tablet 60 mg</i>	Tier 4 (SP Preferred)	Specialty; OC
*Antimetabolites***		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; OC
JYLAMVO ORAL SOLUTION 2 MG/ML	Tier 3	PA; OC
<i>mercaptopurine oral suspension 2000 mg/100ml</i>	Tier 4 (SP Preferred)	ST; Specialty; TRIAL OF GENERIC MERCAPTOPYRINE TABS IN PAST 120 DAYS; OC
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	OC
<i>methotrexate sodium (pf) injection solution 250 mg/10ml, 50 mg/2ml</i>	Tier 1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	OC
<i>methotrexate sodium solution 250 mg/10ml injection</i>	Tier 1	
<i>methotrexate sodium solution 50 mg/2ml injection</i>	Tier 1	
<i>methotrexate sodium solution 50 mg/2ml injection</i>	Tier 3	
ONUREG ORAL TABLET 200 MG, 300 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
TABLOID ORAL TABLET 40 MG	Tier 4 (SP Preferred)	Specialty; OC
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 3	OC
XATMEP ORAL SOLUTION 2.5 MG/ML	Tier 3	PA; OC
*Antineoplastic - Akt Inhibitors***		
TRUQAP ORAL TABLET 200 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
*Antineoplastic - Alk Inhibitors***		
ALECENSA ORAL CAPSULE 150 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
ZYKADIA ORAL TABLET 150 MG	Tier 4 (SP Preferred)	PA; Specialty; OC

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Drug Name	Drug Tier	Notes
*Antineoplastic - Anti-Her2 Agents***		
HERNEXEOS ORAL TABLET 60 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (90 EA per 30 days)
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
*Antineoplastic - Bcl-2 Inhibitors***		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
*Antineoplastic - Bcr-Abl Kinase Inhibitors***		
BOSULIF ORAL CAPSULE 100 MG, 50 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
<i>bosutinib oral tablet 100 mg, 400 mg, 500 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; OC
DANZITEN ORAL TABLET 71 MG, 95 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; OC
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; OC
<i>imkeldi oral solution 80 mg/ml</i>	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
<i>nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; OC
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
*Antineoplastic - Braf Kinase Inhibitors***		
BRAFTOVI ORAL CAPSULE 75 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
OJEMDA ORAL TABLET 100 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
TAFINLAR ORAL TABLET SOLUBLE 10 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
ZELBORAF ORAL TABLET 240 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
*Antineoplastic - Btk Inhibitors***		
BRUKINSA ORAL CAPSULE 80 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
BRUKINSA ORAL TABLET 160 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
CALQUENCE ORAL TABLET 100 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 4 (SP Preferred)	PA; Specialty; OC
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
JAYPIRCA ORAL TABLET 100 MG, 50 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC

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Drug Name	Drug Tier	Notes
*Antineoplastic - Csf1r Kinase Inhibitors***		
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (8 EA per 28 days)
*Antineoplastic - Egfr Inhibitors***		
erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg	Tier 4 (SP Preferred)	PA; Specialty; OC
gefitinib oral tablet 250 mg	Tier 4 (SP Preferred)	PA; Specialty; OC
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
LAZCLUZE ORAL TABLET 240 MG, 80 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
TAGRISSE ORAL TABLET 40 MG, 80 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
*Antineoplastic - Fgfr Kinase Inhibitors***		
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
*Antineoplastic - Gamma Secretase Inhibitors***		
OGSIVEO ORAL TABLET 100 MG, 150 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
*Antineoplastic - Hedgehog Pathway Inhibitors***		
DAURISMO ORAL TABLET 100 MG, 25 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
ERIVEDGE ORAL CAPSULE 150 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
ODOMZO ORAL CAPSULE 200 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
*Antineoplastic - Hif-2-Alpha Inhibitors***		
WELIREG ORAL TABLET 40 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
*Antineoplastic - Histone Deacetylase Inhibitors***		
ZOLINZA ORAL CAPSULE 100 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (120 EA per 30 days)
*Antineoplastic - Hormonal And Related Agent Combinations***		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 4 (SP Non-Preferred)	PA; Specialty

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Drug Name	Drug Tier	Notes
*Antineoplastic - Immunomodulators***		
<i>pomalidomide capsule 1 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (21 EA per 28 days)
<i>pomalidomide capsule 1 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; OC
<i>pomalidomide capsule 2 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (21 EA per 28 days)
<i>pomalidomide capsule 2 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; OC
<i>pomalidomide capsule 3 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (21 EA per 28 days)
<i>pomalidomide capsule 3 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; OC
<i>pomalidomide capsule 4 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (21 EA per 28 days)
<i>pomalidomide capsule 4 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; OC
*Antineoplastic - Kras Inhibitors***		
KRAZATI ORAL TABLET 200 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
*Antineoplastic - Mek Inhibitors***		
COTELLIC ORAL TABLET 20 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
GOMEKLI ORAL TABLET SOLUBLE 1 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
KOSELUGO ORAL CAPSULE SPRINKLE 5 MG, 7.5 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	Tier 4 (SP Preferred)	PA; Specialty; OC
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
MEKTOVI ORAL TABLET 15 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
*Antineoplastic - Menin Inhibitors***		
KOMZIFTI ORAL CAPSULE 200 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (90 EA per 30 days)
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
*Antineoplastic - Met Inhibitors***		
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
TEPMETKO ORAL TABLET 225 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
*Antineoplastic - Mtor Kinase Inhibitors***		
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; OC
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; OC
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
YULITHIRA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Tier 4 (SP Preferred)	PA; Specialty; OC

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Drug Name	Drug Tier	Notes
*Antineoplastic - Multikinase Inhibitors***		
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
CAPRELSA ORAL TABLET 100 MG, 300 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
ENSACOVE ORAL CAPSULE 100 MG, 25 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
HYRNUO ORAL TABLET 10 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (120 EA per 30 days)
<i>lapatinib ditosylate oral tablet 250 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; OC
NERLYNX ORAL TABLET 40 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
<i>pazopanib hcl oral tablet 200 mg, 400 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; OC
QINLOCK ORAL TABLET 50 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
RYDAPT ORAL CAPSULE 25 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
<i>sorafenib tosylate oral tablet 200 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; OC
STIVARGA ORAL TABLET 40 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; OC
TURALIO ORAL CAPSULE 125 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (120 EA per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
XOSPATA ORAL TABLET 40 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
*Antineoplastic - Pdgfr-Alpha Inhibitors***		
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
*Antineoplastic - Protease Activators***		
MODEYSO ORAL CAPSULE 125 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (20 EA per 28 days)
*Antineoplastic - Proteasome Inhibitors***		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
*Antineoplastic - Ras Gtpase Inhibitors***		
RASONQUE ORAL TABLET 100 MG, 150 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC

Drug Name	Drug Tier	Notes
*Antineoplastic - Ret Inhibitors***		
GAVRETO ORAL CAPSULE 100 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	Tier 4 (SP Preferred)	PA; Specialty
*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors***		
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
IBTROZI ORAL CAPSULE 200 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
ROZLYTREK ORAL PACKET 50 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 4 (SP Preferred)	PA; Specialty; OC
*Antineoplastic - Xpo1 Inhibitors***		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
*Antineoplastic Combinations***		
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
INQOVI ORAL TABLET 35-100 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
*Antineoplastics Misc.***		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty
BESREMI PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 MCG/0.5ML	Tier 4 (SP Non-Preferred)	PA; Specialty
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
hydroxyurea oral capsule 500 mg	Tier 1	OC
MATULANE ORAL CAPSULE 50 MG	Tier 4 (SP Preferred)	Specialty; OC
*Aromatase Inhibitors***		
anastrozole oral tablet 1 mg	Tier 1	OC; ACA, Some restrictions may apply.
exemestane oral tablet 25 mg	Tier 1	OC; ACA, Some restrictions may apply.

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Drug Name	Drug Tier	Notes
letrozole oral tablet 2.5 mg	Tier 1	OC
*Cyclin-Dependent Kinases (Cdk) Inhibitors***		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	Tier 4 (SP Preferred)	PA; Specialty; OC
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
*Estrogen Receptor Antagonist***		
INLURIYO ORAL TABLET 200 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (60 EA per 30 days)
*Folic Acid Antagonists Rescue Agents***		
LEDERLE LEUCOVORIN ORAL TABLET 5 MG	Tier 2	OC
leucovorin calcium oral tablet 15 mg, 25 mg, 5 mg	Tier 1	OC
*Glucocorticoid Receptor (Gr) Antagonists***		
LIFYORLI (125 MG DOSE) ORAL CAPSULE THERAPY PACK 1 X 25 MG & 1 X 100 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
LIFYORLI (150 MG DOSE) ORAL CAPSULE THERAPY PACK 2 X 25 MG & 1 X 100 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
*Gonadotropin Releasing Hormone (Gnrh) Antagonists***		
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	Tier 4 (SP Preferred)	PA; Specialty
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	Tier 4 (SP Preferred)	PA; Specialty
ORGOVYX ORAL TABLET 120 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (31 EA per 30 days)
*Imidazotetrazines***		
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	Tier 4 (SP Preferred)	PA; Specialty; OC
*Isocitrate Dehydrogenase 1 & 2 (Idh1 & Idh2) Inhibitors***		
VORANIGO ORAL TABLET 10 MG, 40 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors***		
REZLIDHIA ORAL CAPSULE 150 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC

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Drug Name	Drug Tier	Notes
TIBSOVO ORAL TABLET 250 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***		
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
*Janus Associated Kinase (Jak) Inhibitors***		
INREBIC ORAL CAPSULE 100 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (120 EA per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (60 EA per 30 days)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
VONJO ORAL CAPSULE 100 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (120 EA per 30 days)
*Lhrh Analogs***		
ELIGARD KIT 22.5 MG SUBCUTANEOUS	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 84 days)
ELIGARD KIT 45 MG SUBCUTANEOUS	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 168 days)
ELIGARD KIT 7.5 MG SUBCUTANEOUS	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 28 days)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (2 EA per 28 days)
LUPRON DEPOT (1-MONTH) KIT 3.75 MG INTRAMUSCULAR	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 28 days)
LUPRON DEPOT (1-MONTH) KIT 7.5 MG INTRAMUSCULAR	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 28 days)
LUPRON DEPOT (1-MONTH) KIT 7.5 MG INTRAMUSCULAR	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 EA per 28 days)
LUPRON DEPOT (3-MONTH) KIT 11.25 MG INTRAMUSCULAR	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 EA per 84 days)
LUPRON DEPOT (3-MONTH) KIT 22.5 MG INTRAMUSCULAR	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 84 days)
LUPRON DEPOT (3-MONTH) KIT 22.5 MG INTRAMUSCULAR	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 EA per 84 days)
LUPRON DEPOT (4-MONTH) KIT 30 MG INTRAMUSCULAR	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 112 days)
LUPRON DEPOT (4-MONTH) KIT 30 MG INTRAMUSCULAR	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 EA per 112 days)
LUPRON DEPOT (6-MONTH) KIT 45 MG INTRAMUSCULAR	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 168 days)
LUPRON DEPOT (6-MONTH) KIT 45 MG INTRAMUSCULAR	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 EA per 168 days)
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	Tier 4 (SP Non-Preferred)	PA; Specialty

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Drug Name	Drug Tier	Notes
*Mitotic Inhibitors***		
<i>etoposide oral capsule 50 mg</i>	Tier 2	OC
*Nitrogen Mustards And Related Analogues***		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 1	OC
<i>cyclophosphamide oral tablet 50 mg</i>	Tier 2	OC
LEUKERAN ORAL TABLET 2 MG	Tier 4 (SP Preferred)	Specialty; OC
*Nitrosoureas***		
<i>lomustine oral capsule 10 mg, 100 mg, 40 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; OC
*Ornithine Decarboxylase (Odc) Inhibitors***		
IWILFIN ORAL TABLET 192 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
ITOVEBI ORAL TABLET 3 MG, 9 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 4 (SP Preferred)	PA; Specialty; OC
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***		
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
*Progestins-Antineoplastic***		
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	Tier 1	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	Tier 1	OC
*Retinoids***		
<i>tretinoin oral capsule 10 mg</i>	Tier 4 (SP Preferred)	Specialty; OC
*Selective Estrogen Receptor Degradars***		
ORSERDU ORAL TABLET 345 MG, 86 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
VEPPANU ORAL TABLET 100 MG, 200 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Notes
*Selective Retinoid X Receptor Agonists***		
<i>bexarotene oral capsule 75 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; OC
*Topoisomerase I Inhibitors***		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 4 (SP Preferred)	Specialty; OC
*Urinary Tract Protective Agents***		
<i>mesna oral tablet 400 mg</i>	Tier 1	OC
*Vascular Endothelial Growth Factor (Vegf) Inhibitors***		
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 4 (SP Preferred)	PA; Specialty; OC
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 4 (SP Preferred)	PA; Specialty; OC
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
Antiparkinson And Related Therapy Agents		
*Adenosine Receptor Antagonist***		
NOURIANZ ORAL TABLET 20 MG, 40 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (30 EA per 30 days)
*Antiparkinson Anticholinergics***		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	Tier 1	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	Tier 1	
*Antiparkinson Dopaminergics***		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	
<i>amantadine hcl oral solution 100 mg/10ml, 50 mg/5ml</i>	Tier 1	
<i>amantadine hcl oral tablet 100 mg</i>	Tier 1	
<i>bromocriptine mesylate oral capsule 5 mg</i>	Tier 1	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	Tier 1	
INBRIJA INHALATION CAPSULE 42 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (300 EA per 30 days)

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Drug Name	Drug Tier	Notes
*Antiparkinson Monoamine Oxidase Inhibitors***		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	Tier 1	
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1	
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG	Tier 3	ST; TRIAL OF GENERIC SELEGILINE CAPSULES OR TABLETS IN THE PAST 120 DAYS; QL (60 EA per 30 days)
*Central/Peripheral Comt Inhibitors***		
<i>tolcapone oral tablet 100 mg</i>	Tier 1	ST; TRIAL OF COMTAN IN THE PAST 120 DAYS; QL (90 EA per 30 days)
*Decarboxylase Inhibitors***		
<i>carbidopa oral tablet 25 mg</i>	Tier 1	
*Levodopa Combinations***		
<i>carbidopa-levodopa er oral capsule extended release 23.75-95 mg, 36.25-145 mg, 48.75-195 mg, 61.25-245 mg</i>	Tier 3	ST; TRIAL OF GENERIC CARBIDOPA/LEVODOPA ER IN THE PAST 120 DAYS; QL (300 EA per 30 days)
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	Tier 1	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	Tier 3	ST; TRIAL OF GENERIC CARBIDOPA/LEVODOPA ER IN THE PAST 120 DAYS; QL (300 EA per 30 days)
VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
*Nonergoline Dopamine Receptor Agonists***		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	Tier 4 (SP Non-Preferred)	PA; Specialty
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	Tier 4 (SP Preferred)	PA; Specialty
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	Tier 2	ST; TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS
ONAPGO SUBCUTANEOUS SOLUTION CARTRIDGE 98 MG/20ML	Tier 4 (SP Non-Preferred)	PA; Specialty

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Drug Name	Drug Tier	Notes
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	Tier 1	ST; TRIAL OF IMMEDIATE RELEASE PRAMIPEXOLE OR ROPINIROLE WITHIN THE PAST 120 DAYS.; QL (30 EA per 30 days)
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 1	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 1	ST; TRIAL OF IMMEDIATE RELEASE PRAMIPEXOLE OR ROPINIROLE WITHIN THE PAST 120 DAYS.; QL (30 EA per 30 days)
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 1	
*Peripheral Comt Inhibitors***		
<i>entacapone oral tablet 200 mg</i>	Tier 1	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Tier 3	PA; QL (30 EA per 30 days)
Antipsychotics/Antimanic Agents		
*Antimanic Agents***		
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	Tier 1	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 1	
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	
<i>lithium oral solution 8 meq/5ml</i>	Tier 1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	Tier 3	
*Antipsychotics - Misc.***		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 2	QL (30 EA per 30 days)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	Tier 3	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG	Tier 3	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
NUPLAZID ORAL CAPSULE 34 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
NUPLAZID ORAL TABLET 10 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 2	QL (30 EA per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	Tier 1	
*Benzisoxazoles***		
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 351 MG/2.25ML, 39 MG/0.25ML, 78 MG/0.5ML	Tier 2	QL (1 ML per 21 days)

Drug Name	Drug Tier	Notes
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	ST; TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (60 EA per 30 days)
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG	Tier 3	ST; TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (8 EA per 28 days)
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG	Tier 3	ST; TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (12 EA per 28 days)
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG	Tier 3	ST; TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (8 EA per 28 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML	Tier 2	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	Tier 2	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	Tier 2	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	Tier 1	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	Tier 3	QL (1 EA per 28 days)
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 1	
<i>risperidone oral solution 1 mg/ml</i>	Tier 1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
<i>risperidone tablet dispersible 0.25 mg oral</i>	Tier 1	ST; SWITCH TO STEP ONE: generic atypical antipsychotic
<i>risperidone tablet dispersible 0.5 mg oral</i>	Tier 1	
<i>risperidone tablet dispersible 1 mg oral</i>	Tier 1	
<i>risperidone tablet dispersible 2 mg oral</i>	Tier 1	
<i>risperidone tablet dispersible 3 mg oral</i>	Tier 1	
<i>risperidone tablet dispersible 4 mg oral</i>	Tier 1	
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	Tier 2	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML, 125 MG/0.35ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML, 50 MG/0.14ML, 75 MG/0.21ML	Tier 2	

Drug Name	Drug Tier	Notes
*Butyrophenones***		
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	Tier 1	
haloperidol lactate injection solution 5 mg/ml	Tier 1	
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	
*Dibenzodiazepines***		
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
clozapine tablet dispersible 100 mg oral	Tier 1	
clozapine tablet dispersible 12.5 mg oral	Tier 1	ST; SWITCH TO STEP ONE: generic atypical antipsychotic
clozapine tablet dispersible 150 mg oral	Tier 1	
clozapine tablet dispersible 200 mg oral	Tier 1	
clozapine tablet dispersible 25 mg oral	Tier 1	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 3	ST; SWITCH TO STEP ONE: generic atypical antipsychotic
*Dibenzo-Oxepino Pyrroles***		
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	Tier 1	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	Tier 3	ST; SWITCH TO STEP ONE: generic atypical antipsychotic; QL (30 EA per 30 days)
*Dibenzothiazepines***		
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	Tier 1	
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	Tier 1	
*Dibenzoxazepines***		
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	
*Dihydroindolones***		
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	Tier 3	
*Muscarinic Agent - Combinations***		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	Tier 3	ST; TRIAL OF A GENERIC ATYPICAL ANTIPSYCHOTIC, REXULTI OR VRAYLAR IN THE PAST 120 DAYS
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	Tier 3	ST; TRIAL OF A GENERIC ATYPICAL ANTIPSYCHOTIC, REXULTI OR VRAYLAR IN THE PAST 120 DAYS
*Phenothiazines***		
chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml	Tier 1	
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	Tier 1	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	

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Drug Name	Drug Tier	Notes
COMPRO RECTAL SUPPOSITORY 25 MG	Tier 1	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	Tier 1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	Tier 2	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 3	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	Tier 3	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	Tier 1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>prochlorperazine rectal suppository 25 mg</i>	Tier 1	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
*Quinolinone Derivatives***		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML	Tier 2	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	Tier 2	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	Tier 2	
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	Tier 1	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	Tier 2	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	Tier 2	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	Tier 3	ST; TRY AND FAIL ARIPIPRAZOLE IN PAST 120 DAYS
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	
*Thienbenzodiazepines***		
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	Tier 1	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG	Tier 3	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG	Tier 3	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	Tier 3	

Drug Name	Drug Tier	Notes
*Thioxanthenes***		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
Antivirals		
*Antiretroviral Combinations***		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	Tier 1	QL (30 EA per 30 days)
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	Tier 2	QL (30 EA per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML	Tier 4 (SP Preferred)	Specialty
CIMDUO ORAL TABLET 300-300 MG	Tier 2	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	Tier 2	QL (30 EA per 30 days)
DESCOVY TABLET 120-15 MG ORAL	Tier 2	QL (30 EA per 30 days)
DESCOVY TABLET 200-25 MG ORAL	Tier 2	ACA, Some restrictions may apply.; QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG	Tier 2	QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir tablet 400-300-300 mg oral</i>	Tier 2	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir tablet 600-300-300 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df tablet 100-150 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df tablet 133-200 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df tablet 167-250 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df tablet 200-300 mg oral</i>	Tier 1	ACA, Some restrictions may apply.; QL (30 EA per 30 days)
<i>emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg</i>	Tier 1	QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	Tier 2	QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 2	QL (30 EA per 30 days)
IDVYNZO ORAL TABLET 100-0.25 MG	Tier 2	QL (30 EA per 30 days)
JULUCA ORAL TABLET 50-25 MG	Tier 2	QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>lopinavir-ritonavir tablet 100-25 mg oral</i>	Tier 1	QL (300 EA per 30 days)
<i>lopinavir-ritonavir tablet 200-50 mg oral</i>	Tier 1	QL (120 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 2	QL (30 EA per 30 days)
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG	Tier 2	QL (30 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 3	QL (30 EA per 30 days)
SYM TUZA ORAL TABLET 800-150-200-10 MG	Tier 2	QL (30 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 2	QL (30 EA per 30 days)
<i>trumeq pd oral tablet soluble 60-5-30 mg</i>	Tier 2	QL (180 EA per 30 days)
*Antiretrovirals - Capsid Inhibitors***		
SUNLENCA ORAL TABLET 300 MG	Tier 3	PA
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	Tier 3	PA

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Drug Name	Drug Tier	Notes
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	Tier 3	PA
YEZTUGO ORAL TABLET 300 MG	Tier 4 (SP Preferred)	Specialty
YEZTUGO SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	Tier 4 (SP Preferred)	Specialty
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***		
<i>maraviroc tablet 150 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>maraviroc tablet 300 mg oral</i>	Tier 1	QL (120 EA per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML		
*Antiretrovirals - Gp120-Directed Attachment Inhibitor***		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG		PA; QL (60 EA per 30 days)
*Antiretrovirals - Integrase Inhibitors***		
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML	Tier 4 (SP Non-Preferred)	Specialty; ACA, Some restrictions may apply.; QL (3 ML per 21 days)
ISENTRESS HD ORAL TABLET 600 MG	Tier 2	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG	Tier 2	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	Tier 2	QL (60 EA per 30 days)
ISENTRESS TABLET CHEWABLE 100 MG ORAL	Tier 2	QL (180 EA per 30 days)
ISENTRESS TABLET CHEWABLE 25 MG ORAL	Tier 2	QL (720 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	Tier 2	QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG		QL (180 EA per 30 days)
APTIVUS ORAL CAPSULE 250 MG	Tier 3	QL (120 EA per 30 days)
<i>atazanavir sulfate capsule 150 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>atazanavir sulfate capsule 200 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>atazanavir sulfate capsule 300 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>darunavir tablet 600 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>darunavir tablet 800 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700 mg</i>	Tier 1	QL (120 EA per 30 days)
NORVIR ORAL PACKET 100 MG	Tier 3	
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 2	QL (400 ML per 30 days)
PREZISTA TABLET 150 MG ORAL	Tier 2	QL (240 EA per 30 days)
PREZISTA TABLET 75 MG ORAL	Tier 2	QL (480 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	Tier 3	QL (180 EA per 30 days)
<i>ritonavir oral tablet 100 mg</i>	Tier 1	QL (360 EA per 30 days)
VIRACEPT TABLET 250 MG ORAL	Tier 3	QL (300 EA per 30 days)
VIRACEPT TABLET 625 MG ORAL	Tier 3	QL (120 EA per 30 days)

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Drug Name	Drug Tier	Notes
*Antiretrovirals - Rti-Non-Nucleoside Analogues***		
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG	Tier 2	QL (180 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>etravirine tablet 100 mg oral</i>	Tier 1	QL (120 EA per 30 days)
<i>etravirine tablet 200 mg oral</i>	Tier 1	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	Tier 2	QL (480 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	Tier 1	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	Tier 1	QL (60 EA per 30 days)
PIFELTRO ORAL TABLET 100 MG	Tier 3	QL (60 EA per 30 days)
<i>rilpivirine hcl oral tablet 25 mg</i>	Tier 1	QL (30 EA per 30 days)
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***		
<i>abacavir sulfate oral solution 20 mg/ml</i>	Tier 1	QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	Tier 1	QL (60 EA per 30 days)
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***		
<i>emtricitabine oral capsule 200 mg</i>	Tier 1	ACA, Some restrictions may apply.; QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 3	
<i>lamivudine oral solution 10 mg/ml, 300 mg/30ml</i>	Tier 1	QL (960 ML per 30 days)
<i>lamivudine tablet 150 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>lamivudine tablet 300 mg oral</i>	Tier 1	QL (30 EA per 30 days)
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***		
<i>zidovudine oral capsule 100 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	Tier 1	QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	Tier 1	QL (60 EA per 30 days)
*Antiretrovirals - Rti-Nucleotide Analogues***		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Tier 1	ACA, Some restrictions may apply.; QL (30 EA per 30 days)
VIREAD ORAL POWDER 40 MG/GM	Tier 2	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 2	QL (30 EA per 30 days)
*Antiviral Combinations***		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	Tier 2	QL (20 EA per 28 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG	Tier 2	QL (11 EA per 28 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	Tier 2	QL (30 EA per 28 days)

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Drug Name	Drug Tier	Notes
*Cmv Agents***		
LIVTENCITY ORAL TABLET 200 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
PREVYMIS ORAL TABLET 240 MG, 480 MG	Tier 3	PA; QL (120 EA per 30 days)
valganciclovir hcl oral solution reconstituted 50 mg/ml	Tier 1	
valganciclovir hcl oral tablet 450 mg	Tier 1	
*Hepatitis B Agents***		
adefovir dipivoxil oral tablet 10 mg	Tier 4 (SP Preferred)	Specialty; QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Tier 4 (SP Preferred)	Specialty; QL (630 ML per 30 days)
entecavir oral tablet 0.5 mg, 1 mg	Tier 4 (SP Preferred)	Specialty; QL (30 EA per 30 days)
lamivudine oral tablet 100 mg	Tier 1	QL (30 EA per 30 days)
VEMLIDY ORAL TABLET 25 MG	Tier 4 (SP Preferred)	Specialty; QL (30 EA per 30 days)
*Hepatitis C Agent - Combinations***		
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
EPCLUSA PACKET 150-37.5 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (28 EA per 28 days)
EPCLUSA PACKET 200-50 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (56 EA per 28 days)
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (56 EA per 28 days)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (28 EA per 28 days)
MAVYRET ORAL PACKET 50-20 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (150 EA per 30 days)
MAVYRET ORAL TABLET 100-40 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (84 EA per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (28 EA per 28 days)
*Hepatitis C Agents***		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 4 (SP Preferred)	PA; Specialty
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty
ribavirin oral capsule 200 mg	Tier 1	
ribavirin oral tablet 200 mg	Tier 1	
*Herpes Agents - Purine Analogues***		
acyclovir oral capsule 200 mg	Tier 1	
acyclovir oral suspension 200 mg/5ml, 800 mg/20ml	Tier 1	
acyclovir oral tablet 400 mg, 800 mg	Tier 1	
valacyclovir hcl oral tablet 1 gm, 500 mg	Tier 1	
*Herpes Agents - Thymidine Analogues***		
famciclovir oral tablet 125 mg, 250 mg, 500 mg	Tier 1	
*Misc. Antivirals***		
LAGEVRIO ORAL CAPSULE 200 MG	Tier 2	QL (40 EA per 29 days)
TEMBEXA ORAL SUSPENSION 10 MG/ML	Tier 3	
TEMBEXA ORAL TABLET 100 MG	Tier 3	

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Drug Name	Drug Tier	Notes
*Neuraminidase Inhibitors***		
oseltamivir phosphate capsule 30 mg oral	Tier 1	QL (40 EA per 180 days)
oseltamivir phosphate capsule 45 mg oral	Tier 1	
oseltamivir phosphate capsule 75 mg oral	Tier 1	
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	Tier 1	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	Tier 3	QL (40 EA per 180 days)
*Pa Endonuclease Inhibitors***		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	Tier 3	QL (2 EA per 180 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	Tier 3	QL (2 EA per 180 days)
Beta Blockers		
*Alpha-Beta Blockers***		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	Tier 1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	Tier 1	QL (30 EA per 30 days)
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg, 400 mg	Tier 1	
*Beta Blockers Cardio-Selective***		
acebutolol hcl oral capsule 200 mg, 400 mg	Tier 1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
betaxolol hcl oral tablet 10 mg, 20 mg	Tier 1	
bisoprolol fumarate tablet 10 mg oral	Tier 1	
bisoprolol fumarate tablet 2.5 mg oral	Tier 2	
bisoprolol fumarate tablet 5 mg oral	Tier 1	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG	Tier 3	
LOPRESSOR ORAL SOLUTION 10 MG/ML	Tier 3	PA
LOPRESSOR ORAL TABLET 12.5 MG	Tier 3	QL (120 EA per 30 days)
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
metoprolol tartrate tablet 100 mg oral	Tier 1	
metoprolol tartrate tablet 12.5 mg oral	Tier 3	QL (120 EA per 30 days)
metoprolol tartrate tablet 25 mg oral	Tier 1	
metoprolol tartrate tablet 37.5 mg oral	Tier 1	
metoprolol tartrate tablet 50 mg oral	Tier 1	
metoprolol tartrate tablet 75 mg oral	Tier 1	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 1	
*Beta Blockers Non-Selective***		
HEMANGEOL SOLUTION 4.28 MG/ML ORAL	Tier 4 (SP Preferred)	Specialty
HEMANGEOL SOLUTION 4.28 MG/ML ORAL	Tier 2	

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Drug Name	Drug Tier	Notes
nadolol oral tablet 20 mg, 40 mg, 80 mg	Tier 1	
pindolol oral tablet 10 mg, 5 mg	Tier 1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	Tier 1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	
propranolol hcl solution 20 mg/5ml oral	Tier 1	
propranolol hcl solution 40 mg/5ml oral	Tier 2	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	Tier 1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	Tier 3	ST; TRIAL OF SOTALOL TABLETS IN THE PAST 120 DAYS; QL (1920 ML per 30 days)
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
Calcium Channel Blockers		
*Calcium Channel Blockers***		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
CARDAMYST NASAL SOLUTION 2 X 70 MG/DOSE	Tier 3	QL (2 EA per 1 day)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	Tier 1	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	Tier 3	PA
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tier 1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	Tier 1	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	Tier 1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Tier 1	
diltiazem hcl er oral tablet extended release 24 hour 120 mg	Tier 1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	Tier 1	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Tier 1	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	Tier 1	
levamlodipine maleate oral tablet 2.5 mg, 5 mg	Tier 3	PA
nicardipine hcl oral capsule 20 mg, 30 mg	Tier 1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	Tier 1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	Tier 1	
nifedipine oral capsule 10 mg, 20 mg	Tier 1	
nimodipine oral capsule 30 mg	Tier 1	
nimodipine oral solution 60 mg/20ml	Tier 3	

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Drug Name	Drug Tier	Notes
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg</i>	Tier 1	
NORLIQVA ORAL SOLUTION 1 MG/ML	Tier 3	PA
NYMALIZE ORAL SOLUTION 6 MG/ML	Tier 3	
TIADYLTER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 1	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Tier 1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	
Cardiotonics		
*Cardiac Glycosides***		
<i>digoxin oral solution 0.05 mg/ml</i>	Tier 1	
<i>digoxin tablet 125 mcg oral</i>	Tier 1	
<i>digoxin tablet 250 mcg oral</i>	Tier 1	
<i>digoxin tablet 62.5 mcg oral</i>	Tier 1	PA
LANOXIN TABLET 125 MCG ORAL	Tier 3	
LANOXIN TABLET 250 MCG ORAL	Tier 1	
LANOXIN TABLET 62.5 MCG ORAL	Tier 3	PA
Cardiovascular Agents - Misc.		
*Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb***		
<i>amlodipine-atorvastatin tablet 10-10 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>amlodipine-atorvastatin tablet 10-20 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>amlodipine-atorvastatin tablet 10-40 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>amlodipine-atorvastatin tablet 10-80 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>amlodipine-atorvastatin tablet 2.5-10 mg oral</i>	Tier 1	
<i>amlodipine-atorvastatin tablet 2.5-20 mg oral</i>	Tier 1	
<i>amlodipine-atorvastatin tablet 2.5-40 mg oral</i>	Tier 1	
<i>amlodipine-atorvastatin tablet 5-10 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>amlodipine-atorvastatin tablet 5-20 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>amlodipine-atorvastatin tablet 5-40 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>amlodipine-atorvastatin tablet 5-80 mg oral</i>	Tier 1	QL (30 EA per 30 days)
*Cardiac Myosin Inhibitors***		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
*Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb***		
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	Tier 3	QL (240 EA per 30 days)

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Drug Name	Drug Tier	Notes
<i>sacubitril-valsartan tablet 24-26 mg oral</i>	Tier 1	QL (180 EA per 30 days)
<i>sacubitril-valsartan tablet 49-51 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>sacubitril-valsartan tablet 97-103 mg oral</i>	Tier 1	QL (60 EA per 30 days)
*Nitrate & Vasodilator Combinations***		
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	Tier 1	
*Pde Inhibitor-Endothelin Receptor Antagonist Combinations***		
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
*Prostaglandin Vasodilators***		
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	Tier 4 (SP Preferred)	PA; Specialty
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	Tier 4 (SP Preferred)	PA; Specialty
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG	Tier 4 (SP Preferred)	PA; Specialty
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 4 (SP Preferred)	PA; Specialty
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML, 8 MG/20ML	Tier 4 (SP Non-Preferred)	PA; Specialty
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	Tier 4 (SP Preferred)	PA; Specialty
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 80 MCG	Tier 4 (SP Preferred)	PA; Specialty; QL (112 EA per 1 day)
TYVASO DPI MAINTENANCE KIT POWDER 112 X 32MCG & 112 X64MCG INHALATION	Tier 4 (SP Preferred)	PA; Specialty; QL (224 EA per 1 day)
TYVASO DPI MAINTENANCE KIT POWDER 112 X 48MCG & 112 X64MCG INHALATION	Tier 4 (SP Preferred)	PA; Specialty; QL (224 EA per 1 day)
TYVASO DPI MAINTENANCE KIT POWDER 112 X 48MCG & 112 X80MCG INHALATION	Tier 4 (SP Preferred)	PA; Specialty; QL (224 EA per 1 day)
TYVASO DPI MAINTENANCE KIT POWDER 16 MCG INHALATION	Tier 4 (SP Preferred)	PA; Specialty; QL (112 EA per 1 day)
TYVASO DPI MAINTENANCE KIT POWDER 32 MCG INHALATION	Tier 4 (SP Preferred)	PA; Specialty; QL (112 EA per 1 day)
TYVASO DPI MAINTENANCE KIT POWDER 48 MCG INHALATION	Tier 4 (SP Preferred)	PA; Specialty; QL (112 EA per 1 day)
TYVASO DPI MAINTENANCE KIT POWDER 64 MCG INHALATION	Tier 4 (SP Preferred)	PA; Specialty; QL (112 EA per 1 day)
TYVASO DPI MAINTENANCE KIT POWDER 80 MCG INHALATION	Tier 4 (SP Preferred)	PA; Specialty; QL (112 EA per 1 day)
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	Tier 4 (SP Preferred)	PA; Specialty; QL (252 EA per 1 day)
TYVASO INHALATION SOLUTION 0.6 MG/ML	Tier 4 (SP Preferred)	PA; Specialty; QL (11.6 ML per 30 days)

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Drug Name	Drug Tier	Notes
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML	Tier 4 (SP Preferred)	PA; Specialty; QL (11.6 ML per 30 days)
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML	Tier 4 (SP Preferred)	PA; Specialty; QL (11.6 ML per 30 days)
YUTREPIA INHALATION CAPSULE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG	Tier 4 (SP Preferred)	PA; Specialty
*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (90 EA per 30 days)
*Pulmonary Hypertension - Activin Signaling Inhibitor***		
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 21 days)
*Pulmonary Hypertension - Endothelin Receptor Antagonists***		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
<i>bosentan oral tablet soluble 32 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (120 EA per 30 days)
<i>macitentan oral tablet 10 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***		
ALYQ ORAL TABLET 20 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	Tier 1	PA; QL (784 ML per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	Tier 1	PA; QL (90 EA per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
*Pulmonary Hypertension - Prostacyclin Receptor Agonist***		
UPTRAVI TABLET 100 MCG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (480 EA per 30 days)
UPTRAVI TABLET 1000 MCG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
UPTRAVI TABLET 1200 MCG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
UPTRAVI TABLET 1400 MCG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
UPTRAVI TABLET 150 MCG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (300 EA per 30 days)
UPTRAVI TABLET 1600 MCG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
UPTRAVI TABLET 200 MCG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (240 EA per 30 days)
UPTRAVI TABLET 400 MCG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
UPTRAVI TABLET 600 MCG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
UPTRAVI TABLET 800 MCG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	Tier 4 (SP Preferred)	PA; Specialty; QL (200 EA per 28 days)

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Drug Name	Drug Tier	Notes
*Selective Cgmp Phosphodiesterase Type 5 Inhibitors***		
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 1	PA; QL (30 EA per 30 days)
*Sinus Node Inhibitors**		
CORLANOR ORAL SOLUTION 5 MG/5ML	Tier 2	ST; TRIAL OF BISOPROLOL, CARVEDILOL, OR METOPROLOL SUCCINATE IN THE PAST 120 DAYS; QL (450 ML per 30 days)
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1	ST; TRIAL OF BISOPROLOL, CARVEDILOL, OR METOPROLOL SUCCINATE IN THE PAST 120 DAYS; QL (60 EA per 30 days)
*Transthyretin Stabilizers***		
ATTRUBY ORAL TABLET THERAPY PACK 356 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (112 EA per 28 days)
VYNDAMAX ORAL CAPSULE 61 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
*Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)***		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 3	PA
Cephalosporins		
*Cephalosporins - 1St Generation***		
<i>cefadroxil oral capsule 500 mg</i>	Tier 1	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	Tier 1	
<i>cefadroxil oral tablet 1 gm</i>	Tier 1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	Tier 1	
*Cephalosporins - 2Nd Generation***		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	Tier 3	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	Tier 3	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 1	
*Cephalosporins - 3Rd Generation***		
<i>cefdinir oral capsule 300 mg</i>	Tier 1	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	
<i>cefixime oral capsule 400 mg</i>	Tier 1	

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Drug Name	Drug Tier	Notes
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Tier 1	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	Tier 2	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	Tier 1	
Contraceptives		
*Biphasic Contraceptives - Oral***		
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 1	ACA, Some restrictions may apply.
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Tier 1	ACA, Some restrictions may apply.
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 1	ACA, Some restrictions may apply.
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG	Tier 2	ACA, Some restrictions may apply.
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 1	ACA, Some restrictions may apply.
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 1	ACA, Some restrictions may apply.
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Tier 1	ACA, Some restrictions may apply.
VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 1	ACA, Some restrictions may apply.
*Combination Contraceptives - Oral***		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	Tier 1	ACA, Some restrictions may apply.
APRI ORAL TABLET 0.15-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
AUROVELA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
AUROVELA 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1	ACA, Some restrictions may apply.
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
AVERI ORAL TABLET 0.15-0.03 MG	Tier 3	ACA, Some restrictions may apply.
AVIANE ORAL TABLET 0.1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
AYUNA ORAL TABLET 0.15-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
BALZIVA ORAL TABLET 0.4-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1	ACA, Some restrictions may apply.
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	Tier 1	ACA, Some restrictions may apply.
CHARLOTTE 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	Tier 1	ACA, Some restrictions may apply.
CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
CRYSELLE ORAL TABLET 0.3-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.

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Drug Name	Drug Tier	Notes
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
DELYLA ORAL TABLET 0.1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	Tier 1	ACA, Some restrictions may apply.
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	Tier 1	ACA, Some restrictions may apply.
ELINEST ORAL TABLET 0.3-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	Tier 1	ACA, Some restrictions may apply.
FALMINA ORAL TABLET 0.1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
FEIRZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
FEIRZA 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG	Tier 3	ACA, Some restrictions may apply.
FINZALA ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	Tier 1	ACA, Some restrictions may apply.
GALBRIELA ORAL TABLET CHEWABLE 0.8-25 MG-MCG	Tier 1	ACA, Some restrictions may apply.
GEMMILY ORAL CAPSULE 1-20 MG-MCG(24)	Tier 1	ACA, Some restrictions may apply.
HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1	ACA, Some restrictions may apply.
HAILEY FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
JASMIEL ORAL TABLET 3-0.02 MG	Tier 1	ACA, Some restrictions may apply.
JOYEAUX ORAL TABLET 0.1-20 MG-MCG(21)	Tier 1	ACA, Some restrictions may apply.
JULEBER ORAL TABLET 0.15-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)	Tier 1	ACA, Some restrictions may apply.
KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	Tier 1	ACA, Some restrictions may apply.
KALLIGA ORAL TABLET 0.15-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
KURVELO ORAL TABLET 0.15-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1	ACA, Some restrictions may apply.
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
LESSINA ORAL TABLET 0.1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.

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Drug Name	Drug Tier	Notes
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	Tier 1	ACA, Some restrictions may apply.
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	Tier 1	ACA, Some restrictions may apply.
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
LORYNA ORAL TABLET 3-0.02 MG	Tier 1	ACA, Some restrictions may apply.
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
LO-ZUMANDIMINE ORAL TABLET 3-0.02 MG	Tier 1	ACA, Some restrictions may apply.
LUIZZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
LUIZZA 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
LUTERA ORAL TABLET 0.1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	Tier 1	ACA, Some restrictions may apply.
MIBELAS 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	Tier 1	ACA, Some restrictions may apply.
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
MILI ORAL TABLET 0.25-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
MINZOYA ORAL TABLET 0.1-20 MG-MCG(21)	Tier 1	ACA, Some restrictions may apply.
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
NEXTSTELLIS ORAL TABLET 3-14.2 MG	Tier 3	ACA, Some restrictions may apply.
NIKKI ORAL TABLET 3-0.02 MG	Tier 1	ACA, Some restrictions may apply.
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	Tier 1	ACA, Some restrictions may apply.
<i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg</i>	Tier 1	ACA, Some restrictions may apply.
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	Tier 1	ACA, Some restrictions may apply.
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	Tier 1	ACA, Some restrictions may apply.
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	Tier 1	ACA, Some restrictions may apply.
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Tier 1	ACA, Some restrictions may apply.
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.

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Drug Name	Drug Tier	Notes
PHILITH ORAL TABLET 0.4-35 MG-MCG		ACA, Some restrictions may apply.
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG		ACA, Some restrictions may apply.
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
SYEDA ORAL TABLET 3-0.03 MG	Tier 1	ACA, Some restrictions may apply.
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1	ACA, Some restrictions may apply.
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
TAYSOFY ORAL CAPSULE 1-20 MG-MCG(24)	Tier 1	ACA, Some restrictions may apply.
TURQOZ ORAL TABLET 0.3-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
TYDEMY ORAL TABLET 3-0.03-0.451 MG	Tier 1	ACA, Some restrictions may apply.
VALTYA 1/35 ORAL TABLET 1-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
VALTYA 1/50 ORAL TABLET 1-50 MG-MCG	Tier 1	ACA, Some restrictions may apply.
VESTURA ORAL TABLET 3-0.02 MG	Tier 1	ACA, Some restrictions may apply.
VIENVA ORAL TABLET 0.1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
WERA ORAL TABLET 0.5-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
XELRIA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
ZUMANDIMINE ORAL TABLET 3-0.03 MG	Tier 1	ACA, Some restrictions may apply.
*Combination Contraceptives - Transdermal***		
GWYN LO TRANSDERMAL PATCH WEEKLY 220-20 MCG/24HR	Tier 2	ACA
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	Tier 1	ACA
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR	Tier 3	ACA
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	Tier 1	ACA
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR		ACA
*Combination Contraceptives - Vaginal***		
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR	Tier 3	ACA; QL (1 EA per 365 days)
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	Tier 1	ACA
ENILLORING VAGINAL RING 0.12-0.015 MG/24HR	Tier 1	ACA
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	Tier 1	ACA

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Drug Name	Drug Tier	Notes
*Continuous Contraceptives - Oral***		
AMETHYST ORAL TABLET 90-20 MCG	Tier 1	ACA, Some restrictions may apply.
DOLISHALE ORAL TABLET 90-20 MCG	Tier 1	ACA, Some restrictions may apply.
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	Tier 1	ACA, Some restrictions may apply.
*Copper Contraceptives - Iud***		
MIUDELLA INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	Tier 3	ACA
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE	Tier 3	ACA
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	Tier 3	ACA
*Emergency Contraceptives***		
AFTERA ORAL TABLET 1.5 MG	Tier 1	ACA
AFTERPILL ORAL TABLET 1.5 MG	Tier 1	ACA
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	Tier 1	ACA
ELLA ORAL TABLET 30 MG	Tier 2	ACA
HER STYLE ORAL TABLET 1.5 MG	Tier 1	ACA
levonorgestrel oral tablet 1.5 mg	Tier 1	ACA
MY CHOICE ORAL TABLET 1.5 MG	Tier 1	ACA
MY WAY ORAL TABLET 1.5 MG	Tier 1	ACA
NEW DAY ORAL TABLET 1.5 MG	Tier 1	ACA
OPCICON ONE-STEP ORAL TABLET 1.5 MG	Tier 1	ACA
OPTION 2 ORAL TABLET 1.5 MG	Tier 1	ACA
TAKE ACTION ORAL TABLET 1.5 MG	Tier 1	ACA
*Extended-Cycle Contraceptives - Oral***		
ASHLYNA ORAL TABLET 0.15-0.03 & 0.01 MG	Tier 1	ACA, Some restrictions may apply.
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	Tier 1	ACA, Some restrictions may apply.
CAMRESE ORAL TABLET 0.15-0.03 & 0.01 MG	Tier 1	ACA, Some restrictions may apply.
DAYSEE ORAL TABLET 0.15-0.03 & 0.01 MG	Tier 1	ACA, Some restrictions may apply.
ICLEVIA ORAL TABLET 0.15-0.03 MG	Tier 1	ACA, Some restrictions may apply.
INTROVALE ORAL TABLET 0.15-0.03 MG	Tier 1	ACA, Some restrictions may apply.
JAIMIESS ORAL TABLET 0.15-0.03 & 0.01 MG	Tier 1	ACA, Some restrictions may apply.
JOLESSA ORAL TABLET 0.15-0.03 MG	Tier 1	ACA, Some restrictions may apply.
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	Tier 1	ACA, Some restrictions may apply.
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 mg	Tier 1	ACA, Some restrictions may apply.
LOJAIMIESS ORAL TABLET 0.1-0.02 & 0.01 MG	Tier 1	ACA, Some restrictions may apply.
RIVELSA ORAL TABLET 42-21-21-7 DAYS	Tier 1	ACA, Some restrictions may apply.
ROSYRAH ORAL TABLET 42-21-21-7 DAYS	Tier 1	ACA, Some restrictions may apply.
SETLAKIN ORAL TABLET 0.15-0.03 MG	Tier 1	ACA, Some restrictions may apply.
SIMPESSE ORAL TABLET 0.15-0.03 & 0.01 MG	Tier 1	ACA, Some restrictions may apply.

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Drug Name	Drug Tier	Notes
*Four Phase Contraceptives - Oral***		
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG	Tier 3	ACA, Some restrictions may apply.
*Progestin Contraceptives - Implants***		
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	Tier 3	ACA, Some restrictions may apply.
*Progestin Contraceptives - Injectable***		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	Tier 3	ACA, Some restrictions may apply.
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	Tier 1	ACA, Some restrictions may apply.
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	Tier 1	ACA, Some restrictions may apply.
*Progestin Contraceptives - Iud***		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	Tier 2	ACA
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	Tier 3	ACA
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/DAY	Tier 2	ACA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	Tier 2	ACA
*Progestin Contraceptives - Oral***		
CAMILA ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
DEBLITANE ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
EMZAHH ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
ERRIN ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
HEATHER ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
INCASSIA ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
JENCYCLA ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
LYLEQ ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
LYZA ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
MELEYA ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
NORA-BE ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
norethindrone oral tablet 0.35 mg	Tier 1	ACA, Some restrictions may apply.
NORLYROC ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
ORQUIDEA ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
SHAROBEL ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
SLYND ORAL TABLET 4 MG	Tier 3	ACA, Some restrictions may apply.; QL (30 EA per 30 days)
*Triphasic Contraceptives - Oral***		
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	Tier 1	ACA, Some restrictions may apply.

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Drug Name	Drug Tier	Notes
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	Tier 1	ACA, Some restrictions may apply.
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	Tier 1	ACA, Some restrictions may apply.
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	Tier 1	ACA, Some restrictions may apply.
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 1	ACA, Some restrictions may apply.
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 1	ACA, Some restrictions may apply.
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 1	ACA, Some restrictions may apply.
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 1	ACA, Some restrictions may apply.
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 1	ACA, Some restrictions may apply.
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 1	ACA, Some restrictions may apply.
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 1	ACA, Some restrictions may apply.
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 1	ACA, Some restrictions may apply.
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 1	ACA, Some restrictions may apply.
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 1	ACA, Some restrictions may apply.
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	Tier 1	ACA, Some restrictions may apply.
XARAH FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
Corticosteroids		
*Glucocorticosteroids***		
AGAMREE ORAL SUSPENSION 40 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	Tier 1	ST; TRIAL OF BALSALAZIDE IN THE PAST 120 DAYS
<i>budesonide oral capsule delayed release particles 3 mg</i>	Tier 1	
<i>cortisone acetate oral tablet 25 mg</i>	Tier 3	
<i>deflazacort oral suspension 22.75 mg/ml</i>	Tier 4 (SP Preferred)	PA; Specialty

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Drug Name	Drug Tier	Notes
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	Tier 4 (SP Preferred)	PA; Specialty
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 3	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	Tier 3	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>jaythari oral suspension 22.75 mg/ml</i>	Tier 4 (SP Preferred)	PA; Specialty
<i>jaythari oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	Tier 4 (SP Preferred)	PA; Specialty
KENALOG-80 INJECTION SUSPENSION 80 MG/ML	Tier 3	
KYMBEE ORAL SUSPENSION 22.75 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
KYMBEE ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	Tier 4 (SP Preferred)	PA; Specialty
MEDROL ORAL TABLET 2 MG	Tier 3	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	Tier 1	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG	Tier 3	
<i>prednisolone oral solution 15 mg/5ml</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	Tier 1	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	Tier 3	
<i>prednisone oral solution 5 mg/5ml</i>	Tier 1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	Tier 1	
PYQUVI ORAL SUSPENSION 22.75 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49)	Tier 3	
<i>triamcinolone acetate injection suspension 10 mg/ml, 40 mg/ml</i>	Tier 1	
*Mineralocorticoids***		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	Tier 1	
Cough/Cold/Allergy		
*Antitussive - Nonnarcotic***		
<i>benzonatate capsule 100 mg oral</i>	Tier 1	
<i>benzonatate capsule 150 mg oral</i>	Tier 2	
<i>benzonatate capsule 200 mg oral</i>	Tier 1	
*Antitussive - Opioid***		
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	Tier 1	QL (900 ML per 30 days)
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	Tier 1	QL (180 EA per 30 days)

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Drug Name	Drug Tier	Notes
<i>hydromet oral solution 5-1.5 mg/5ml</i>	Tier 1	QL (900 ML per 30 days)
*Decongestant & Antihistamine***		
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG	Tier 3	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	Tier 1	
*Iodine Expectorants***		
SSKI ORAL SOLUTION 1 GM/ML	Tier 3	
*Misc. Respiratory Inhalants***		
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %	Tier 3	
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	Tier 1	
PULMOSAL INHALATION NEBULIZATION SOLUTION 7 %	Tier 1	
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %</i>	Tier 1	
*Mucolytics***		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	Tier 1	
*Non-Narc Antitussive-Antihistamine***		
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	Tier 1	
*Non-Narc Antitussive-Decongestant-Antihistamine***		
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	Tier 1	
*Opioid Antitussive-Antihistamine***		
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	Tier 1	QL (300 ML per 30 days)
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	Tier 1	QL (900 ML per 30 days)
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>	Tier 1	QL (900 ML per 30 days)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG	Tier 3	QL (60 EA per 30 days)
Dermatologicals		
*Acne Antibiotics***		
AMZEEQ EXTERNAL FOAM 4 %	Tier 3	ST; TRIAL OF CLINDAMYCIN GEL OR TRETINOIN GEL 0.025% IN THE PAST 120 DAYS
CLINDACIN ETZ EXTERNAL SWAB 1 %	Tier 1	
CLINDACIN EXTERNAL FOAM 1 %	Tier 1	
CLINDACIN-P EXTERNAL SWAB 1 %	Tier 1	
<i>clindamycin phos (once-daily) external gel 1 %</i>	Tier 1	
<i>clindamycin phos (twice-daily) external gel 1 %</i>	Tier 1	
<i>clindamycin phosphate external foam 1 %</i>	Tier 1	

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Drug Name	Drug Tier	Notes
<i>clindamycin phosphate external lotion 1 %</i>	Tier 1	
<i>clindamycin phosphate external solution 1 %</i>	Tier 1	
<i>clindamycin phosphate external swab 1 %</i>	Tier 1	
<i>dapsone external gel 5 %, 7.5 %</i>	Tier 1	
<i>ery external pad 2 %</i>	Tier 1	ST; TRIAL OF CLINDAMYCIN GEL OR TRETINOIN GEL 0.025% IN THE PAST 120 DAYS
<i>erythromycin external gel 2 %</i>	Tier 1	ST; TRIAL OF CLINDAMYCIN GEL OR TRETINOIN GEL 0.025% IN THE PAST 120 DAYS
<i>erythromycin external solution 2 %</i>	Tier 1	
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	Tier 1	
*Acne Combinations***		
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	Tier 1	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	Tier 1	
CABTREO EXTERNAL GEL 0.15-3.1-1.2 %	Tier 3	PA
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	Tier 1	
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	Tier 1	
NEUAC EXTERNAL GEL 1.2-5 %	Tier 1	
<i>sulfacetamide sodium-sulfur liquid 10-2 % external</i>	Tier 1	
<i>sulfacetamide sodium-sulfur liquid 10-5 % external</i>	Tier 1	
<i>sulfacetamide sodium-sulfur liquid 9-4 % external</i>	Tier 1	
<i>sulfacetamide sodium-sulfur liquid 9-4 % external</i>	Tier 2	
<i>sulfacetamide sodium-sulfur suspension 8-4 % external</i>	Tier 2	
<i>sulfacetamide sodium-sulfur suspension 8-4 % external</i>	Tier 1	
SULFACLEANSE 8/4 EXTERNAL SUSPENSION 8-4 %	Tier 1	
*Acne Products***		
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
<i>adapalene external cream 0.1 %</i>	Tier 1	
<i>adapalene external gel 0.1 %, 0.3 %</i>	Tier 1	
ALTRENO EXTERNAL LOTION 0.05 %	Tier 3	ST; SWITCH TO STEP 1: Generic topical retinoid
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
AZELEX EXTERNAL CREAM 20 %	Tier 3	PA
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 1	
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	Tier 1	
<i>tretinoin microsphere gel 0.04 % external</i>	Tier 1	ST; SWITCH TO STEP 1: Generic topical retinoid

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Drug Name	Drug Tier	Notes
<i>tretinoin microsphere gel 0.08 % external</i>	Tier 1	
<i>tretinoin microsphere gel 0.1 % external</i>	Tier 1	ST; SWITCH TO STEP 1: Generic topical retinoid
<i>tretinoin microsphere pump gel 0.04 % external</i>	Tier 1	ST; SWITCH TO STEP 1: Generic topical retinoid
<i>tretinoin microsphere pump gel 0.08 % external</i>	Tier 1	
<i>tretinoin microsphere pump gel 0.1 % external</i>	Tier 1	ST; SWITCH TO STEP 1: Generic topical retinoid
WINLEVI EXTERNAL CREAM 1 %	Tier 3	PA; QL (60 GM per 30 days)
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
*Alopecia Agents - Janus Kinus (Jak) Inhibitors***		
LITFULO ORAL CAPSULE 50 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (30 EA per 30 days)
*Antibiotics - Topical***		
<i>gentamicin sulfate external cream 0.1 %</i>	Tier 1	
<i>gentamicin sulfate external ointment 0.1 %</i>	Tier 1	
<i>mupirocin calcium external cream 2 %</i>	Tier 1	
<i>mupirocin external ointment 2 %</i>	Tier 1	
XEPI EXTERNAL CREAM 1 %	Tier 3	ST; TRIAL OF MUPIROCIN OINTMENT IN THE PAST 120 DAYS
*Antifungals - Topical Combinations***		
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	Tier 1	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	Tier 1	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	Tier 1	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	Tier 1	
*Antifungals - Topical***		
CICLODAN EXTERNAL SOLUTION 8 %	Tier 1	
<i>ciclopirox external gel 0.77 %</i>	Tier 1	
<i>ciclopirox external shampoo 1 %</i>	Tier 1	
<i>ciclopirox external solution 8 %</i>	Tier 1	
<i>ciclopirox olamine external cream 0.77 %</i>	Tier 1	
KLAYESTA EXTERNAL POWDER 100000 UNIT/GM	Tier 1	
<i>naftifine hcl external cream 1 %</i>	Tier 1	
<i>naftifine hcl external gel 2 %</i>	Tier 1	
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	Tier 1	
<i>nystatin external cream 100000 unit/gm</i>	Tier 1	
<i>nystatin external ointment 100000 unit/gm</i>	Tier 1	
<i>nystatin external powder 100000 unit/gm</i>	Tier 1	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	Tier 1	

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Drug Name	Drug Tier	Notes
*Anti-Inflammatory Agents - Topical***		
<i>diclofenac epolamine patch 1.3 % external</i>	Tier 1	
<i>diclofenac epolamine patch 1.3 % external</i>	Tier 3	
<i>diclofenac sodium solution 1.5 % external</i>	Tier 1	QL (300 ML per 28 days)
<i>diclofenac sodium solution 2 % external</i>	Tier 1	ST; TRIAL OF GENERIC DICLOFENAC 1% GEL OR DICLOFENAC 1.5% DROPS IN THE PAST 120 DAYS; QL (224 GM per 28 days)
FLECTOR EXTERNAL PATCH 1.3 %	Tier 3	
LICART EXTERNAL PATCH 24 HOUR 1.3 %	Tier 3	ST; TRIAL OF FLECTOR PATCH IN THE PAST 120 DAYS; QL (30 EA per 30 days)
*Antineoplastic Alkylating Agents - Topical***		
VALCHLOR EXTERNAL GEL 0.016 %	Tier 4 (SP Preferred)	PA; Specialty; QL (60 GM per 30 days)
*Antineoplastic Antimetabolites - Topical***		
<i>fluorouracil external cream 5 %</i>	Tier 1	
<i>fluorouracil external solution 2 %, 5 %</i>	Tier 1	
*Antineoplastic Or Premalignant Lesions - Topical Nsaid's***		
<i>diclofenac sodium external gel 3 %</i>	Tier 1	
*Antineoplastic Retinoids - Topical***		
PANRETIN EXTERNAL GEL 0.1 %	Tier 4 (SP Non-Preferred)	Specialty; QL (60 GM per 28 days)
*Antipsoriatics - Systemic***		
<i>acitretin capsule 10 mg oral</i>	Tier 1	QL (120 EA per 30 days)
<i>acitretin capsule 17.5 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>acitretin capsule 25 mg oral</i>	Tier 1	QL (60 EA per 30 days)
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML, 320 MG/2ML	Tier 4 (SP Preferred)	PA; Specialty
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML, 320 MG/2ML	Tier 4 (SP Preferred)	PA; Specialty
ICOTYDE ORAL TABLET 200 MG	Tier 4 (SP Preferred)	PA; Specialty
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
<i>methoxsalen rapid oral capsule 10 mg</i>	Tier 1	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
SKYRIZI SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	Tier 4 (SP Preferred)	PA; Specialty
SKYRIZI SOLUTION PREFILLED SYRINGE 55 MG/0.37ML SUBCUTANEOUS	Tier 2	PA

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Drug Name	Drug Tier	Notes
SOTYKTU ORAL TABLET 6 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	Tier 4 (SP Non-Preferred)	PA; Specialty
STEQEYMA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
TALTZ SUBCUTANEOUS SOLUTION AUTO- INJECTOR 80 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML, 80 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
<i>ustekinumab-aekn subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml</i>	Tier 4 (SP Preferred)	PA; Specialty
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
*Antipsoriatrics***		
<i>calcipotriene external cream 0.005 %</i>	Tier 1	
<i>calcipotriene external ointment 0.005 %</i>	Tier 1	
<i>calcipotriene external solution 0.005 %</i>	Tier 1	
CALCITRENE EXTERNAL OINTMENT 0.005 %	Tier 1	
<i>calcitriol ointment 3 mcg/gm external</i>	Tier 3	
<i>calcitriol ointment 3 mcg/gm external</i>	Tier 1	
PELLIX EXTERNAL SOLUTION 0.005 %	Tier 1	
<i>tazarotene external cream 0.05 %, 0.1 %</i>	Tier 1	
<i>tazarotene external gel 0.05 %, 0.1 %</i>	Tier 1	
TRILITAS EXTERNAL GEL 0.1 %	Tier 1	
VTAMA EXTERNAL CREAM 1 %	Tier 2	PA; QL (60 GM per 30 days)
*Antiseborrheic Products***		
<i>selenium sulfide external lotion 2.5 %</i>	Tier 1	
<i>sodium sulfacetamide wash liquid 10 % external</i>	Tier 1	
<i>sodium sulfacetamide wash liquid 10 % external</i>	Tier 2	
*Antivirals - Topical***		
<i>acyclovir external ointment 5 %</i>	Tier 1	
ZELSUVMI EXTERNAL GEL 10.3 %	Tier 3	PA

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Drug Name	Drug Tier	Notes
*Atopic Dermatitis - Janus Kinase (Jak) Inhibitors***		
OPZELURA EXTERNAL CREAM 1.5 %	Tier 2	PA; QL (60 GM per 30 days)
*Atopic Dermatitis - Monoclonal Antibodies***		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	Tier 4 (SP Preferred)	PA; Specialty
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML	Tier 4 (SP Preferred)	PA; Specialty
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	Tier 4 (SP Preferred)	PA; Specialty
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 250 MG/2ML	Tier 4 (SP Preferred)	PA; Specialty
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MG/2ML	Tier 4 (SP Preferred)	PA; Specialty
*Burn Products***		
silver sulfadiazine external cream 1 %	Tier 1	
SSD EXTERNAL CREAM 1 %	Tier 1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM	Tier 3	
*Corticosteroids - Topical***		
ALA SCALP EXTERNAL LOTION 2 %	Tier 1	ST; TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS
ala-cort external cream 1 %	Tier 1	
alclometasone dipropionate external cream 0.05 %	Tier 1	
alclometasone dipropionate external ointment 0.05 %	Tier 1	
amcinonide external cream 0.1 %	Tier 3	ST; TRIAL OF BETAMETHASONE 0.1% OINT, FLUTICASONE 0.005% OINT, TRIAMCINOLONE 0.5% (OINT, CREAM), OR MOMETASONE 0.1% OINT IN THE PAST 120 DAYS
amcinonide external ointment 0.1 %	Tier 1	ST; TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS
betamethasone dipropionate aug external cream 0.05 %	Tier 1	
betamethasone dipropionate aug external gel 0.05 %	Tier 1	
betamethasone dipropionate aug external lotion 0.05 %	Tier 1	
betamethasone dipropionate aug external ointment 0.05 %	Tier 1	
betamethasone dipropionate external cream 0.05 %	Tier 1	
betamethasone dipropionate external lotion 0.05 %	Tier 1	
betamethasone dipropionate external ointment 0.05 %	Tier 1	
betamethasone valerate external cream 0.1 %	Tier 1	

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Drug Name	Drug Tier	Notes
<i>betamethasone valerate external lotion 0.1 %</i>	Tier 1	
<i>betamethasone valerate external ointment 0.1 %</i>	Tier 1	
<i>clobetasol prop emollient base external cream 0.05 %</i>	Tier 1	
<i>clobetasol propionate e external cream 0.05 %</i>	Tier 1	
<i>clobetasol propionate emulsion external foam 0.05 %</i>	Tier 1	
<i>clobetasol propionate external cream 0.05 %</i>	Tier 1	
<i>clobetasol propionate external foam 0.05 %</i>	Tier 1	
<i>clobetasol propionate external gel 0.05 %</i>	Tier 1	
<i>clobetasol propionate external liquid 0.05 %</i>	Tier 1	
<i>clobetasol propionate external lotion 0.05 %</i>	Tier 1	
<i>clobetasol propionate external ointment 0.05 %</i>	Tier 1	
<i>clobetasol propionate external shampoo 0.05 %</i>	Tier 1	
<i>clobetasol propionate external solution 0.05 %</i>	Tier 1	
<i>clocortolone pivalate external cream 0.1 %</i>	Tier 1	ST; TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS
CLODAN EXTERNAL SHAMPOO 0.05 %	Tier 1	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM	Tier 3	
<i>desonide external cream 0.05 %</i>	Tier 1	
<i>desonide external gel 0.05 %</i>	Tier 1	ST; TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS
<i>desonide external lotion 0.05 %</i>	Tier 1	
<i>desonide external ointment 0.05 %</i>	Tier 1	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	Tier 1	
<i>desoximetasone external gel 0.05 %</i>	Tier 1	
<i>desoximetasone external liquid 0.25 %</i>	Tier 1	
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	Tier 1	
EVESSE EXTERNAL LOTION 0.1 %	Tier 1	ST; TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS
<i>fluocinolone acetonide body external oil 0.01 %</i>	Tier 1	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	Tier 1	
<i>fluocinolone acetonide external ointment 0.025 %</i>	Tier 1	
<i>fluocinolone acetonide external solution 0.01 %</i>	Tier 1	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	Tier 1	

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Drug Name	Drug Tier	Notes
<i>fluocinonide emulsified base external cream 0.05 %</i>	Tier 1	
<i>fluocinonide external cream 0.05 %, 0.1 %</i>	Tier 1	
<i>fluocinonide external gel 0.05 %</i>	Tier 1	
<i>fluocinonide external ointment 0.05 %</i>	Tier 1	
<i>fluocinonide external solution 0.05 %</i>	Tier 1	
<i>flurandrenolide external lotion 0.05 %</i>	Tier 1	
<i>fluticasone propionate external cream 0.05 %</i>	Tier 1	
<i>fluticasone propionate external lotion 0.05 %</i>	Tier 1	
<i>fluticasone propionate external ointment 0.005 %</i>	Tier 1	
<i>halcinonide external cream 0.1 %</i>	Tier 1	ST; TRIAL OF BETAMETH 0.05% OINT/AUG CRM, FLUOCINONIDE 0.05% GEL/OINT/SOLN/CRM, OR DESOXIMET CRM/GEL/OINT IN THE PAST 120 DAYS
<i>halcinonide external solution 0.1 %</i>	Tier 1	ST; TRIAL OF BETAMETH 0.05% OINT/AUG CRM, FLUOCINONIDE 0.05% GEL/OINT/SOLN/CRM, OR DESOXIMET CRM/GEL/OINT IN THE PAST 120 DAYS
<i>halobetasol propionate external cream 0.05 %</i>	Tier 1	
HALOG EXTERNAL SOLUTION 0.1 %	Tier 3	ST; TRIAL OF BETAMETH 0.05% OINT/AUG CRM, FLUOCINONIDE 0.05% GEL/OINT/SOLN/CRM, OR DESOXIMET CRM/GEL/OINT IN THE PAST 120 DAYS
<i>hydrocortisone acetate external cream 2.5 %</i>	Tier 3	
<i>hydrocortisone butyrate external cream 0.1 %</i>	Tier 1	
<i>hydrocortisone butyrate external lotion 0.1 %</i>	Tier 1	ST; TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS
<i>hydrocortisone butyrate external ointment 0.1 %</i>	Tier 1	ST; TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS
<i>hydrocortisone butyrate external solution 0.1 %</i>	Tier 1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone external solution 2.5 %</i>	Tier 3	ST; TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS

Drug Name	Drug Tier	Notes
<i>hydrocortisone lotion 2 % external</i>	Tier 1	ST; TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS
<i>hydrocortisone lotion 2.5 % external</i>	Tier 1	
<i>hydrocortisone valerate external cream 0.2 %</i>	Tier 1	
<i>hydrocortisone valerate external ointment 0.2 %</i>	Tier 1	
<i>mometasone furoate external cream 0.1 %</i>	Tier 1	
<i>mometasone furoate external ointment 0.1 %</i>	Tier 1	
<i>mometasone furoate external solution 0.1 %</i>	Tier 1	
SERNIVO EXTERNAL EMULSION 0.05 %	Tier 3	ST; TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS
TEXACORT EXTERNAL SOLUTION 2.5 %	Tier 3	ST; TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS
TOVET EXTERNAL FOAM 0.05 %	Tier 1	
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	Tier 1	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	
TRIDERM EXTERNAL CREAM 0.5 %	Tier 1	
*Emollient/Keratolytic Agents***		
<i>urea external lotion 40 %</i>	Tier 1	
*Emollients***		
<i>ammonium lactate external cream 12 %</i>	Tier 1	
<i>ammonium lactate external lotion 12 %</i>		
SANTYL EXTERNAL OINTMENT 250 UNIT/GM		PA
*Imidazole-Related Antifungals - Topical***		
<i>clotrimazole external cream 1 %</i>	Tier 1	
<i>clotrimazole external solution 1 %</i>	Tier 1	
<i>econazole nitrate external cream 1 %</i>	Tier 1	
EXELDERM EXTERNAL CREAM 1 %	Tier 3	
EXELDERM EXTERNAL SOLUTION 1 %	Tier 3	
<i>ketoconazole external cream 2 %</i>	Tier 1	QL (180 GM per 1 day)
<i>ketoconazole external shampoo 2 %</i>	Tier 1	
<i>luliconazole external cream 1 %</i>	Tier 3	
LUZU EXTERNAL CREAM 1 %	Tier 3	
<i>oxiconazole nitrate external cream 1 %</i>	Tier 1	

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Drug Name	Drug Tier	Notes
OXISTAT EXTERNAL LOTION 1 %	Tier 3	
sulconazole nitrate external cream 1 %	Tier 3	
sulconazole nitrate external solution 1 %	Tier 3	
*Immunomodulators		
Imidazoquinolinamines - Topical***		
imiquimod external cream 5 %	Tier 1	
*Keratolytic/Antimitotic/Vesicant Agents***		
podofilox external gel 0.5 %	Tier 1	
podofilox external solution 0.5 %	Tier 1	
*Local Anesthetics - Topical***		
dyclopro external solution 0.5 %	Tier 3	
lidocaine external ointment 5 %	Tier 1	QL (240 GM per 30 days)
lidocaine external patch 5 %	Tier 1	QL (90 EA per 30 days)
lidocaine hcl external solution 4 %	Tier 1	
LIDOCAN EXTERNAL PATCH 5 %	Tier 1	QL (90 EA per 30 days)
TOPICAINE EXTERNAL GEL 2 %	Tier 2	
TRIDACAINE II EXTERNAL PATCH 5 %	Tier 1	QL (90 EA per 30 days)
TRIDACAINE III EXTERNAL PATCH 5 %	Tier 1	QL (90 EA per 30 days)
*Macrolide Immunosuppressants - Topical***		
HYFTOR EXTERNAL GEL 0.2 %	Tier 4 (SP Non-Preferred)	PA; Specialty
pimecrolimus external cream 1 %	Tier 1	ST; TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS
tacrolimus external ointment 0.03 %, 0.1 %	Tier 1	ST; TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS
*Microtubule Inhibitors - Topical***		
KLISYRI (250 MG) EXTERNAL OINTMENT 1 %	Tier 3	QL (5 EA per 1 day)
KLISYRI (350 MG) EXTERNAL OINTMENT 1 %	Tier 3	QL (5 EA per 1 day)
*Misc. Topical***		
DRYSOL EXTERNAL SOLUTION 20 %	Tier 3	
QBREXZA EXTERNAL PAD 2.4 %	Tier 3	PA
SOFDRA EXTERNAL GEL 12.45 %	Tier 3	PA
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***		
EUCRISA EXTERNAL OINTMENT 2 %	Tier 2	PA; QL (100 GM per 30 days)
ZORYVE EXTERNAL CREAM 0.05 %, 0.15 %, 0.3 %	Tier 2	PA; QL (60 GM per 30 days)
ZORYVE EXTERNAL FOAM 0.3 %	Tier 2	PA; QL (60 GM per 30 days)

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Drug Name	Drug Tier	Notes
*Rosacea Agents***		
<i>azelaic acid external gel 15 %</i>	Tier 1	
<i>brimonidine tartrate external gel 0.33 %</i>	Tier 1	
<i>doxycycline oral capsule delayed release 40 mg</i>	Tier 1	PA
EMROSI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG	Tier 3	PA; QL (30 EA per 30 days)
FINACEA EXTERNAL FOAM 15 %	Tier 2	ST; TRIAL OF CLINDAMYCIN GEL OR TRETINOIN GEL 0.025% IN THE PAST 120 DAYS
<i>ivermectin external cream 1 %</i>	Tier 1	ST; TRIAL OF FINACEA GEL OR FOAM IN THE PAST 120 DAYS
<i>metronidazole external cream 0.75 %</i>	Tier 1	
<i>metronidazole external gel 0.75 %, 1 %</i>	Tier 1	
*Scabicides & Pediculicides***		
<i>malathion external lotion 0.5 %</i>	Tier 1	
NATROBA EXTERNAL SUSPENSION 0.9 %	Tier 3	
<i>permethrin external cream 5 %</i>	Tier 1	
<i>spinosad external suspension 0.9 %</i>	Tier 3	
*Steroid-Local Anesthetic Combinations***		
EPIFOAM EXTERNAL FOAM 1-1 %	Tier 3	ST; TRIAL OF HYDROCORTISONE/PRAMOXINE 2.5%-1% CREAM IN THE PAST 120 DAYS
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 %	Tier 2	
*Topical Anesthetic Combinations***		
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	Tier 1	QL (30 GM per 30 days)
*Topical Selective Retinoid X Receptor Agonists***		
<i>bexarotene external gel 1 %</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (240 GM per 30 days)
*Topical Steroid Combinations***		
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	Tier 1	ST; TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	Tier 1	ST; TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS
ENSTILAR EXTERNAL FOAM 0.005-0.064 %	Tier 2	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 %	Tier 3	ST; TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS
*Wound Dressings***		
FILSUEZ EXTERNAL GEL 10 %	Tier 4 (SP Non-Preferred)	PA; Specialty

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Drug Name	Drug Tier	Notes
Diagnostic Products		
*Diagnostic Drugs***		
PROVOCHOLINE INHALATION KIT	Tier 3	
*Diagnostic Tests***		
A1CNOW + PROFESSIONAL SYSTEM IN VITRO KIT	Tier 1	
CONTOUR NEXT TEST IN VITRO STRIP	Tier 2	QL (200 EA per 30 days)
CONTOUR TEST IN VITRO STRIP	Tier 2	QL (200 EA per 30 days)
<i>ph strips in vitro diagnostic test</i>	Tier 3	
Digestive Aids		
*Digestive Enzymes***		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	Tier 2	
SUCRAID ORAL SOLUTION 8500 UNIT/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	Tier 2	
Diuretics		
*Carbonic Anhydrase Inhibitors***		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	Tier 1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>dichlorphenamide oral tablet 50 mg</i>	Tier 4 (SP Preferred)	PA; Specialty
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 1	
ORMALVI ORAL TABLET 50 MG	Tier 4 (SP Preferred)	PA; Specialty
*Diuretic Combinations***		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	Tier 1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	Tier 1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 1	
*Loop Diuretics***		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>ethacrynic acid oral tablet 25 mg</i>	Tier 1	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (80 EA per 30 days)
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
<i>furosemide solution 10 mg/ml oral</i>	Tier 1	
<i>furosemide solution 8 mg/ml oral</i>	Tier 3	

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Drug Name	Drug Tier	Notes
LASIX ONYU SUBCUTANEOUS CARTRIDGE KIT 80 MG/2.67ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 EA per 1 day)
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 1	
*Potassium Sparing Diuretics***		
<i>amiloride hcl oral tablet 5 mg</i>	Tier 1	
<i>spironolactone oral suspension 25 mg/5ml</i>	Tier 1	PA
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	Tier 1	
*Thiazides And Thiazide-Like Diuretics***		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	
DIURIL ORAL SUSPENSION 250 MG/5ML	Tier 3	
HEMICLOR ORAL TABLET 12.5 MG	Tier 3	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1	
INZIRQO ORAL SUSPENSION RECONSTITUTED 10 MG/ML	Tier 3	PA
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
THALITONE ORAL TABLET 15 MG	Tier 3	
Endocrine And Metabolic Agents - Misc.		
*Adenosine Deaminase Scid Treatment - Agents***		
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML	Tier 4 (SP Preferred)	PA; Specialty
*Alkaptonuria (Aku) Treatment - Agents***		
HARLIKU ORAL TABLET 2 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
*Arginase 1 Deficiency (Arg1-D) - Agents***		
LOARGYS INJECTION SOLUTION 2 MG/0.4ML	Tier 4 (SP Non-Preferred)	PA; Specialty
*Atp-Sensitive Potassium Channel Activators***		
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 25 MG, 75 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
*Bisphosphonates***		
<i>alendronate sodium oral solution 70 mg/75ml</i>	Tier 1	QL (300 ML per 28 days)
<i>alendronate sodium tablet 10 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>alendronate sodium tablet 35 mg oral</i>	Tier 1	QL (4 EA per 28 days)
<i>alendronate sodium tablet 70 mg oral</i>	Tier 1	QL (4 EA per 28 days)

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Drug Name	Drug Tier	Notes
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT	Tier 3	QL (4 EA per 28 days)
<i>ibandronate sodium oral tablet 150 mg</i>	Tier 1	QL (1 EA per 28 days)
<i>risedronate sodium tablet 150 mg oral</i>	Tier 1	ST; SWITCH TO STEP ONE: ALENDRONATE OR IBANDRONATE; QL (1 EA per 30 days)
<i>risedronate sodium tablet 30 mg oral</i>	Tier 1	ST; SWITCH TO STEP ONE: ALENDRONATE OR IBANDRONATE; QL (30 EA per 30 days)
<i>risedronate sodium tablet 35 mg oral</i>	Tier 1	ST; SWITCH TO STEP ONE: ALENDRONATE OR IBANDRONATE; QL (4 EA per 28 days)
<i>risedronate sodium tablet 5 mg oral</i>	Tier 1	ST; SWITCH TO STEP ONE: ALENDRONATE OR IBANDRONATE; QL (30 EA per 30 days)
*Calcimimetic Agents***		
<i>cinacalcet hcl tablet 30 mg oral</i>	Tier 4 (SP Preferred)	Specialty
<i>cinacalcet hcl tablet 60 mg oral</i>	Tier 4 (SP Preferred)	Specialty
<i>cinacalcet hcl tablet 90 mg oral</i>	Tier 4 (SP Preferred)	Specialty; QL (120 EA per 30 days)
*Calcitonins***		
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	Tier 1	QL (15 ML per 30 days)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	Tier 1	QL (3.7 ML per 30 days)
*Carnitine Replenisher - Agents***		
<i>levocarnitine oral solution 1 gm/10ml</i>	Tier 1	
<i>levocarnitine oral tablet 330 mg</i>	Tier 1	
<i>levocarnitine sf oral solution 1 gm/10ml</i>	Tier 1	
*Corticotropin***		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
ACTHAR INJECTION GEL 80 UNIT/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
CORTROPHIN INJECTION GEL 80 UNIT/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
Corticotropin-Releasing Factor (Crf) Receptor Type 1 Antag		
CRENESSITY CAPSULE 100 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (120 EA per 30 days)
CRENESSITY CAPSULE 25 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (90 EA per 30 days)
CRENESSITY CAPSULE 50 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (90 EA per 30 days)
CRENESSITY ORAL SOLUTION 50 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (240 ML per 30 days)
*Cortisol Synthesis Inhibitors***		
ISTURISA TABLET 1 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (240 EA per 30 days)
ISTURISA TABLET 5 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (360 EA per 30 days)

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Drug Name	Drug Tier	Notes
*Dopamine Receptor Agonists***		
cabergoline oral tablet 0.5 mg	Tier 1	
*Fabry Disease - Agents***		
ELFABRIO INTRAVENOUS SOLUTION 20 MG/10ML, 5 MG/2.5ML	Tier 3	PA
FABRAZYME SOLUTION RECONSTITUTED 35 MG INTRAVENOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (3 EA per 14 days)
FABRAZYME SOLUTION RECONSTITUTED 5 MG INTRAVENOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (6 EA per 14 days)
GALAFOLD ORAL CAPSULE 123 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (14 EA per 28 days)
*Familial Chylomicronemia Syndrome (Fcs) - Agents***		
REDEMPLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty; QL (0.5 ML per 90 days)
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.8ML	Tier 4 (SP Preferred)	PA; Specialty; QL (0.8 ML per 28 days)
*Gnrh/Lhrh Antagonists***		
ORILISSA TABLET 150 MG ORAL	Tier 2	PA; QL (28 EA per 28 days)
ORILISSA TABLET 200 MG ORAL	Tier 2	PA; QL (56 EA per 28 days)
*Growth Hormone Receptor Antagonists***		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
*Growth Hormone Releasing Hormones (Ghrh)***		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (60 EA per 30 days)
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (4 EA per 28 days)
*Growth Hormones***		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	Tier 4 (SP Preferred)	PA; Specialty
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG	Tier 4 (SP Preferred)	PA; Specialty
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	Tier 4 (SP Preferred)	PA; Specialty
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	Tier 4 (SP Non-Preferred)	PA; Specialty
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 11 MG, 13.3 MG, 2.1 MG, 2.5 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	Tier 4 (SP Preferred)	PA; Specialty

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Drug Name	Drug Tier	Notes
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	Tier 4 (SP Preferred)	PA; Specialty
*Hereditary Orotic Aciduria Treatment - Agents**		
XURIDEN ORAL PACKET 2 GM	Tier 4 (SP Non-Preferred)	PA; Specialty
*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***		
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	Tier 4 (SP Preferred)	PA; Specialty
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 4 (SP Preferred)	PA; Specialty
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
*Homocystinuria Treatment - Agents***		
betaine oral powder	Tier 4 (SP Preferred)	PA; Specialty
*Hyperammonemia Treatment - Agents***		
carglumic acid oral tablet soluble 200 mg	Tier 4 (SP Preferred)	PA; Specialty
*Hyperparathyroid Treatment - Vitamin D Analogs***		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Tier 1	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	Tier 2	QL (60 EA per 30 days)
*Hypoparathyroid Treatment - Parathyroid Hormone Analogs***		
YORVIPATH SOLUTION PEN-INJECTOR 168 MCG/0.56ML SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 ML per 14 days)
YORVIPATH SOLUTION PEN-INJECTOR 294 MCG/0.98ML SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 ML per 14 days)
YORVIPATH SOLUTION PEN-INJECTOR 420 MCG/1.4ML SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (2.8 ML per 28 days)
*Hypophosphatasia (Hpp) Agents***		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	Tier 4 (SP Preferred)	PA; Specialty
*Insulin-Like Growth Factors (Somatomedins)***		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	Tier 4 (SP Preferred)	PA; Specialty
*Leptin Analogues***		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG	Tier 4 (SP Non-Preferred)	PA; Specialty

Drug Name	Drug Tier	Notes
*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***		
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 EA per 28 days)
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 EA per 84 days)
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 EA per 168 days)
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 EA per 365 days)
SYNAREL NASAL SOLUTION 2 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
*Melanocortin 4 (Mc4) Receptor Agonists***		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
*Metabolic Modifier Combinations**		
KYGEVVI ORAL PACKET 2-2 GM	Tier 4 (SP Non-Preferred)	PA; Specialty
*Mitochondrial Cardiolipin Binders***		
FORZINITY SUBCUTANEOUS SOLUTION 280 MG/3.5ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (4 ML per 28 days)
*Natriuretic Peptides***		
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
YUWIWEL SOLUTION RECONSTITUTED 1.3 MG SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 EA per 28 days)
YUWIWEL SOLUTION RECONSTITUTED 2.8 MG SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 EA per 28 days)
YUWIWEL SOLUTION RECONSTITUTED 5.5 MG SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (2 EA per 28 days)
*Neurokinin 3 (Nk3) Receptor Antagonists***		
VEOZAH ORAL TABLET 45 MG	Tier 3	
*Non-Steroidal Mineralocorticoid Receptor Antagonists***		
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 2	QL (30 EA per 30 days)
*Parathyroid Hormone And Derivatives***		
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	Tier 4 (SP Preferred)	PA; Specialty; QL (2.24 ML per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	Tier 4 (SP Preferred)	PA; Specialty; QL (1.56 ML per 30 days)
*Phenylketonuria Treatment - Agents***		
JAVYGTOR ORAL PACKET 100 MG, 500 MG	Tier 4 (SP Preferred)	Specialty

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Drug Name	Drug Tier	Notes
JAVYGTOR ORAL TABLET 100 MG	Tier 4 (SP Preferred)	Specialty
KUVAN ORAL PACKET 100 MG, 500 MG	Tier 4 (SP Preferred)	Specialty
KUVAN ORAL TABLET 100 MG	Tier 4 (SP Preferred)	Specialty
PALYNZIQ SOLUTION PREFILLED SYRINGE 10 MG/0.5ML SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (60 ML per 30 days)
PALYNZIQ SOLUTION PREFILLED SYRINGE 2.5 MG/0.5ML SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (240 ML per 30 days)
PALYNZIQ SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (60 ML per 30 days)
sapropterin dihydrochloride oral packet 100 mg, 500 mg	Tier 4 (SP Preferred)	Specialty
sapropterin dihydrochloride oral tablet 100 mg	Tier 4 (SP Preferred)	Specialty
SEPHIENCE ORAL PACKET 1000 MG, 250 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
ZELVYSIA ORAL PACKET 100 MG, 500 MG	Tier 4 (SP Preferred)	Specialty
*Rank Ligand (Rankl) Inhibitors***		
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7ML	Tier 4 (SP Preferred)	PA; Specialty
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
*Selective Estrogen Receptor Modulators (Serm)s***		
OSPHENA ORAL TABLET 60 MG	Tier 3	
raloxifene hcl oral tablet 60 mg	Tier 1	ACA, Some restrictions may apply.
*Selective Vasopressin V2-Receptor Antagonists***		
tolvaptan (hyponatremia) tablet 15 mg oral	Tier 4 (SP Preferred)	Specialty; QL (30 EA per 365 days)
tolvaptan (hyponatremia) tablet 30 mg oral	Tier 4 (SP Preferred)	Specialty; QL (60 EA per 365 days)
tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	Tier 4 (SP Preferred)	PA; Specialty; QL (56 EA per 28 days)
tolvaptan tablet 15 mg oral	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 365 days)
tolvaptan tablet 30 mg oral	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 365 days)
*Somatostatic Agents***		
lanreotide acetate subcutaneous solution 120 mg/0.5ml	Tier 4 (SP Preferred)	PA; Specialty
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	Tier 4 (SP Preferred)	Specialty
octreotide acetate intramuscular kit 10 mg, 20 mg, 30 mg	Tier 4 (SP Preferred)	PA; Specialty
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 4 (SP Preferred)	Specialty
PALSONIFY ORAL TABLET 20 MG, 30 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	Tier 4 (SP Non-Preferred)	PA; Specialty

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Drug Name	Drug Tier	Notes
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 90 MG/0.3ML	Tier 4 (SP Preferred)	PA; Specialty
*Urea Cycle Disorder - Agents***		
<i>glycerol phenylbutyrate oral liquid 1.1 gm/ml</i>	Tier 4 (SP Preferred)	PA; Specialty
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK	Tier 4 (SP Non-Preferred)	PA; Specialty
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK	Tier 4 (SP Non-Preferred)	PA; Specialty
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK 2 & 2 GM	Tier 4 (SP Non-Preferred)	PA; Specialty
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK 2 & 3 GM	Tier 4 (SP Non-Preferred)	PA; Specialty
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK 3 & 3 GM	Tier 4 (SP Non-Preferred)	PA; Specialty
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK 3 & 3.67 GM	Tier 4 (SP Non-Preferred)	PA; Specialty
PHEBURANE ORAL PELLETT 483 MG/GM	Tier 4 (SP Non-Preferred)	PA; Specialty
RAVICTI ORAL LIQUID 1.1 GM/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	Tier 4 (SP Preferred)	PA; Specialty
<i>sodium phenylbutyrate oral tablet 500 mg</i>	Tier 4 (SP Preferred)	PA; Specialty
*Vasopressin***		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	Tier 1	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	Tier 1	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	Tier 1	
*X-Linked Hypophosphatemia (Xlh) Treatment - Agents***		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
Estrogens		
*Estrogen & Progestin***		
ABIGALE LO ORAL TABLET 0.5-0.1 MG	Tier 1	
ABIGALE ORAL TABLET 1-0.5 MG	Tier 1	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 3	
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG	Tier 2	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	Tier 2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	Tier 1	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	Tier 1	
JINTELI ORAL TABLET 1-5 MG-MCG	Tier 1	
MIMVEY ORAL TABLET 1-0.5 MG	Tier 1	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 1	

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Drug Name	Drug Tier	Notes
PREMPHASE ORAL TABLET 0.625-5 MG	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	
*Estrogen-Progestin-Gnrh Antagonist***		
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Tier 2	PA
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG	Tier 2	PA
*Estrogens***		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	Tier 3	
DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 1	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%)	Tier 3	ST; TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 0.75 mg/1.25 gm (0.06%), 1 mg/gm, 1.25 mg/1.25gm</i>	Tier 1	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Tier 1	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Tier 1	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	Tier 1	
<i>estrogens conjugated oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg</i>	Tier 1	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY	Tier 3	ST; TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 1	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR	Tier 3	
*Estrogen-Selective Estrogen Receptor Modulator Comb***		
DUAVEE ORAL TABLET 0.45-20 MG	Tier 2	
Fluoroquinolones		
*Fluoroquinolones***		
BAXDELA ORAL TABLET 450 MG	Tier 3	PA; QL (28 EA per 14 days)

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Drug Name	Drug Tier	Notes
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%)	Tier 3	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>levofloxacin oral solution 25 mg/ml</i>	Tier 1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>moxifloxacin hcl oral tablet 400 mg</i>	Tier 1	
<i>ofloxacin tablet 300 mg oral</i>	Tier 1	
<i>ofloxacin tablet 400 mg oral</i>	Tier 2	
<i>ofloxacin tablet 400 mg oral</i>	Tier 1	
Gastrointestinal Agents - Misc.		
*5-Ht4 Receptor Agonists***		
<i>prucalopride succinate oral tablet 1 mg, 2 mg</i>	Tier 1	QL (30 EA per 30 days)
*Bile Acid Synthesis Disorder Agents***		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
CTEXLI ORAL TABLET 250 MG	Tier 4 (SP Preferred)	PA; Specialty
*Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists***		
TRULANCE ORAL TABLET 3 MG	Tier 2	QL (30 EA per 30 days)
*Gallstone Solubilizing Agents***		
<i>ursodiol oral capsule 300 mg</i>	Tier 1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	Tier 1	
*Gastrointestinal Antiallergy Agents***		
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	Tier 1	
*Gastrointestinal Chloride Channel Activators***		
<i>lubiprostone capsule 24 mcg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>lubiprostone capsule 8 mcg oral</i>	Tier 1	QL (120 EA per 30 days)
*Gastrointestinal Stimulants***		
GIMOTI NASAL SOLUTION 15 MG/ACT	Tier 4 (SP Non-Preferred)	PA; Specialty
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
*Glucagon-Like Peptide-2 (Glp-2) Analogs***		
GATTEX SUBCUTANEOUS KIT 5 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 EA per 30 days)
*Hepatotropics - Thyroid Hormone Receptor-Beta Agonists***		
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Notes
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 2	QL (30 EA per 30 days)
*Ibs Agent - Mu-Opioid Receptor Agonists***		
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 2	QL (60 EA per 30 days)
*Ibs Agent - Selective 5-Ht3 Receptor Antagonists***		
alosetron hcl oral tablet 0.5 mg, 1 mg	Tier 1	
*Ileal Bile Acid Transporter (Ibat) Inhibitors***		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG	Tier 4 (SP Non-Preferred)	PA; Specialty
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG	Tier 4 (SP Non-Preferred)	PA; Specialty
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
*Inflammatory Bowel Agents***		
balsalazide disodium oral capsule 750 mg	Tier 1	
DIPENTUM ORAL CAPSULE 250 MG	Tier 3	
mesalamine er oral capsule extended release 24 hour 0.375 gm	Tier 1	
mesalamine er oral capsule extended release 250 mg, 500 mg	Tier 1	
mesalamine oral capsule delayed release 400 mg	Tier 1	
mesalamine oral tablet delayed release 1.2 gm, 800 mg	Tier 1	
mesalamine rectal enema 4 gm	Tier 1	
mesalamine rectal suppository 1000 mg	Tier 1	
mesalamine-cleanser rectal kit 4 gm	Tier 1	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	Tier 3	
ROWASA RECTAL KIT 4 GM	Tier 3	
sulfasalazine oral tablet 500 mg	Tier 1	
sulfasalazine oral tablet delayed release 500 mg	Tier 1	
*Integrin Receptor Antagonists***		
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML	Tier 4 (SP Non-Preferred)	PA; Specialty
*Interleukin Antagonists***		
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML & 200 MG/2ML	Tier 4 (SP Preferred)	PA; Specialty

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Drug Name	Drug Tier	Notes
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML & 200 MG/2ML	Tier 4 (SP Preferred)	PA; Specialty
OMVOH INTRAVENOUS SOLUTION 300 MG/15ML	Tier 4 (SP Preferred)	PA; Specialty
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 200 MG/2ML	Tier 4 (SP Preferred)	PA; Specialty
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML	Tier 4 (SP Preferred)	PA; Specialty
SELARSDI INTRAVENOUS SOLUTION 130 MG/26ML	Tier 4 (SP Preferred)	PA; Specialty
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	Tier 4 (SP Preferred)	PA; Specialty; QL (30 ML per 56 days)
SKYRIZI SOLUTION CARTRIDGE 180 MG/1.2ML SUBCUTANEOUS	Tier 4 (SP Preferred)	PA; Specialty; QL (1.2 ML per 56 days)
SKYRIZI SOLUTION CARTRIDGE 360 MG/2.4ML SUBCUTANEOUS	Tier 4 (SP Preferred)	PA; Specialty; QL (2.4 ML per 56 days)
STEQEYMA INTRAVENOUS SOLUTION 130 MG/26ML	Tier 4 (SP Preferred)	PA; Specialty
TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML	Tier 4 (SP Preferred)	PA; Specialty
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	Tier 4 (SP Preferred)	PA; Specialty
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	Tier 4 (SP Preferred)	PA; Specialty
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	Tier 4 (SP Preferred)	PA; Specialty
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML	Tier 4 (SP Preferred)	PA; Specialty
*Intestinal Acidifiers***		
<i>enulose oral solution 10 gm/15ml</i>	Tier 1	
<i>generlac oral solution 10 gm/15ml</i>	Tier 1	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	Tier 1	
*Live Fecal Microbiota (Human)**		
VOWST ORAL CAPSULE	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (12 EA per 3 days)
*Peripheral Opioid Receptor Antagonists***		
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 2	QL (30 EA per 30 days)
RELISTOR ORAL TABLET 150 MG	Tier 3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	Tier 3	PA
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML, 8 MG/0.4ML	Tier 3	PA
SYMPROIC ORAL TABLET 0.2 MG	Tier 2	QL (30 EA per 30 days)
*Peroxisome Proliferator-Activated Receptor Agonists***		
IQIRVO ORAL TABLET 80 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Notes
LIVDELZI ORAL CAPSULE 10 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
*Phosphate Binder Agents***		
calcium acetate (phos binder) oral capsule 667 mg	Tier 1	
calcium acetate (phos binder) oral tablet 667 mg	Tier 1	
calcium acetate oral tablet 667 mg	Tier 1	
ferric citrate tablet 1 gm 210 mg(fe) oral	Tier 1	ST; TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (360 EA per 30 days)
ferric citrate tablet 1 gm 210 mg(fe) oral	Tier 3	ST; TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (360 EA per 30 days)
FOSRENOL ORAL PACKET 1000 MG, 750 MG	Tier 3	ST; TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (90 EA per 30 days)
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	Tier 1	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	Tier 1	
sevelamer carbonate oral tablet 800 mg	Tier 1	
sevelamer hcl oral tablet 400 mg, 800 mg	Tier 1	
VELPHORO ORAL TABLET CHEWABLE 500 MG	Tier 2	QL (180 EA per 30 days)
*Tryptophan Hydroxylase Inhibitors***		
XERMELO ORAL TABLET 250 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
*Tumor Necrosis Factor Alpha Blockers***		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
CIMZIA (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
infliximab intravenous solution reconstituted 100 mg	Tier 4 (SP Non-Preferred)	PA; Specialty

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Drug Name	Drug Tier	Notes
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
General Anesthetics		
*Volatile Anesthetics***		
sevoflurane inhalation solution	Tier 1	
Genitourinary Agents - Miscellaneous		
*5-Alpha Reductase Inhibitors***		
dutasteride oral capsule 0.5 mg	Tier 1	
finasteride oral tablet 5 mg	Tier 1	
*Alpha 1-Adrenoceptor Antagonists***		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	Tier 1	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	Tier 3	
silodosin oral capsule 4 mg, 8 mg	Tier 1	
tamsulosin hcl oral capsule 0.4 mg	Tier 1	
*Citrates***		
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	Tier 1	
sod citrate-citric acid oral solution 500-334 mg/5ml	Tier 1	
sodium citrate-citric acid oral solution 1500-1002 mg/15ml, 3000-2004 mg/30ml	Tier 2	
*Cystinosis Agents***		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 4 (SP Preferred)	Specialty
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
PROCYSBI ORAL PACKET 300 MG, 75 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
*Igan Agents - Endothelin & Angiotensin II Receptor Antag***		
FILSPARI ORAL TABLET 200 MG, 400 MG	Tier 4 (SP Preferred)	PA; Specialty
*Igan Agents - Endothelin Receptor Antagonist***		
VANRAFIA ORAL TABLET 0.75 MG	Tier 4 (SP Preferred)	PA; Specialty
*Phosphates***		
K-PHOS NO 2 ORAL TABLET 305-700 MG	Tier 2	

Drug Name	Drug Tier	Notes
*Prostatic Hypertrophy Agent Combinations***		
JALYN ORAL CAPSULE 0.5-0.4 MG	Tier 3	ST; TRIAL OF FINASTERIDE 5MG, ALFUZOSIN, DOXAZOSIN, PRAZOSIN, SILODOSIN, TAMSULOSIN OR TERAZOSIN IN THE PAST 120 DAYS
*Small Interfering Ribonucleic Acid Agents (Sirna)***		
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML	Tier 4 (SP Non-Preferred)	PA; Specialty
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML, 160 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
*Urinary Analgesics***		
phenazopyridine hcl tablet 100 mg oral	Tier 2	
phenazopyridine hcl tablet 100 mg oral	Tier 1	
phenazopyridine hcl tablet 200 mg oral	Tier 2	
phenazopyridine hcl tablet 200 mg oral	Tier 1	
PYRIDIUM ORAL TABLET 100 MG, 200 MG	Tier 3	
*Urinary Stone Agents***		
LITHOSTAT ORAL TABLET 250 MG	Tier 3	
tiopronin oral tablet 100 mg	Tier 4 (SP Preferred)	PA; Specialty
tiopronin oral tablet delayed release 100 mg, 300 mg	Tier 4 (SP Preferred)	PA; Specialty
VENXXIVA ORAL TABLET DELAYED RELEASE 100 MG, 300 MG	Tier 4 (SP Preferred)	PA; Specialty
Gout Agents		
*Gout Agent Combinations***		
colchicine-probenecid oral tablet 0.5-500 mg	Tier 1	
*Gout Agents***		
allopurinol oral tablet 100 mg, 300 mg	Tier 1	
colchicine oral capsule 0.6 mg	Tier 1	QL (60 EA per 30 days)
colchicine oral tablet 0.6 mg	Tier 1	
febuxostat oral tablet 40 mg, 80 mg	Tier 1	
*Uricosurics***		
probenecid oral tablet 500 mg	Tier 1	
Hematological Agents - Misc.		
Agents For Congenital Thrombotic Thrombocytopenic Purpura		
adzynma intravenous kit 1500 unit, 500 unit	Tier 4 (SP Non-Preferred)	PA; Specialty

Drug Name	Drug Tier	Notes
*Antihemophilic Products - Antithrombin-Directed Sirna***		
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2ML	Tier 4 (SP Non-Preferred)	PA; Specialty
QFITLIA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML	Tier 4 (SP Non-Preferred)	PA; Specialty
*Antihemophilic Products - Monoclonal Antibodies***		
ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/1.5ML, 300 MG/3ML, 60 MG/1.5ML	Tier 4 (SP Non-Preferred)	PA; Specialty
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	Tier 4 (SP Non-Preferred)	PA; Specialty
HYMPAVZI SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (8 ML per 28 days)
HYMPAVZI SOLUTION AUTO-INJECTOR 75 MG/0.5ML SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (2.5 ML per 28 days)
*Antihemophilic Products***		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
<i>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit</i>	Tier 4 (SP Preferred)	Specialty
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Tier 4 (SP Non-Preferred)	Specialty
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	Tier 4 (SP Non-Preferred)	Specialty
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT	Tier 4 (SP Non-Preferred)	Specialty
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT	Tier 4 (SP Preferred)	Specialty
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT	Tier 4 (SP Preferred)	Specialty

Drug Name	Drug Tier	Notes
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	Tier 4 (SP Non-Preferred)	Specialty
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	Tier 4 (SP Non-Preferred)	Specialty
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 3000 UNIT, 500 UNIT	Tier 4 (SP Non-Preferred)	Specialty
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT	Tier 4 (SP Non-Preferred)	Specialty
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	Tier 4 (SP Non-Preferred)	Specialty
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG	Tier 4 (SP Non-Preferred)	Specialty
NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4 (SP Non-Preferred)	Specialty
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4 (SP Non-Preferred)	Specialty
<i>obizur intravenous solution reconstituted 500 unit</i>	Tier 4 (SP Non-Preferred)	Specialty
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	Tier 4 (SP Non-Preferred)	Specialty
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT	Tier 4 (SP Non-Preferred)	Specialty
<i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>	Tier 4 (SP Non-Preferred)	Specialty

Drug Name	Drug Tier	Notes
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG	Tier 4 (SP Non-Preferred)	Specialty
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT	Tier 4 (SP Non-Preferred)	Specialty
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT	Tier 4 (SP Non-Preferred)	Specialty
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT	Tier 4 (SP Non-Preferred)	Specialty
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
*Anti-Von Willebrand Factor Agents***		
CABLIVI INJECTION KIT 11 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
*Bradykinin B2 Receptor Antagonists***		
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	Tier 4 (SP Preferred)	PA; Specialty
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML	Tier 4 (SP Preferred)	PA; Specialty
*Bruton's Tyrosine Kinase (Btk) Inhibitors***		
WAYRILZ ORAL TABLET 400 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
*Direct-Acting P2y12 Inhibitors***		
BRILINTA TABLET 60 MG ORAL	Tier 2	QL (60 EA per 30 days)
BRILINTA TABLET 90 MG ORAL	Tier 2	
<i>ticagrelor tablet 60 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>ticagrelor tablet 90 mg oral</i>	Tier 1	
*Hematorheologic Agents***		
<i>pentoxifylline er oral tablet extended release 400 mg</i>	Tier 1	
*Phosphodiesterase Iii Inhibitors***		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	
*Plasma Factor Xiia Inhibitors - Monoclonal Antibodies***		
ANDEMBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.2ML	Tier 4 (SP Preferred)	PA; Specialty
*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***		
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	Tier 4 (SP Preferred)	PA; Specialty

Drug Name	Drug Tier	Notes
*Plasma Kallikrein Inhibitors***		
EKTERLY ORAL TABLET 300 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (120 EA per 30 days)
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (28 EA per 28 days)
ORLADEYO ORAL PACKET 108 MG, 132 MG, 72 MG, 96 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (28 EA per 28 days)
*Platelet Aggregation Inhibitor Combinations***		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	Tier 1	
*Platelet Aggregation Inhibitors***		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	
*Prekallikrein-Directed Antisense Oligonucleotides (Aso)***		
DAWNZERA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	Tier 4 (SP Preferred)	PA; Specialty; QL (0.8 ML per 28 days)
*Protease-Activated Receptor-1 (Par-1) Antagonists***		
ZONTIVITY ORAL TABLET 2.08 MG	Tier 3	QL (30 EA per 30 days)
*Pyruvate Kinase Activators***		
AQVESME ORAL TABLET 100 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (60 EA per 30 days)
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (60 EA per 30 days)
PYRUKYND TAPER PACK TABLET THERAPY PACK 5 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (7 EA per 7 days)
PYRUKYND TAPER PACK TABLET THERAPY PACK 7 X 20 MG & 7 X 5 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (14 EA per 14 days)
PYRUKYND TAPER PACK TABLET THERAPY PACK 7 X 50 MG & 7 X 20 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (14 EA per 14 days)
*Quinazoline Agents***		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	Tier 1	
*Spleen Tyrosine Kinase (Syk) Inhibitors***		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
*Thienopyridine Derivatives***		
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	Tier 1	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
Hematopoietic Agents		
*Agents For Gaucher Disease***		
CERDELGA ORAL CAPSULE 84 MG	Tier 4 (SP Preferred)	Specialty; QL (56 EA per 28 days)
<i>miglustat oral capsule 100 mg</i>	Tier 4 (SP Preferred)	PA; Specialty

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Drug Name	Drug Tier	Notes
YARGESA ORAL CAPSULE 100 MG	Tier 4 (SP Preferred)	PA; Specialty
*Amino Acids***		
<i>l-glutamine oral packet 5 gm</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (180 EA per 30 days)
*Cobalamin Combinations***		
ABANEU-SL SUBLINGUAL TABLET SUBLINGUAL 600-600 MCG	Tier 1	
*Cobalamins***		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	Tier 1	
<i>hydroxocobalamin acetate intramuscular solution 1000 mcg/ml</i>	Tier 3	
*Cxcr4 Receptor Antagonist***		
XOLREMDI ORAL CAPSULE 100 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (120 EA per 30 days)
*Cytotoxic Agents***		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 3	
SIKLOS ORAL TABLET 100 MG, 1000 MG	Tier 3	
XROMI ORAL SOLUTION 100 MG/ML	Tier 3	PA
*Erythropoiesis-Stimulating Agents (Esas)***		
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	Tier 4 (SP Preferred)	PA; Specialty
*Folic Acid/Folate Combinations***		
AIRAVITE ORAL TABLET 2.5-25-1 MG	Tier 1	
<i>folbee oral tablet 2.5-25-1 mg</i>	Tier 1	ACA
<i>folplex 2.2 oral tablet 2.2-25-0.5 mg</i>	Tier 1	
NUFOL ORAL TABLET 2.5-25-1 MG	Tier 1	
<i>westab one oral tablet 2.5-25-1 mg</i>	Tier 1	ACA
*Folic Acid/Folates***		
<i>cvs folic acid oral tablet 800 mcg</i>	Tier 1	ACA
FA-8 ORAL CAPSULE 0.8 MG	Tier 1	ACA
<i>folate oral tablet 400 mcg</i>	Tier 1	ACA
<i>folic acid oral capsule 0.8 mg</i>	Tier 1	ACA
<i>folic acid tablet 1 mg oral (rx)</i>	Tier 1	
<i>folic acid tablet 400 mcg oral</i>	Tier 1	ACA
<i>folic acid tablet 800 mcg oral</i>	Tier 1	ACA
<i>gnp folic acid oral tablet 400 mcg</i>	Tier 1	ACA
<i>kp folic acid oral tablet 800 mcg</i>	Tier 1	ACA
<i>qc folic acid oral tablet 800 mcg</i>	Tier 1	ACA
<i>yl folic acid oral tablet 400 mcg</i>	Tier 1	ACA

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Drug Name	Drug Tier	Notes
*Granulocyte Colony-Stimulating Factors (G-CSf)***		
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 4 (SP Preferred)	PA; Specialty
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Tier 4 (SP Preferred)	PA; Specialty
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Tier 4 (SP Preferred)	PA; Specialty
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 4 (SP Non-Preferred)	PA; Specialty
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 4 (SP Preferred)	PA; Specialty
*Granulocyte/Macrophage Colony-Stimulating Factor(Gm-CSf)***		
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	Tier 4 (SP Non-Preferred)	PA; Specialty
*Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors***		
VAFSEO TABLET 150 MG ORAL	Tier 3	PA; QL (120 EA per 30 days)
VAFSEO TABLET 300 MG ORAL	Tier 3	PA; QL (60 EA per 30 days)
*Iron Combinations***		
<i>ferottrinsic oral capsule</i>	Tier 1	
<i>foltrin oral capsule</i>	Tier 1	
<i>hematinic plus vit/minerals oral tablet 106-1 mg</i>	Tier 1	
K-TAN PLUS ORAL CAPSULE 162-115.2-1 MG	Tier 1	
<i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	Tier 1	
<i>polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg</i>	Tier 1	
<i>se-tan plus oral capsule 162-115.2-1 mg</i>	Tier 1	
TRICON ORAL CAPSULE	Tier 1	
<i>trigels-f forte oral capsule 460-60-0.01-1 mg</i>	Tier 1	
*Iron W/ Folic Acid***		
<i>hematinic/folic acid oral tablet 324-1 mg</i>	Tier 1	
*Thrombopoietin (Tpo) Receptor Agonists***		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	Tier 4 (SP Preferred)	PA; Specialty
DOPTELET ORAL TABLET 20 MG	Tier 4 (SP Preferred)	PA; Specialty
DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE 10 MG	Tier 4 (SP Preferred)	PA; Specialty
<i>eltrombopag olamine packet 12.5 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (240 EA per 30 days)
<i>eltrombopag olamine packet 25 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (120 EA per 30 days)
<i>eltrombopag olamine tablet 12.5 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (240 EA per 30 days)

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Drug Name	Drug Tier	Notes
<i>eltrombopag olamine tablet 25 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (120 EA per 30 days)
<i>eltrombopag olamine tablet 50 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
<i>eltrombopag olamine tablet 75 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
MULPLETA ORAL TABLET 3 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (7 EA per 30 days)
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG	Tier 4 (SP Non-Preferred)	PA; Specialty
Hemostatics		
*Hemostatics - Systemic***		
<i>aminocaproic acid oral solution 0.25 gm/ml</i>	Tier 1	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	Tier 1	
<i>tranexamic acid oral tablet 650 mg</i>	Tier 1	
Hypnotics/Sedatives/Sleep Disorder Agents		
*Barbiturate Hypnotics***		
<i>phenobarbital elixir 20 mg/5ml oral</i>	Tier 1	
<i>phenobarbital elixir 20 mg/5ml oral</i>	Tier 2	
<i>phenobarbital elixir 30 mg/7.5ml oral</i>	Tier 1	
<i>phenobarbital elixir 30 mg/7.5ml oral</i>	Tier 2	
<i>phenobarbital elixir 60 mg/15ml oral</i>	Tier 1	
<i>phenobarbital elixir 60 mg/15ml oral</i>	Tier 2	
<i>phenobarbital tablet 100 mg oral</i>	Tier 2	
<i>phenobarbital tablet 100 mg oral</i>	Tier 1	
<i>phenobarbital tablet 15 mg oral</i>	Tier 1	
<i>phenobarbital tablet 15 mg oral</i>	Tier 2	
<i>phenobarbital tablet 16.2 mg oral</i>	Tier 2	
<i>phenobarbital tablet 16.2 mg oral</i>	Tier 1	
<i>phenobarbital tablet 30 mg oral</i>	Tier 1	
<i>phenobarbital tablet 30 mg oral</i>	Tier 2	
<i>phenobarbital tablet 32.4 mg oral</i>	Tier 2	
<i>phenobarbital tablet 32.4 mg oral</i>	Tier 1	
<i>phenobarbital tablet 60 mg oral</i>	Tier 2	
<i>phenobarbital tablet 60 mg oral</i>	Tier 1	
<i>phenobarbital tablet 64.8 mg oral</i>	Tier 2	
<i>phenobarbital tablet 64.8 mg oral</i>	Tier 1	
<i>phenobarbital tablet 97.2 mg oral</i>	Tier 2	
<i>phenobarbital tablet 97.2 mg oral</i>	Tier 1	
*Benzodiazepine Hypnotics***		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>flurazepam hcl capsule 15 mg oral</i>	Tier 2	QL (60 EA per 30 days)
<i>flurazepam hcl capsule 15 mg oral</i>	Tier 3	QL (60 EA per 30 days)
<i>flurazepam hcl capsule 30 mg oral</i>	Tier 2	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Notes
<i>flurazepam hcl capsule 30 mg oral</i>	Tier 3	QL (30 EA per 30 days)
<i>quazepam oral tablet 15 mg</i>	Tier 3	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	Tier 1	QL (30 EA per 30 days)
*Non-Benzodiazepine - Gaba-Receptor Modulators***		
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	Tier 1	ST; SWITCH TO STEP ONE: zolpidem, eszopiclone, zaleplon; QL (30 EA per 30 days)
*Orexin Receptor Antagonists***		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 2	ST; SWITCH TO STEP ONE: zolpidem, eszopiclone, zaleplon; QL (30 EA per 30 days)
DAYVIGO ORAL TABLET 10 MG, 5 MG	Tier 2	ST; TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (30 EA per 30 days)
QUVIVIQ TABLET 25 MG ORAL	Tier 3	ST; TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (60 EA per 30 days)
QUVIVIQ TABLET 50 MG ORAL	Tier 3	ST; TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (30 EA per 30 days)
*Selective Melatonin Receptor Agonists***		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (158 ML per 30 days)
<i>ramelteon oral tablet 8 mg</i>	Tier 1	
<i>tasimelteon oral capsule 20 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
Laxatives		
*Bowel Evacuant Combinations***		
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	Tier 1	ACA, Some restrictions may apply.
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	Tier 1	ACA, Some restrictions may apply.
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	Tier 1	ACA, Some restrictions may apply.
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	Tier 2	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	Tier 1	ACA, Some restrictions may apply.

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Drug Name	Drug Tier	Notes
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	Tier 1	ACA, Some restrictions may apply.
peg-3350/electrolytes oral solution reconstituted 236 gm	Tier 1	ACA, Some restrictions may apply.
PEG-PREP ORAL KIT 5-210 MG-GM	Tier 1	ACA, Some restrictions may apply.
*Laxatives - Miscellaneous***		
constulose oral solution 10 gm/15ml	Tier 1	
lactulose oral solution 10 gm/15ml, 20 gm/30ml	Tier 1	
Macrolides		
*Azithromycin***		
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	Tier 1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	Tier 1	
*Clarithromycin***		
clarithromycin er oral tablet extended release 24 hour 500 mg	Tier 1	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 1	
clarithromycin oral tablet 250 mg, 500 mg	Tier 1	
*Erythromycins***		
E.E.S. 400 ORAL TABLET 400 MG	Tier 1	
erythromycin base oral capsule delayed release particles 250 mg	Tier 3	
erythromycin base oral tablet 250 mg, 500 mg	Tier 1	
erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg	Tier 1	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	Tier 1	
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	Tier 1	
*Fidaxomicin***		
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	Tier 2	QL (300 ML per 30 days)
fidaxomicin oral tablet 200 mg	Tier 1	QL (60 EA per 30 days)
Medical Devices And Supplies		
*Cervical Caps***		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	Tier 2	ACA
*Condoms - Male***		
aimsco lubricated	Tier 2	ACA, Some restrictions may apply.
condoms	Tier 2	ACA, Some restrictions may apply.
DUREX EXTRA SENSITIVE THIN DEVICE	Tier 2	ACA, Some restrictions may apply.
DUREX REALFEEL DEVICE	Tier 2	ACA, Some restrictions may apply.
FANTASY LUBRICATED	Tier 2	ACA, Some restrictions may apply.

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Drug Name	Drug Tier	Notes
FANTASY LUBRICATED/SPERMICIDE	Tier 2	ACA, Some restrictions may apply.
KAMELEON LUBRICATED	Tier 2	ACA, Some restrictions may apply.
<i>kimono</i>	Tier 2	ACA, Some restrictions may apply.
KIMONO COLORS DEVICE	Tier 2	ACA, Some restrictions may apply.
KIMONO MAXX-LARGE FLARE	Tier 2	ACA, Some restrictions may apply.
<i>kimono micro thin</i>	Tier 2	ACA, Some restrictions may apply.
<i>kimono micro thin plus</i>	Tier 2	ACA, Some restrictions may apply.
<i>kimono plus</i>	Tier 2	ACA, Some restrictions may apply.
<i>kimono ps</i>	Tier 2	ACA, Some restrictions may apply.
<i>kimono ps plus</i>	Tier 2	ACA, Some restrictions may apply.
<i>kimono sensation</i>	Tier 2	ACA, Some restrictions may apply.
<i>kimono sensation plus</i>	Tier 2	ACA, Some restrictions may apply.
KIMONO SPECIAL DEVICE	Tier 2	ACA, Some restrictions may apply.
<i>maxx</i>	Tier 2	ACA, Some restrictions may apply.
<i>maxx plus</i>	Tier 2	ACA, Some restrictions may apply.
REALITY LATEX CONDOMS	Tier 2	ACA, Some restrictions may apply.
REALITY LATEX/ULTRA TEXTURED DEVICE	Tier 2	ACA, Some restrictions may apply.
REALITY LATEX/ULTRA THIN DEVICE	Tier 2	ACA, Some restrictions may apply.
TRUSTEX COLOR CONDOMS + LUBE	Tier 2	ACA, Some restrictions may apply.
TRUSTEX LUB/RIBBED/STUDD	Tier 2	ACA, Some restrictions may apply.
TRUSTEX LUB/SPERMICIDE EX ST	Tier 2	ACA, Some restrictions may apply.
TRUSTEX LUB/SPERMICIDE XL	Tier 2	ACA, Some restrictions may apply.
TRUSTEX LUBRICATED	Tier 2	ACA, Some restrictions may apply.
TRUSTEX LUBRICATED EX LARGE	Tier 2	ACA, Some restrictions may apply.
TRUSTEX LUBRICATED EXTRA ST	Tier 2	ACA, Some restrictions may apply.
TRUSTEX LUBRICATED/SPERMICIDE	Tier 2	ACA, Some restrictions may apply.
TRUSTEX NATURAL CONDOMS + LUBE	Tier 2	ACA, Some restrictions may apply.
TRUSTEX NON-LUBRICATED	Tier 2	ACA, Some restrictions may apply.
TRUSTEX RIA LUB/SPERMICIDE	Tier 2	ACA, Some restrictions may apply.
TRUSTEX RIA LUBRICATED	Tier 2	ACA, Some restrictions may apply.
TRUSTEX RIA NON-LUBRICATED	Tier 2	ACA, Some restrictions may apply.
TRUSTEX-NONOXYNOL-9/RIB/STUD	Tier 2	ACA, Some restrictions may apply.
*Diaphragms***		
CAYA VAGINAL DIAPHRAGM	Tier 2	ACA
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	Tier 2	ACA
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %	Tier 2	ACA
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %	Tier 2	ACA
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %	Tier 2	ACA
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %	Tier 2	ACA

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Drug Name	Drug Tier	Notes
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %	Tier 2	ACA
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 %	Tier 2	ACA
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 %	Tier 2	ACA
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 %	Tier 2	ACA
*Glucose Monitoring Test Supplies***		
ACCU-CHEK FASTCLIX LANCET KIT	Tier 2	
ACCU-CHEK FASTCLIX LANCETS	Tier 2	
ACCU-CHEK SAFE-T PRO LANCETS	Tier 2	
ACCU-CHEK SOFTCLIX LANCET DEV KIT	Tier 2	
ACCU-CHEK SOFTCLIX LANCETS	Tier 2	
<i>acti-lance 28g</i>	Tier 2	
<i>acti-lance lite lancets 28g</i>	Tier 2	
<i>acti-lance special lancets 17g</i>	Tier 2	
<i>acti-lance universal 23g</i>	Tier 2	
<i>adjustable lancing device</i>	Tier 2	
<i>advanced mobile lancet</i>	Tier 2	
ADVOCATE LANCETS	Tier 2	
ADVOCATE LANCETS 30G	Tier 2	
ADVOCATE SAFETY LANCETS	Tier 2	
ADVOCATE SAFETY LANCETS 21G	Tier 2	
ADVOCATE SAFETY LANCETS 23G	Tier 2	
ADVOCATE SAFETY LANCETS 26G	Tier 2	
ADVOCATE SAFETY LANCETS 28G	Tier 2	
AGAMATRIX ULTRA-THIN LANCETS	Tier 2	
<i>aimsko twist lancets 32g</i>	Tier 2	
AIMSCO TWIST LANCETS 33G	Tier 2	
AQUALANCE LANCETS 30G	Tier 2	
<i>assure comfort lancets 28g</i>	Tier 2	
ASSURE LANCE LANCETS	Tier 2	
ASSURE LANCE LANCETS 21G	Tier 2	
ASSURE LANCE PLUS SAFETY 25G	Tier 2	
ASSURE LANCE PLUS SAFETY 30G	Tier 2	
ASSURE LANCE SAFETY LANCET 28G	Tier 2	
<i>aurora lancet super thin 30g</i>	Tier 2	
<i>aurora lancet thin 23g</i>	Tier 2	
AUTOLET II CLINISAFE KIT	Tier 2	
AUTOLET LANCING DEVICE	Tier 2	
AUTOLET LITE CLINISAFE KIT	Tier 2	
AUTOLET LITE LANCING DEVICE	Tier 2	

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Drug Name	Drug Tier	Notes
AUTOLET LITE STARTER PACK KIT	Tier 2	
AUTOLET MINI	Tier 2	
AUTOLET PLATFORMS	Tier 2	
AUTOLET PLUS	Tier 2	
BD MICROTAINER LANCETS	Tier 2	
CARDIOCOM LANCING DEVICE	Tier 2	
<i>careone advanced lancing dev</i>	Tier 2	
CAREONE LANCET SUPER THIN 30G	Tier 2	
<i>careone lancet thin 23g</i>	Tier 2	
CARESENS LANCETS 30G	Tier 2	
CARETOUCH LANCING/EJECTOR	Tier 2	
CARETOUCH SAFETY LANCETS	Tier 2	
CARETOUCH SAFETY LANCETS 26G	Tier 2	
CARETOUCH TWIST LANCETS 28G	Tier 2	
CARETOUCH TWIST LANCETS 30G	Tier 2	
CARETOUCH TWIST LANCETS 33G	Tier 2	
CARETOUCH TWIST MC LANCETS 30G	Tier 2	
CHOSEN LANCETS 30G	Tier 2	
CHOSEN SAFETY LANCETS 28G	Tier 2	
CLEANLET LANCETS 28G	Tier 2	
CLEVER CHEK LANCETS	Tier 2	
CLEVER CHOICE COMFORT EZ	Tier 2	
CLEVER CHOICE LANCETS 21G	Tier 2	
CLEVER CHOICE LANCETS 23G	Tier 2	
CLEVER CHOICE LANCETS 28G	Tier 2	
COAGUCHEK LANCETS	Tier 2	
<i>comfort assured lancets 28g</i>	Tier 2	
<i>comfort assured lancets 33g</i>	Tier 2	
COMFORT TOUCH LANCETS 31G	Tier 2	
COMFORT TOUCH PLUS LANCETS 28G	Tier 2	
COMFORT TOUCH PLUS LANCETS 30G	Tier 2	
COMFORT TOUCH TWIST LANCET 30G	Tier 2	
<i>cvs lancets original</i>	Tier 2	
<i>cvs lancets thin 26g</i>	Tier 2	
<i>cvs lancing device</i>	Tier 2	
<i>cvs ultra thin lancets</i>	Tier 2	
DEXCOM G7 15 DAY SENSOR	Tier 2	
DEXCOM G7 RECEIVER DEVICE	Tier 2	ST; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 84 days)
DEXCOM G7 SENSOR	Tier 2	ST; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (9 EA per 90 days)

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Drug Name	Drug Tier	Notes
DIATHRIVE LANCET ULTRA THIN 30	Tier 2	
DIATHRIVE LANCETS	Tier 2	
DROPLET GENTEEL LANCING DEVICE	Tier 2	
DROPLET LANCETS ULTRA THIN 30G	Tier 2	
DROPLET LANCING DEVICE	Tier 2	
DROPLET MEDLANCE LANCET 30G	Tier 3	
DROPLET PERSONAL LANCETS 30G	Tier 2	
DROPSAFE ACTI-LANCE 23G	Tier 2	
DROPSAFE ACTI-LANCE LANCET 17G	Tier 3	
DROPSAFE ACTI-LANCE LANCET 23G	Tier 3	
DROPSAFE ACTI-LANCE LANCET 28G	Tier 3	
DROPSAFE ERGOLANCE LANCET 21G	Tier 3	
DROPSAFE ERGOLANCE LANCET 25G	Tier 3	
DROPSAFE ERGOLANCE LANCET 30G	Tier 3	
DROPSAFE HAEMOLANCE LANCET 1.5	Tier 3	
DROPSAFE HAEMOLANCE LANCET 18G	Tier 3	
DROPSAFE HAEMOLANCE LANCET 21G	Tier 3	
DROPSAFE HAEMOLANCE LANCET 25G	Tier 3	
DROPSAFE HAEMOLANCE LANCET 28G	Tier 3	
DROPSAFE MEDISAFE LANCET 23G	Tier 3	
DROPSAFE MEDISAFE LANCET 29G	Tier 3	
DROPSAFE MEDLANCE LANCET 0.8MM	Tier 3	
DROPSAFE MEDLANCE LANCET 21G	Tier 3	
DROPSAFE MEDLANCE LANCET 25G	Tier 3	
DROPSAFE MEDLANCE LANCET 30G	Tier 3	
DRUG MART ON-THE-GO LANCET 30G	Tier 2	
DRUG MART UNILET LANCETS 28G	Tier 2	
DRUG MART UNILET LANCETS 30G	Tier 2	
DRUG MART UNILET LANCETS 33G	Tier 2	
<i>easy comfort lancets</i>	Tier 2	
<i>easy comfort lancets</i>	Tier 3	
<i>easy comfort lancets twist top</i>	Tier 2	
<i>easy comfort lancets twist top</i>	Tier 3	
EASY TOUCH LANCETS 21G	Tier 2	
EASY TOUCH LANCETS 23G	Tier 2	
EASY TOUCH LANCETS 26G	Tier 2	
EASY TOUCH LANCETS 28G	Tier 2	
EASY TOUCH LANCETS 28G/TWIST	Tier 2	
EASY TOUCH LANCETS 30G	Tier 2	
EASY TOUCH LANCETS 30G/TWIST	Tier 2	
EASY TOUCH LANCETS 32G	Tier 2	
EASY TOUCH LANCETS 32G/TWIST	Tier 2	

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Drug Name	Drug Tier	Notes
EASY TOUCH LANCETS 33G/TWIST	Tier 2	
EASY TOUCH LANCING DEVICE	Tier 2	
EASY TOUCH SAFETY LANCETS 21G	Tier 2	
EASY TOUCH SAFETY LANCETS 23G	Tier 2	
EASY TOUCH SAFETY LANCETS 26G	Tier 2	
EASY TOUCH SAFETY LANCETS 28G	Tier 2	
EMBRACE LANCETS ULTRA THIN 30G	Tier 2	
EMBRACE PRESSURE ACTIVATED 21G	Tier 2	
EMBRACE PRESSURE ACTIVATED 28G	Tier 2	
EVERSENSE 365 SENSOR/HOLDER	Tier 3	PA; QL (1 EA per 365 days)
EVERSENSE 365 SMART TRANSMIT	Tier 3	PA; QL (1 EA per 365 days)
EVERSENSE SENSOR/HOLDER	Tier 3	PA; QL (3 EA per 90 days)
EVERSENSE SMART TRANSMITTER	Tier 3	PA; QL (1 EA per 90 days)
FIFTY50 SAFETY SEAL LANCETS	Tier 2	
FIFTY50 UNILET LANCETS 33G	Tier 2	
FINGERSTIX LANCETS	Tier 2	
<i>fondcircle lancng device</i>	Tier 2	
<i>fondcircle single use lancets</i>	Tier 2	
FORA LANCETS	Tier 2	
FREESTYLE LANCETS	Tier 2	
FREESTYLE LIBRE 14 DAY READER DEVICE	Tier 2	ST; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 90 days)
FREESTYLE LIBRE 14 DAY SENSOR	Tier 2	ST; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (6 EA per 84 days)
FREESTYLE LIBRE 2 PLUS SENSOR	Tier 2	ST; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (6 EA per 84 days)
FREESTYLE LIBRE 2 READER DEVICE	Tier 2	ST; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 84 days)
FREESTYLE LIBRE 2 SENSOR	Tier 2	ST; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (6 EA per 84 days)
FREESTYLE LIBRE 3 PLUS SENSOR	Tier 2	ST; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (6 EA per 84 days)
FREESTYLE LIBRE 3 READER DEVICE	Tier 2	ST; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 84 days)
FREESTYLE LIBRE 3 SENSOR	Tier 2	ST; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (6 EA per 84 days)
FREESTYLE UNISTICK II LANCETS	Tier 2	
GENTEEL BUTTERFLY TOUCH LANCET	Tier 2	
<i>global inject ease lancets 28g</i>	Tier 2	

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Drug Name	Drug Tier	Notes
<i>global inject ease lancets 30g</i>	Tier 2	
GLUCOCOM LANCETS 28G	Tier 2	
GLUCOCOM LANCETS 30G	Tier 2	
GLUCOCOM LANCETS 33G	Tier 2	
<i>gnp sterile lancets 28g</i>	Tier 2	
<i>gnp sterile lancets 30g</i>	Tier 2	
<i>gnp sterile lancets 33g</i>	Tier 2	
GOJJI STERILE LANCETS	Tier 2	
GUARDIAN 4 GLUCOSE SENSOR	Tier 3	PA; QL (15 EA per 90 days)
GUARDIAN 4 TRANSMITTER	Tier 3	PA; QL (1 EA per 90 days)
GUARDIAN LINK 3 TRANSMITTER	Tier 3	PA; QL (1 EA per 90 days)
GUARDIAN SENSOR (3)	Tier 3	PA; QL (15 EA per 90 days)
<i>guardian sensor 3</i>	Tier 3	PA; QL (15 EA per 90 days)
HAEMOLANCE PLUS	Tier 2	
HAEMOLANCE PLUS HIGH FLOW	Tier 2	
HAEMOLANCE PLUS LOW FLOW	Tier 2	
HAEMOLANCE PLUS MAX FLOW	Tier 2	
HAEMOLANCE PLUS PEDIATRIC FLOW	Tier 2	
<i>h-e-b incontrol adv lancing</i>	Tier 2	
<i>h-e-b incontrol lancets 28g</i>	Tier 2	
<i>h-e-b incontrol lancets 30g</i>	Tier 2	
<i>h-e-b incontrol lancets 33g</i>	Tier 2	
HYPOLANCE AST LANCING KIT	Tier 2	
HY-VEE LANCETS	Tier 2	
<i>hy-vee thin lancets</i>	Tier 2	
IN TOUCH STERILE LANCETS 30G	Tier 2	
<i>kinney lancets</i>	Tier 2	
<i>kinney thin lancets</i>	Tier 2	
KROGER AUTOLET LANCING DEVICE	Tier 2	
KROGER HEALTHPRO LANCET 26G	Tier 2	
<i>croger lancets</i>	Tier 2	
<i>croger lancets super thin</i>	Tier 2	
<i>croger lancets thin</i>	Tier 2	
<i>lancet device with ejector</i>	Tier 2	
<i>lancets</i>	Tier 2	
<i>lancets 28g thin</i>	Tier 2	
<i>lancets 30g</i>	Tier 2	
<i>lancets 33g</i>	Tier 2	
<i>lancets micro thin 33g</i>	Tier 2	
LANCETS SUPER THIN	Tier 2	
<i>lancets super thin 28g</i>	Tier 2	
LANCETS ULTRA THIN	Tier 2	

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Drug Name	Drug Tier	Notes
<i>lancets ultra thin 30g</i>	Tier 2	
<i>lancing device</i>	Tier 2	
LANZO	Tier 2	
<i>leader advanced lancing device</i>	Tier 2	
LIBERTY MEDICAL LANCETS	Tier 2	
<i>lite touch lancets</i>	Tier 2	
LITETOUCH LANCETS	Tier 2	
<i>live better lancet super thin</i>	Tier 2	
<i>medichoice safety lancet</i>	Tier 2	
<i>medichoice safety lancet extra</i>	Tier 2	
<i>medichoice safety lancet norm</i>	Tier 2	
MEDLANCE PLUS EXTRA 21G	Tier 2	
MEDLANCE PLUS LITE 25G	Tier 2	
MEDLANCE PLUS SPECIAL 0.8MM	Tier 2	
MEDLANCE PLUS SUPERLITE 30G	Tier 2	
MEDLANCE PLUS UNIVERSAL 21G	Tier 2	
MEIJER LANCETS	Tier 2	
MEIJER LANCETS UNIVERSAL 21G	Tier 2	
MEIJER LANCETS UNIVERSAL 30G	Tier 2	
MEIJER LANCETS UNIVERSAL 33G	Tier 2	
MICROLET LANCETS	Tier 2	
MICROLET NEXT LANCING DEVICE	Tier 2	
<i>mini lancing device</i>	Tier 2	
MM TWIST LANCETS	Tier 2	
MOBI CONNECT TWIST LANCETS	Tier 3	
<i>mobile lancets 30g</i>	Tier 3	
MONOLET LANCETS	Tier 2	
MONOLET OPD LANCETS	Tier 2	
MONOLETTOR SAFETY LANCETS	Tier 2	
<i>multi-lancet device</i>	Tier 2	
MULTI-LANCET DEVICE 2 KIT	Tier 2	
MYGLUCOHEALTH LANCETS 30G	Tier 2	
NOVA SAFETY LANCETS 23G	Tier 2	
NOVA SAFETY LANCETS 28G	Tier 2	
NOVA SUREFLEX LANCETS	Tier 2	
NOVA SUREFLEX LANCING DEVICE	Tier 2	
ONETOUCH DELICA PLUS LANCET30G	Tier 2	
ONETOUCH DELICA PLUS LANCET33G	Tier 2	
ONETOUCH DELICA PLUS LANCING	Tier 2	
ONETOUCH DELICA SAFETY LANCING	Tier 2	
ONETOUCH ULTRA CONTROL IN VITRO LIQUID	Tier 3	
ONETOUCH ULTRASOFT 2 LANCETS	Tier 2	

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Drug Name	Drug Tier	Notes
ONETOUCH VERIO IN VITRO LIQUID	Tier 3	
<i>oval tape</i>	Tier 3	
PERFECT LANCETS 28G	Tier 2	
PERFECT LANCETS 30G	Tier 2	
PERFECT POINT SAFETY LANCETS	Tier 2	
PHARMACIST CHOICE LANCETS	Tier 2	
<i>pip lancets 28g</i>	Tier 2	
<i>pip lancets 30g</i>	Tier 2	
<i>pro comfort lancets 30g</i>	Tier 2	
<i>pro comfort lancets 31g</i>	Tier 2	
<i>pro comfort safety lancets 30g</i>	Tier 2	
PRODIGY LANCETS 28G	Tier 2	
PRODIGY LANCING DEVICE	Tier 2	
PRODIGY SAFETY LANCETS 26G	Tier 2	
PRODIGY TWIST TOP LANCETS 28G	Tier 2	
<i>pure comfort lancets 30g</i>	Tier 2	
<i>pure comfort safety lancet 30g</i>	Tier 2	
<i>px advanced lancing device</i>	Tier 2	
<i>px lancets microthin 33g</i>	Tier 2	
<i>px lancets ultra thin 28g</i>	Tier 2	
<i>qc advanced lancing device</i>	Tier 2	
<i>qc lancets super thin 30g</i>	Tier 2	
<i>qc lancets ultra thin</i>	Tier 2	
<i>qc unilet lancets 28g</i>	Tier 2	
<i>qc unilet lancets micro thin</i>	Tier 2	
READYLANCE SAFETY LANCETS	Tier 2	
<i>reality lancets</i>	Tier 2	
<i>reality trigger lancets</i>	Tier 2	
RELION LANCETS	Tier 2	
RELION LANCETS MICRO-THIN 33G	Tier 2	
RELION LANCETS THIN 26G	Tier 2	
RELION LANCETS ULTRA-THIN 30G	Tier 2	
RELION ULTRA THIN LANCETS 30G	Tier 2	
RIGHTTEST ALTERNATE SITE ADAPT	Tier 2	
RIGHTTEST GD500 LANCING DEVICE	Tier 2	
RIGHTTEST GL300 LANCETS	Tier 2	
<i>safety lancet 30g/pressure act</i>	Tier 2	
SAFETY LANCETS	Tier 2	
SAFETY LANCETS 21G	Tier 2	
SAFETY LANCETS 23G	Tier 2	
<i>safety lancets 28g</i>	Tier 2	
<i>saps health plus lancets</i>	Tier 2	

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Drug Name	Drug Tier	Notes
<i>saps health twist top lancets</i>	Tier 2	
<i>saps twist top lancets</i>	Tier 2	
<i>sapscare twist top lancets</i>	Tier 2	
<i>sb lancets thin</i>	Tier 2	
<i>sb lancets ultra thin</i>	Tier 2	
SIMPLERA SENSOR	Tier 3	PA
SIMPLERA SYNC SENSOR	Tier 3	PA
SIMPLERA SYSTEM	Tier 3	PA
SINGLE-LET	Tier 2	
SMART DIABETES VANTAGE LANCING	Tier 2	
SMARTEST LANCETS 28G	Tier 2	
SOLUS V2 LANCETS 28G	Tier 2	
SOLUS V2 LANCING DEVICE	Tier 2	
SOLUS V2 TWIST LANCETS 30G	Tier 2	
STERILANCE TL	Tier 2	
<i>super thin lancets</i>	Tier 2	
<i>sure comfort lancets 18g</i>	Tier 2	
<i>sure comfort lancets 21g</i>	Tier 2	
<i>sure comfort lancets 23g</i>	Tier 2	
<i>sure comfort lancets 28g</i>	Tier 2	
<i>sure comfort lancets 30g</i>	Tier 2	
SURELITE LANCETS	Tier 2	
TECHLITE AST LANCETS	Tier 2	
TECHLITE LANCETS	Tier 2	
TECHLITE LANCETS 26G	Tier 2	
<i>todays health lancing device</i>	Tier 2	
<i>todays health thin lancets 28g</i>	Tier 2	
<i>todays health thin lancets 30g</i>	Tier 2	
TRAVEL LANCETS ADVANCED 28G	Tier 2	
<i>true comfort safety lancets</i>	Tier 2	
<i>true comfort safety lancets</i>	Tier 3	
<i>true comfort twist top lancets</i>	Tier 2	
TRUEDRAW LANCING DEVICE	Tier 2	
TRUEPLUS LANCETS 26G	Tier 2	
TRUEPLUS LANCETS 28G	Tier 2	
TRUEPLUS LANCETS 30G	Tier 2	
TRUEPLUS LANCETS 33G	Tier 2	
TRUEPLUS SAFETY LANCETS 28G	Tier 2	
<i>twist top lancets 30g</i>	Tier 2	
ULTILET CLASSIC LANCETS	Tier 2	
ULTILET LANCETS	Tier 2	
ULTILET SAFETY LANCETS	Tier 2	

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Drug Name	Drug Tier	Notes
ULTILET SAFETY LANCETS 23G	Tier 2	
<i>ultra thin lancets 31g</i>	Tier 2	
<i>ultra-care lancets 30g</i>	Tier 2	
<i>ultra-care safety lancets 30g</i>	Tier 3	
ULTRA-THIN II AUTO LANCET	Tier 2	
UNILET COMFORTOUCH LANCET	Tier 2	
UNILET EXCELITE	Tier 2	
UNILET EXCELITE II	Tier 2	
UNILET G.P. LANCET	Tier 2	
UNILET G.P. SUPERLITE LANCET	Tier 2	
UNILET GP 28 ULTRA THIN	Tier 2	
UNILET LANCET	Tier 2	
UNILET MICRO-THIN 33G	Tier 2	
UNILET SUPERLITE LANCET	Tier 2	
UNILET SUPER-THIN 30G	Tier 2	
UNILET ULTRA-THIN 28G	Tier 2	
UNISTIK 1	Tier 2	
UNISTIK 2	Tier 2	
UNISTIK 2 COMFORT	Tier 2	
UNISTIK 2 EXTRA	Tier 2	
UNISTIK 2 NEONATAL	Tier 2	
UNISTIK 2 NORMAL	Tier 2	
UNISTIK 2 SUPER	Tier 2	
UNISTIK 3	Tier 2	
UNISTIK 3 COMFORT	Tier 2	
UNISTIK 3 EXTRA	Tier 2	
UNISTIK 3 GENTLE	Tier 2	
UNISTIK 3 NEONATAL	Tier 2	
UNISTIK 3 NORMAL	Tier 2	
UNISTIK CZT COMFORT	Tier 2	
UNISTIK CZT NORMAL	Tier 2	
UNISTIK NORMAL	Tier 2	
UNISTIK PRO SAFETY LANCET	Tier 2	
UNISTIK SAFETY LANCETS 28G	Tier 2	
UNISTIK SAFETY LANCETS 30G	Tier 2	
UNISTIK TOUCH SAFETY LANC 21G	Tier 2	
UNISTIK TOUCH SAFETY LANC 23G	Tier 2	
UNISTIK TOUCH SAFETY LANC 28G	Tier 2	
UNISTIK TOUCH SAFETY LANC 30G	Tier 2	
VERIFINE SAFE LANCET MINI 21G	Tier 2	
VERIFINE SAFE LANCET MINI 23G	Tier 2	
VERIFINE SAFE LANCET MINI 28G	Tier 2	

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Drug Name	Drug Tier	Notes
VERIFINE SAFE LANCET MINI 30G	Tier 2	
VERIFINE UNIVERSAL LANCETS 28G	Tier 2	
VERIFINE UNIVERSAL LANCETS 30G	Tier 2	
VERIFINE UNIVERSAL LANCETS 33G	Tier 2	
VIVAGUARD LANCETS	Tier 2	
VIVAGUARD LANCETS 30G	Tier 2	
VIVAGUARD SAFETY LANCETS 28G	Tier 2	
zevrx twist top lancets 30g	Tier 2	
*Insulin Administration Supplies***		
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	Tier 2	
OMNIPOD 5 DEXG7G6 PODS GEN 5	Tier 2	
OMNIPOD 5 LIBRE INTRO KIT	Tier 2	
OMNIPOD 5 LIBRE PODS	Tier 2	
OMNIPOD DASH INTRO (GEN 4) KIT	Tier 2	
OMNIPOD DASH PODS (GEN 4)	Tier 2	
V-GO 20 KIT 20 UNIT/24HR	Tier 2	
V-GO 30 KIT 30 UNIT/24HR	Tier 2	
V-GO 40 KIT 40 UNIT/24HR	Tier 2	
*Needles & Syringes***		
BD AUTOSHIELD DUO 30G X 5 MM	Tier 2	
BD INS SYR ULTRAFINE 1/2UNIT 31G X 5/16" 0.3 ML	Tier 2	
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML	Tier 2	
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML	Tier 2	
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML	Tier 2	
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM	Tier 2	
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM	Tier 2	
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	Tier 2	
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM	Tier 2	
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM	Tier 2	
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM	Tier 2	
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML	Tier 2	

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Drug Name	Drug Tier	Notes
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML	Tier 2	
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	Tier 2	
EMBECTA AUTOSHIELD DUO 30G X 5 MM	Tier 2	
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML	Tier 2	
EMBECTA INSULIN SYR ULTRAFINE 29G X 1/2" 0.5 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML	Tier 2	
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM	Tier 2	
EMBECTA PEN NEEDLE NANO 32G X 4 MM	Tier 2	
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 6 MM	Tier 2	
Migraine Products		
*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)***		
NURTEC ORAL TABLET DISPERSIBLE 75 MG	Tier 2	PA; QL (18 EA per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	Tier 2	PA; QL (30 EA per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	Tier 2	PA; QL (16 EA per 30 days)
*Cgrp Receptor Antagonists - Monocolonal Antibodies***		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 2	PA; QL (3 ML per 84 days)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML	Tier 2	PA; QL (4.5 ML per 84 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML	Tier 2	PA; QL (4.5 ML per 84 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 2	PA; QL (3 ML per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	Tier 2	PA; QL (1 ML per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	Tier 2	PA; QL (1 ML per 28 days)
*Ergot Combinations***		
ergotamine-caffeine oral tablet 1-100 mg	Tier 1	ST; TRIAL OF ONE: SUMATRIPTAN, RIZATRIPTAN; QL (40 EA per 28 days)

Drug Name	Drug Tier	Notes
*Migraine Products - Cyclooxygenase 2 (Cox-2) Inhibitors***		
ELYXYB ORAL SOLUTION 120 MG/4.8ML	Tier 3	PA
*Migraine Products***		
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	Tier 1	ST; TRIAL OF ONE OF THE FOLLOWING: SUMATRIPTAN INJECTION/INTRANASAL OR ZOLMITRIPTAN INTRANASAL.; QL (30 ML per 28 days)
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	Tier 1	ST; TRIAL OF ONE OF THE FOLLOWING: SUMATRIPTAN INJECTION/INTRANASAL OR ZOLMITRIPTAN INTRANASAL.; QL (8 ML per 28 days)
*Selective Serotonin Agonists 5-Ht(1)***		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 1	ST; TRIAL OF ONE: SUMATRIPTAN, RIZATRIPTAN; QL (18 EA per 30 days)
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	Tier 1	ST; TRIAL OF ONE: SUMATRIPTAN, RIZATRIPTAN; QL (18 EA per 30 days)
<i>frovatriptan succinate oral tablet 2.5 mg</i>	Tier 1	ST; TRIAL OF ONE: SUMATRIPTAN, RIZATRIPTAN; QL (18 EA per 30 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (27 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	Tier 1	QL (27 EA per 30 days)
<i>sumatriptan solution 20 mg/act nasal</i>	Tier 1	SUMATRIPTAN, RIZATRIPTAN, NARATRIPTAN, ZOLMITRIPTAN (TAB); QL (18 EA per 30 days)
<i>sumatriptan solution 5 mg/act nasal</i>	Tier 1	SUMATRIPTAN, RIZATRIPTAN, NARATRIPTAN, ZOLMITRIPTAN (TAB); QL (36 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	Tier 1	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	Tier 1	QL (18 ML per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>zolmitriptan solution 2.5 mg nasal</i>	Tier 3	ST; TRIAL OF ONE: SUMATRIPTAN, RIZATRIPTAN; QL (18 EA per 30 days)
<i>zolmitriptan solution 5 mg nasal</i>	Tier 1	ST; TRIAL OF ONE: SUMATRIPTAN, RIZATRIPTAN; QL (18 EA per 30 days)
ZOMIG NASAL SOLUTION 2.5 MG	Tier 3	ST; TRIAL OF ONE: SUMATRIPTAN, RIZATRIPTAN; QL (18 EA per 30 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG	Tier 1	QL (18 EA per 30 days)

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Drug Name	Drug Tier	Notes
Minerals & Electrolytes		
*Fluoride***		
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	Tier 1	ACA, Some restrictions may apply.
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	Tier 1	ACA, Some restrictions may apply.
*Phosphate***		
PHOSPHA 250 NEUTRAL TABLET 155-852-130 MG ORAL	Tier 2	
PHOSPHA 250 NEUTRAL TABLET 155-852-130 MG ORAL	Tier 1	
phosphorous oral tablet 155-852-130 mg	Tier 1	
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET 155-852-130 MG	Tier 1	
PHOSPHO-TRIN K500 ORAL TABLET 500 MG	Tier 1	
*Potassium***		
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier 1	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier 1	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	Tier 1	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	Tier 1	
KLOR-CON ORAL PACKET 20 MEQ	Tier 1	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	Tier 1	
potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq	Tier 1	
potassium chloride er oral capsule extended release 10 meq, 8 meq	Tier 1	
potassium chloride er tablet extended release 10 meq oral	Tier 1	
potassium chloride er tablet extended release 15 meq oral	Tier 3	
potassium chloride er tablet extended release 20 meq oral	Tier 1	
potassium chloride er tablet extended release 8 meq oral	Tier 1	
potassium chloride oral packet 20 meq	Tier 1	
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	Tier 1	
*Sodium***		
sodium chloride (pf) injection solution 0.9 %	Tier 1	
sodium chloride injection solution 2.5 meq/ml	Tier 1	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 4 meq/ml, 5 %	Tier 1	

Drug Name	Drug Tier	Notes
*Trace Minerals***		
ZYCUBO SUBCUTANEOUS SOLUTION RECONSTITUTED 2.9 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (30 EA per 30 days)
*Zinc***		
GALZIN ORAL CAPSULE 25 MG, 50 MG	Tier 4 (SP Non-Preferred)	Specialty
Miscellaneous Therapeutic Classes		
*Activated Phosphoinositide 3-Kinase Delta Syndrome Agent***		
JOENJA ORAL TABLET 40 MG, 50 MG, 70 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
*Antileprotics***		
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
*B-Lymphocyte Stimulator (Blys)-Specific Inhibitors***		
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
*Chelating Agents***		
<i>penicillamine oral tablet 250 mg</i>	Tier 4 (SP Preferred)	PA; Specialty
<i>trientine hcl capsule 250 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty
<i>trientine hcl capsule 500 mg oral</i>	Tier 4 (SP Non-Preferred)	Specialty
*Cyclosporine Analogs***		
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 1	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	Tier 1	
LUPKYNIS ORAL CAPSULE 7.9 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (180 EA per 30 days)
NEORAL ORAL CAPSULE 100 MG, 25 MG	Tier 3	
NEORAL ORAL SOLUTION 100 MG/ML	Tier 3	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	Tier 3	
*Enzymes***		
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
*Farnesyltransferase Inhibitors***		
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Tier 4 (SP Preferred)	PA; Specialty

Drug Name	Drug Tier	Notes
*Immunomodulators - Combinations***		
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1000-10000 MG-UNT/5ML	Tier 4 (SP Non-Preferred)	PA; Specialty
*Immunomodulators For Myelodysplastic Syndromes***		
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	Tier 4 (SP Preferred)	PA; Specialty; OC
*Inosine Monophosphate Dehydrogenase Inhibitors***		
CELLCEPT ORAL CAPSULE 250 MG	Tier 3	
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML	Tier 3	
CELLCEPT ORAL TABLET 500 MG	Tier 3	
mycophenolate mofetil oral capsule 250 mg	Tier 1	
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	Tier 1	
mycophenolate mofetil oral tablet 500 mg	Tier 1	
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	Tier 1	
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	Tier 1	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG	Tier 3	
MYHIBBIN ORAL SUSPENSION 200 MG/ML	Tier 3	PA; QL (450 ML per 30 days)
*Irrigation Solutions***		
ringers irrigation irrigation solution	Tier 1	
sterile water for irrigation irrigation solution	Tier 1	
*Macrolide Immunosuppressants***		
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	Tier 4 (SP Preferred)	Specialty
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	Tier 3	
PROGRAF ORAL PACKET 0.2 MG, 1 MG	Tier 3	
sirolimus oral solution 1 mg/ml	Tier 1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
tacrolimus er oral capsule extended release 24 hour 0.5 mg, 1 mg, 5 mg	Tier 1	ST; TRIAL OF GENERIC TACROLIMUS IN THE PAST 120 DAYS
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	Tier 1	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 4 (SP Non-Preferred)	Specialty
*Monoclonal Antibodies***		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty

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Drug Name	Drug Tier	Notes
*Patient Assessment Services - No Drug Dispensed***		
<i>eua patient assessment</i>	Tier 3	
*Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib***		
VIJOICE ORAL PACKET 50 MG	Tier 4 (SP Preferred)	PA; Specialty
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG	Tier 4 (SP Preferred)	PA; Specialty
*Potassium Removing Agents***		
KIONEX COMBINATION SUSPENSION 15 GM/60ML	Tier 1	
LOKELMA PACKET 10 GM ORAL	Tier 2	QL (34 EA per 30 days)
LOKELMA PACKET 5 GM ORAL	Tier 2	QL (30 EA per 30 days)
<i>sodium polystyrene sulfonate combination suspension 15 gm/60ml</i>	Tier 1	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML	Tier 1	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML	Tier 1	
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM	Tier 3	PA
*Purine Analogs***		
AZASAN ORAL TABLET 100 MG, 75 MG	Tier 1	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
IMURAN ORAL TABLET 50 MG	Tier 3	
*Rock Inhibitors***		
REZUROCK ORAL TABLET 200 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
*Type I Interferon (Ifn) Receptor Antagonists***		
SAPHNELO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/0.8ML	Tier 4 (SP Preferred)	PA; Specialty; QL (3.2 ML per 28 days)
SAPHNELO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/0.8ML	Tier 4 (SP Preferred)	PA; Specialty; QL (3.2 ML per 28 days)
Mouth/Throat/Dental Agents		
*Anesthetics Topical Oral - Combinations***		
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION	Tier 3	
*Anesthetics Topical Oral***		
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	Tier 1	

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Drug Name	Drug Tier	Notes
*Anti-Infectives - Throat***		
<i>clotrimazole mouth/throat troche 10 mg</i>	Tier 1	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	Tier 1	
ORAVIG BUCCAL TABLET 50 MG	Tier 3	
*Antiseptics - Mouth/Throat***		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Tier 1	
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	Tier 1	
*Saliva Stimulants***		
<i>cevimeline hcl oral capsule 30 mg</i>	Tier 1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1	
*Steroids - Mouth/Throat/Dental***		
KOURZEQ MOUTH/THROAT PASTE 0.1 %	Tier 1	
ORALONE MOUTH/THROAT PASTE 0.1 %	Tier 1	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Tier 1	
Multivitamins		
*Prenatal Mv & Min W/Fe-Fa***		
ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG	Tier 3	ACA
<i>completenate oral tablet chewable 29-1 mg</i>	Tier 3	ACA
CO-NATAL FA ORAL TABLET	Tier 3	ACA
CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG	Tier 3	ACA
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG	Tier 3	ACA
FOLIVANE-OB ORAL CAPSULE 85-1 MG	Tier 3	ACA
INATAL GT ORAL TABLET	Tier 3	ACA
<i>matronex oral tablet 27-1 mg</i>	Tier 3	ACA
NATACORE ORAL TABLET CHEWABLE 29-1 MG	Tier 3	ACA
NIVA-PLUS ORAL TABLET 27-1 MG	Tier 3	ACA
<i>one vite womens plus oral tablet 27-1 mg</i>	Tier 3	ACA
<i>pnv 27-ca/fe/fa oral tablet 60-1 mg</i>	Tier 3	ACA
<i>pnv-select oral tablet 27-0.6-0.4 mg</i>	Tier 3	ACA
PRENATABS RX ORAL TABLET 29-1 MG	Tier 2	ACA
<i>prenatal 19 oral tablet 29-1 mg</i>	Tier 2	ACA
<i>prenatal 19 oral tablet chewable</i>	Tier 2	ACA
<i>prenatal oral tablet 27-1 mg</i>	Tier 3	ACA
<i>prenatal plus oral tablet 27-1 mg</i>	Tier 2	ACA
<i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i>	Tier 3	ACA
PRENATAL-U ORAL CAPSULE 106.5-1 MG	Tier 2	ACA
PROVIDA OB ORAL CAPSULE 20-20-1.25 MG	Tier 3	ACA
<i>se-natal 19 oral tablet 29-1 mg</i>	Tier 2	ACA
<i>se-natal 19 oral tablet chewable 29-1 mg</i>	Tier 2	ACA
TARON-C DHA ORAL CAPSULE 35-1 MG	Tier 3	ACA

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Drug Name	Drug Tier	Notes
<i>thrivite rx oral tablet 29-1 mg</i>	Tier 3	ACA
<i>trinatal rx 1 oral tablet 60-1 mg</i>	Tier 3	ACA
TRINATE ORAL TABLET	Tier 2	ACA
VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG	Tier 3	ACA
<i>westab plus oral tablet 27-1 mg</i>	Tier 3	ACA
*Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil***		
<i>complete natal dha oral 29-1-200 & 200 mg</i>	Tier 3	ACA
<i>wesnatal dha complete oral 29-1-200 & 200 mg</i>	Tier 3	ACA
*Prenatal Mv & Min W/Fe-Fa-Dha***		
OBSTETRIX DHA ORAL 29-1 & 350 MG	Tier 3	ACA
<i>pnv-dha+docusate oral capsule 27-1.25-300 mg</i>	Tier 3	ACA
Musculoskeletal Therapy Agents		
*Central Muscle Relaxants***		
ATMEKSI ORAL SUSPENSION 750 MG/5ML	Tier 3	PA; QL (1620 ML per 30 days)
<i>baclofen oral suspension 25 mg/5ml</i>	Tier 1	PA
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>baclofen solution 10 mg/5ml oral</i>	Tier 1	PA
<i>baclofen solution 5 mg/5ml oral</i>	Tier 1	PA
<i>baclofen solution 5 mg/5ml oral</i>	Tier 3	PA
<i>carisoprodol tablet 250 mg oral</i>	Tier 1	QL (120 EA per 30 days)
<i>carisoprodol tablet 350 mg oral</i>	Tier 1	
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>metaxalone tablet 400 mg oral</i>	Tier 1	QL (240 EA per 30 days)
<i>metaxalone tablet 800 mg oral</i>	Tier 1	QL (120 EA per 30 days)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 1	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	Tier 1	
OZOBAX DS ORAL SOLUTION 10 MG/5ML	Tier 3	PA
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	Tier 1	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	Tier 1	
*Direct Muscle Relaxants***		
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
*Retinoic Acid Receptor Gamma Selective Agonists***		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG	Tier 4 (SP Non-Preferred)	PA; Specialty

Drug Name	Drug Tier	Notes
*Viscosupplements***		
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML	Tier 2	PA; QL (12 ML per 180 days)
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML	Tier 2	PA; QL (12 ML per 180 days)
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML	Tier 2	PA; QL (12 ML per 180 days)
Nasal Agents - Systemic And Topical		
*Antihistamine-Steroid***		
azelastine-fluticasone suspension 137-50 mcg/act nasal	Tier 1	ST; TRIAL OF NASAL FLUNISOLIDE OR FLUTICASONE IN THE PAST 120 DAYS; QL (23 GM per 30 days)
azelastine-fluticasone suspension 137-50 mcg/act nasal	Tier 1	ST; TRIAL OF NASAL FLUNISOLIDE OR FLUTICASONE REQUIRED; QL (23 GM per 30 days)
*Nasal Anticholinergics***		
ipratropium bromide nasal solution 0.03 %, 0.06 %	Tier 1	
*Nasal Antihistamines***		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	Tier 1	
olopatadine hcl nasal solution 0.6 %	Tier 1	
*Nasal Steroids***		
flunisolide nasal solution 25 mcg/act (0.025%)	Tier 1	QL (25 ML per 30 days)
fluticasone propionate nasal suspension 50 mcg/act	Tier 1	
mometasone furoate nasal suspension 50 mcg/act	Tier 1	
OMNARIS NASAL SUSPENSION 50 MCG/ACT	Tier 3	ST; SWITCH TO STEP ONE: FLUNISOLIDE SPRAY, OR FLUTICASONE PROPIONATE SPRAY; QL (5 GM per 12 days)
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT	Tier 3	ST; TRIAL OF NASAL FLUNISOLIDE OR FLUTICASONE REQUIRED; QL (6.8 GM per 30 days)
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT	Tier 3	ST; TRIAL OF NASAL FLUNISOLIDE OR FLUTICASONE REQUIRED; QL (10.6 GM per 30 days)
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT	Tier 2	ST; TRIAL OF ONE OF THE FOLLOWING INTRANASAL CORTICOSTEROIDS : MOMETASONE, FLUTICASONE PROPIONATE, OR FLUNISOLIDE IN THE PAST 120 DAYS
Neuromuscular Agents		
*Als Agents - Miscellaneous***		
edaravone intravenous solution 30 mg/100ml	Tier 4 (SP Preferred)	PA; Specialty
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML	Tier 4 (SP Non-Preferred)	PA; Specialty

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Drug Name	Drug Tier	Notes
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML	Tier 4 (SP Non-Preferred)	PA; Specialty
*Benzothiazoles***		
riluzole oral tablet 50 mg	Tier 4 (SP Preferred)	Specialty
TEGLUTIK ORAL SUSPENSION 50 MG/10ML	Tier 4 (SP Non-Preferred)	PA; Specialty
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	Tier 4 (SP Non-Preferred)	PA; Specialty
*Friedrich's Ataxia Agents - Nrf2 Pathway Activators***		
SKYCLARYS ORAL CAPSULE 50 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
*Muscular Dystrophy - Histone Deacetylase Inhibitors**		
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (270 ML per 30 days)
*Neuromuscular Blocking Agent - Neurotoxins***		
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT	Tier 4 (SP Non-Preferred)	PA; Specialty
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT	Tier 4 (SP Non-Preferred)	PA; Specialty
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT	Tier 4 (SP Non-Preferred)	PA; Specialty
*Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs***		
DAYBUE ORAL SOLUTION 200 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
DAYBUE STIX ORAL PACKET 5000 MG, 6000 MG, 8000 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
*Spinal Muscular Atrophy-Smn2 Splicing Modifiers***		
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
EVRYSDI ORAL TABLET 5 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
Ophthalmic Agents		
*Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb***		
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	Tier 2	
*Beta-Blockers - Ophthalmic Combinations***		
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	Tier 1	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	Tier 1	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	Tier 1	

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Drug Name	Drug Tier	Notes
*Beta-Blockers - Ophthalmic***		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	Tier 1	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	Tier 3	
<i>carteolol hcl ophthalmic solution 1 %</i>	Tier 1	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Tier 1	
<i>timolol hemihydrate ophthalmic solution 0.5 %</i>	Tier 1	
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	Tier 1	
TIMOLOL MALEATE OCUDOSE OPHTHALMIC SOLUTION 0.5 %	Tier 1	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	Tier 1	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	Tier 1	
<i>timolol maleate pf ophthalmic solution 0.25 %, 0.5 %</i>	Tier 1	
*Cholinergic Agonists***		
TYRVAYA NASAL SOLUTION 0.03 MG/ACT	Tier 2	PA
*Cycloplegic Mydriatic Combinations***		
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 %	Tier 3	
*Cycloplegic Mydriatics***		
<i>atropine sulfate solution 1 % ophthalmic</i>	Tier 1	
<i>atropine sulfate solution 1 % ophthalmic</i>	Tier 3	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Tier 1	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	Tier 1	
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***		
XIIDRA OPHTHALMIC SOLUTION 5 %	Tier 2	QL (60 EA per 30 days)
*Miotic Combinations***		
YUVEZZI OPHTHALMIC SOLUTION 2.75-0.1 %	Tier 3	ST; TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (30 EA per 30 days)
*Miotics - Direct Acting Pupil Selective***		
VIZZ OPHTHALMIC SOLUTION 1.44 %	Tier 3	ST; TRIAL OF ONE GENERIC PILOCARPINE OPHTHALMIC SOLUTION IN THE PAST 120 DAYS; QL (25 EA per 25 days)
*Miotics - Direct Acting***		
<i>pilocarpine hcl solution 1 % ophthalmic</i>	Tier 1	
<i>pilocarpine hcl solution 1.25 % ophthalmic</i>	Tier 1	QL (10 ML per 30 days)

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Drug Name	Drug Tier	Notes
<i>pilocarpine hcl solution 2 % ophthalmic</i>	Tier 1	
<i>pilocarpine hcl solution 4 % ophthalmic</i>	Tier 1	
QLOSI OPHTHALMIC SOLUTION 0.4 %	Tier 3	ST; TRIAL OF ONE GENERIC PILOCARPINE OPHTHALMIC SOLUTION IN THE PAST 120 DAYS; QL (60 EA per 30 days)
*Ophthalmic Antiallergic***		
ALOCRILOPHTHALMIC SOLUTION 2 %	Tier 3	ST; TRIAL OF CROMOLYN 4% OPHTHALMIC DROPS IN THE PAST 120 DAYS; QL (40 ML per 30 days)
<i>azelastine hcl ophthalmic solution 0.05 %</i>	Tier 1	QL (12 ML per 30 days)
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	Tier 1	ST; TRIAL OF GENERIC OPHTH EPINASTINE, AZELASTINE, OR OLAPATADINE IN THE PAST 120 DAYS
<i>cromolyn sodium ophthalmic solution 4 %</i>	Tier 1	QL (50 ML per 30 days)
<i>epinastine hcl ophthalmic solution 0.05 %</i>	Tier 1	QL (10 ML per 30 days)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	Tier 1	
*Ophthalmic Antibiotics***		
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	Tier 2	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	Tier 1	
<i>erythromycin ointment 5 mg/gm ophthalmic</i>	Tier 2	
<i>erythromycin ointment 5 mg/gm ophthalmic</i>	Tier 1	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	Tier 1	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	Tier 1	
<i>levofloxacin ophthalmic solution 0.5 %</i>	Tier 2	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	Tier 1	
<i>ofloxacin ophthalmic solution 0.3 %</i>	Tier 1	
<i>tobramycin ophthalmic solution 0.3 %</i>	Tier 1	
*Ophthalmic Antifungal***		
NATACYN OPHTHALMIC SUSPENSION 5 %	Tier 2	
*Ophthalmic Anti-Infective Combinations***		
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Tier 1	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Tier 1	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	Tier 1	

Drug Name	Drug Tier	Notes
*Ophthalmic Antivirals***		
<i>trifluridine ophthalmic solution 1 %</i>	Tier 1	ST; TRIAL OF BOTH ORAL ANTIVIRALS (ACYCLOVIR & VALACYCLOVIR) IN THE PAST 365 DAYS
*Ophthalmic Carbonic Anhydrase Inhibitors***		
<i>brinzolamide ophthalmic suspension 1 %</i>	Tier 1	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	Tier 1	
*Ophthalmic Diagnostic Products***		
<i>fluorescein-benoxinate ophthalmic solution 0.25-0.4 %</i>	Tier 1	
*Ophthalmic Ectoparasiticide**		
XDEMVI OPTHALMIC SOLUTION 0.25 %	Tier 4 (SP Preferred)	PA; Specialty
*Ophthalmic Immunomodulators***		
<i>cyclosporine (pf) emulsion 0.05 % ophthalmic</i>	Tier 1	
<i>cyclosporine (pf) emulsion 0.05 % ophthalmic</i>	Tier 1	QL (60 EA per 30 days)
RESTASIS OPTHALMIC EMULSION 0.05 %	Tier 2	QL (60 EA per 30 days)
VERKAZIA OPTHALMIC EMULSION 0.1 %	Tier 3	PA
*Ophthalmic Kinase Inhibitors - Combinations***		
ROCKLATAN OPTHALMIC SOLUTION 0.02-0.005 %	Tier 3	ST; SWITCH TO STEP 1: bimatoprost, latanoprost, travoprost eye drops
*Ophthalmic Local Anesthetics***		
ALTACAINE OPTHALMIC SOLUTION 0.5 %	Tier 1	
<i>tetracaine hcl ophthalmic solution 0.5 %</i>	Tier 1	
*Ophthalmic Nerve Growth Factors***		
OXERVATE OPTHALMIC SOLUTION 0.002 %	Tier 4 (SP Non-Preferred)	PA; Specialty
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***		
<i>bromfenac sodium ophthalmic solution 0.075 %</i>	Tier 1	QL (5 ML per 16 days)
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	Tier 1	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	Tier 1	
ILEVRO OPTHALMIC SUSPENSION 0.3 %	Tier 2	QL (3.4 ML per 16 days)
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	Tier 1	
*Ophthalmic Rho Kinase Inhibitors***		
RHOPRESSA OPTHALMIC SOLUTION 0.02 %	Tier 3	ST; SWITCH TO STEP 1: bimatoprost, latanoprost, travoprost eye drops
*Ophthalmic Selective Alpha Adrenergic Agonists***		
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	Tier 1	

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Drug Name	Drug Tier	Notes
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %</i>	Tier 1	
*Ophthalmic Steroid Combinations***		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	Tier 1	
<i>loteprednol-tobramycin ophthalmic suspension 0.5-0.3 %</i>	Tier 1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Tier 1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1</i>	Tier 1	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	Tier 1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	Tier 2	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	Tier 1	
*Ophthalmic Steroids***		
ALREX OPHTHALMIC SUSPENSION 0.2 %	Tier 3	ST; TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS; QL (20 ML per 28 days)
BYQLOVI OPHTHALMIC SUSPENSION 0.05 %	Tier 3	ST
<i>clobetasol propionate ophthalmic suspension 0.05 %</i>	Tier 3	ST; TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	Tier 1	QL (30 ML per 28 days)
<i>difluprednate ophthalmic emulsion 0.05 %</i>	Tier 1	ST; TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS
EYSUVIS OPHTHALMIC SUSPENSION 0.25 %	Tier 2	QL (16.6 ML per 28 days)
<i>fluorometholone ophthalmic suspension 0.1 %</i>	Tier 1	QL (20 ML per 28 days)
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	Tier 2	
LOTEMAX SM OPHTHALMIC GEL 0.38 %	Tier 2	
<i>loteprednol etabonate gel 0.5 % ophthalmic</i>	Tier 1	
<i>loteprednol etabonate gel 0.5 % ophthalmic</i>	Tier 1	ST; TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS

Drug Name	Drug Tier	Notes
<i>loteprednol etabonate suspension 0.2 % ophthalmic</i>	Tier 1	ST; TRIAL OF GENERIC OPTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS; QL (20 ML per 28 days)
<i>loteprednol etabonate suspension 0.5 % ophthalmic</i>	Tier 1	
<i>loteprednol etabonate suspension 0.5 % ophthalmic</i>	Tier 1	ST; TRIAL OF GENERIC OPTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS
MAXIDEX OPTHALMIC SUSPENSION 0.1 %	Tier 3	ST; TRIAL OF GENERIC OPTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS; QL (25 ML per 14 days)
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Tier 1	QL (40 ML per 28 days)
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	Tier 3	
*Ophthalmic Sulfonamides***		
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	Tier 1	
*Ophthalmics - Blepharoptosis Agents**		
UPNEEQ OPTHALMIC SOLUTION 0.1 %	Tier 3	PA
*Ophthalmics - Cystinosis Agents**		
CYSTADROPS OPTHALMIC SOLUTION 0.37 %	Tier 4 (SP Non-Preferred)	PA; Specialty
CYSTARAN OPTHALMIC SOLUTION 0.44 %	Tier 4 (SP Non-Preferred)	PA; Specialty
*Ophthalmics Misc. - Other***		
MIEBO OPTHALMIC SOLUTION 1.338 GM/ML	Tier 2	
*Prostaglandins - Ophthalmic***		
<i>bimatoprost ophthalmic solution 0.01 %, 0.03 %</i>	Tier 1	
<i>latanoprost ophthalmic solution 0.005 %</i>	Tier 1	
LUMIGAN OPTHALMIC SOLUTION 0.01 %	Tier 2	
<i>tafluprost (pf) ophthalmic solution 0.0015 %</i>	Tier 1	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	Tier 1	
VYZULTA OPTHALMIC SOLUTION 0.024 %	Tier 3	
Otic Agents		
*Otic Agents - Miscellaneous***		
<i>acetic acid otic solution 2 %</i>	Tier 1	
*Otic Anti-Infectives***		
<i>ciprofloxacin hcl otic solution 0.2 %</i>	Tier 1	
<i>ofloxacin otic solution 0.3 %</i>	Tier 1	

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Drug Name	Drug Tier	Notes
*Otic Steroid-Anti-Infective Combinations***		
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	Tier 1	
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	Tier 3	
<i>ciprofloxacin-hydrocortisone otic suspension 0.2-1 %</i>	Tier 1	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	Tier 3	
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	Tier 1	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	Tier 1	
OTOVEL OTIC SOLUTION 0.3-0.025 %	Tier 3	
*Otic Steroids***		
<i>fluocinolone acetonide otic oil 0.01 %</i>	Tier 1	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	Tier 1	
Oxytocics		
*Oxytocics***		
METHERGINE ORAL TABLET 0.2 MG	Tier 1	
<i>methylergonovine maleate oral tablet 0.2 mg</i>	Tier 1	
Passive Immunizing And Treatment Agents		
*Antiviral Monoclonal Antibodies***		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	Tier 2	ACA, Some restrictions may apply.
*Immune Serums***		
ALYGLO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	Tier 4 (SP Non-Preferred)	PA; Specialty
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML	Tier 4 (SP Non-Preferred)	PA; Specialty
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML	Tier 4 (SP Non-Preferred)	PA; Specialty
GAMASTAN INTRAMUSCULAR SOLUTION	Tier 4 (SP Non-Preferred)	PA; Specialty
GAMMAGARD ERC INJECTION SOLUTION 10 GM/100ML, 5 GM/50ML	Tier 4 (SP Preferred)	PA; Specialty
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	Tier 4 (SP Preferred)	PA; Specialty
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	Tier 4 (SP Preferred)	PA; Specialty
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	Tier 4 (SP Non-Preferred)	PA; Specialty
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	Tier 4 (SP Preferred)	PA; Specialty

Drug Name	Drug Tier	Notes
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	Tier 4 (SP Preferred)	PA; Specialty
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	Tier 4 (SP Non-Preferred)	PA; Specialty
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	Tier 4 (SP Non-Preferred)	PA; Specialty
HYPERRHO MINI-DOSE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT	Tier 3	
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	Tier 4 (SP Preferred)	PA; Specialty
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	Tier 4 (SP Non-Preferred)	PA; Specialty
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	Tier 4 (SP Preferred)	PA; Specialty
<i>qivigy intravenous solution 10 gm/100ml, 5 gm/50ml</i>	Tier 4 (SP Non-Preferred)	PA; Specialty
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML	Tier 3	
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 2500 UNIT/2.2ML	Tier 3	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	Tier 4 (SP Preferred)	PA; Specialty
YIMMUGO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	Tier 4 (SP Non-Preferred)	PA; Specialty
*Passive Immunizing Agents - Combinations***		
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	Tier 4 (SP Non-Preferred)	PA; Specialty
Penicillins		
*Amidinopenicillins***		
PIVYA ORAL TABLET 185 MG	Tier 3	PA
*Aminopenicillins***		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	Tier 1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1	
<i>amoxicillin tablet chewable 125 mg oral</i>	Tier 2	
<i>amoxicillin tablet chewable 250 mg oral</i>	Tier 2	
<i>amoxicillin tablet chewable 250 mg oral</i>	Tier 1	
<i>amoxicillin trihydrate oral suspension reconstituted 250 mg/5ml</i>	Tier 1	
<i>ampicillin oral capsule 500 mg</i>	Tier 1	

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Drug Name	Drug Tier	Notes
*Natural Penicillins***		
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>penicillin v potassium solution reconstituted 125 mg/5ml oral</i>	Tier 3	
<i>penicillin v potassium solution reconstituted 125 mg/5ml oral</i>	Tier 1	
<i>penicillin v potassium solution reconstituted 250 mg/5ml oral</i>	Tier 3	
<i>penicillin v potassium solution reconstituted 250 mg/5ml oral</i>	Tier 1	
*Penicillin Combinations***		
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	Tier 2	
*Penicillinase-Resistant Penicillins***		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	Tier 1	
Pharmaceutical Adjuvants		
*Oral Vehicles***		
<i>cherry oral syrup</i>	Tier 3	
FLAVOR SWEET DYE FREE ORAL SYRUP	Tier 3	
<i>flavor sweet sf dye free oral syrup</i>	Tier 3	
*Parenteral Vehicles***		
<i>bacteriostatic water(benz alc) injection solution</i>	Tier 2	
<i>sterile water for injection solution injection</i>	Tier 1	
<i>sterile water for injection solution injection</i>	Tier 2	
<i>sterile water for injection solution injection</i>	Tier 3	
*Semi Solid Vehicles***		
VASELINE EXTERNAL GEL	Tier 1	
<i>white petrolatum external gel</i>	Tier 1	
Progestins		
*Progestins***		
GALLIFREY ORAL TABLET 5 MG	Tier 1	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 1	
<i>progesterone intramuscular oil 50 mg/ml</i>	Tier 1	

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Drug Name	Drug Tier	Notes
<i>progesterone oral capsule 100 mg, 200 mg</i>	Tier 1	
Psychotherapeutic And Neurological Agents - Misc.		
*Agents For Opioid Withdrawal***		
<i>lofexidine hcl tablet 0.18 mg oral</i>	Tier 1	QL (108 EA per 9 days)
<i>lofexidine hcl tablet 0.18 mg oral</i>	Tier 1	QL (192 EA per 16 days)
<i>lofexidine hcl tablet 0.18 mg oral</i>	Tier 1	PA; QL (108 EA per 9 days)
*Alcohol Deterrents***		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	Tier 1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1	
*Alzheimer's Treatment - Anti-Amyloid Antibodies***		
LEQEMBI IQLIK (500 MG DOSE) SOLUTION AUTO-INJECTOR 2 X 250 MG/1.25ML SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty
LEQEMBI IQLIK (500 MG DOSE) SOLUTION AUTO-INJECTOR 2 X 250 MG/1.25ML SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (10 ML per 28 days)
LEQEMBI IQLIK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 360 MG/1.8ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (7.2 ML per 28 days)
*Anti-Cataleptic Agents***		
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (30 EA per 30 days)
LUMRYZ STARTER PACK ORAL THERAPY PACK 4.5 & 6 & 7.5 GM	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (28 EA per 28 days)
<i>sodium oxybate solution 500 mg/ml oral</i>	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (540 ML per 30 days)
<i>sodium oxybate solution 500 mg/ml oral</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (540 ML per 30 days)
*Anti-Cataleptic Combinations***		
XYWAV ORAL SOLUTION 500 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (540 ML per 30 days)
*Antidementia Agent Combinations***		
<i>memantine hcl-donepezil hcl er oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg</i>	Tier 1	ST; TRIAL OF GENERIC DONEPEZIL AND MEMANTINE IN PAST 120 DAYS; QL (30 EA per 30 days)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 21-10 MG, 7-10 MG	Tier 3	ST; TRIAL OF GENERIC DONEPEZIL AND MEMANTINE IN PAST 120 DAYS; QL (30 EA per 30 days)
*Antisense Oligonucleotide (Aso) Inhibitor Agents***		
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML	Tier 4 (SP Non-Preferred)	PA; Specialty
*Benzodiazepines & Tricyclic Agents***		
<i>chlordiazepoxide-amitriptyline tablet 10-25 mg oral</i>	Tier 1	

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Drug Name	Drug Tier	Notes
<i>chlordiazepoxide-amitriptyline tablet 5-12.5 mg oral</i>	Tier 3	
*Cholinomimetics - Ache Inhibitors***		
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	Tier 1	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	Tier 1	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	Tier 1	PA; QL (200 ML per 30 days)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	Tier 1	QL (30 EA per 30 days)
ZUNVEYL ORAL TABLET DELAYED RELEASE 10 MG, 15 MG, 5 MG	Tier 3	ST; TRIAL OF GENERIC GALANTAMINE TABS OR GALANTAMINE ER CAPS IN PAST 120 DAYS; QL (60 EA per 30 days)
*Fibromyalgia Agent - Snris***		
<i>milnacipran hcl oral 12.5 & 25 & 50 mg</i>	Tier 1	ST; SWITCH TO STEP ONE: generic duloxetine, amitriptyline, nortriptyline, desipramine, imipramine, gabapentin, pregabalin, tramadol, cyclobenzaprine, venlafaxine
<i>milnacipran hcl tablet 100 mg oral</i>	Tier 1	
<i>milnacipran hcl tablet 100 mg oral</i>	Tier 1	ST; SWITCH TO STEP ONE: generic duloxetine, amitriptyline, nortriptyline, desipramine, imipramine, gabapentin, pregabalin, tramadol, cyclobenzaprine, venlafaxine
<i>milnacipran hcl tablet 12.5 mg oral</i>	Tier 1	
<i>milnacipran hcl tablet 12.5 mg oral</i>	Tier 1	ST; SWITCH TO STEP ONE: generic duloxetine, amitriptyline, nortriptyline, desipramine, imipramine, gabapentin, pregabalin, tramadol, cyclobenzaprine, venlafaxine
<i>milnacipran hcl tablet 25 mg oral</i>	Tier 1	
<i>milnacipran hcl tablet 25 mg oral</i>	Tier 1	ST; SWITCH TO STEP ONE: generic duloxetine, amitriptyline, nortriptyline, desipramine, imipramine, gabapentin, pregabalin, tramadol, cyclobenzaprine, venlafaxine
<i>milnacipran hcl tablet 50 mg oral</i>	Tier 1	
<i>milnacipran hcl tablet 50 mg oral</i>	Tier 1	ST; SWITCH TO STEP ONE: generic duloxetine, amitriptyline, nortriptyline, desipramine, imipramine, gabapentin, pregabalin, tramadol, cyclobenzaprine, venlafaxine
*Melanocortin Receptor Agonists***		
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML	Tier 3	PA; QL (2.4 ML per 30 days)

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Drug Name	Drug Tier	Notes
*Movement Disorder Drug Therapy***		
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
tetrabenazine oral tablet 12.5 mg, 25 mg	Tier 4 (SP Preferred)	PA; Specialty
*Ms Agents - Pyrimidine Synthesis Inhibitors***		
teriflunomide oral tablet 14 mg, 7 mg	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
*Multiple Sclerosis Agents - Antimetabolites***		
cladribine (10 tabs) oral tablet therapy pack 10 mg	Tier 4 (SP Preferred)	PA; Specialty
cladribine (4 tabs) oral tablet therapy pack 10 mg	Tier 4 (SP Preferred)	PA; Specialty
cladribine (5 tabs) oral tablet therapy pack 10 mg	Tier 4 (SP Preferred)	PA; Specialty
cladribine (6 tabs) oral tablet therapy pack 10 mg	Tier 4 (SP Preferred)	PA; Specialty
cladribine (7 tabs) oral tablet therapy pack 10 mg	Tier 4 (SP Preferred)	PA; Specialty
cladribine (8 tabs) oral tablet therapy pack 10 mg	Tier 4 (SP Preferred)	PA; Specialty
cladribine (9 tabs) oral tablet therapy pack 10 mg	Tier 4 (SP Preferred)	PA; Specialty
*Multiple Sclerosis Agents - Interferons***		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 28 days)
BETASERON KIT 0.3 MG SUBCUTANEOUS	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 28 days)
BETASERON KIT 0.3 MG SUBCUTANEOUS	Tier 4 (SP Preferred)	PA; Specialty; QL (14 EA per 28 days)
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty; QL (1 ML per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty; QL (1 ML per 30 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty; QL (1 ML per 30 days)
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty; QL (1 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty; QL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	Tier 4 (SP Preferred)	PA; Specialty; QL (4.2 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty; QL (6 ML per 28 days)

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REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	Tier 4 (SP Preferred)	PA; Specialty; QL (4.2 ML per 28 days)
*Multiple Sclerosis Agents - Monoclonal Antibodies***		
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	Tier 4 (SP Preferred)	PA; Specialty
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (40 ML per 365 days)
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (15 ML per 28 days)
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***		
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 365 days)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (120 EA per 30 days)
*Multiple Sclerosis Agents - Potassium Channel Blockers***		
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
*Multiple Sclerosis Agents***		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Tier 4 (SP Preferred)	PA; Specialty; QL (12 ML per 28 days)
<i>glatiramer acetate solution prefilled syringe 20 mg/ml subcutaneous</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (30 ML per 30 days)
<i>glatiramer acetate solution prefilled syringe 40 mg/ml subcutaneous</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (12 ML per 28 days)
GLATOPA SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS	Tier 4 (SP Preferred)	PA; Specialty; QL (30 ML per 30 days)
GLATOPA SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	Tier 4 (SP Preferred)	PA; Specialty; QL (12 ML per 28 days)
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***		
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>memantine hcl oral solution 10 mg/5ml, 2 mg/ml</i>	Tier 1	QL (300 ML per 30 days)
<i>memantine hcl tablet 10 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>memantine hcl tablet 28 x 5 mg & 21 x 10 mg oral</i>	Tier 1	QL (49 EA per 28 days)
<i>memantine hcl tablet 5 mg oral</i>	Tier 1	QL (60 EA per 30 days)
*Phenothiazines & Tricyclic Agents***		
<i>perphenazine-amitriptyline tablet 2-10 mg oral</i>	Tier 3	
<i>perphenazine-amitriptyline tablet 2-25 mg oral</i>	Tier 1	

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Drug Name	Drug Tier	Notes
perphenazine-amitriptyline tablet 4-10 mg oral	Tier 3	
perphenazine-amitriptyline tablet 4-25 mg oral	Tier 3	
perphenazine-amitriptyline tablet 4-50 mg oral	Tier 3	
*Premenstrual Dysphoric Disorder (Pmdd) Agents - Ssris***		
fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg	Tier 3	
*Pseudobulbar Affect Agent Combinations***		
dextromethorphan-quinidine oral capsule 20-10 mg		PA; QL (60 EA per 30 days)
*Psychotherapeutic And Neurological Agents - Misc.***		
AQNEURSA ORAL PACKET 1 GM	Tier 4 (SP Preferred)	PA; Specialty; QL (120 EA per 30 days)
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (90 EA per 30 days)
pimozide oral tablet 1 mg, 2 mg	Tier 1	
*Small Interfering Ribonucleic Acid (Sirna) Agents***		
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML		PA; Specialty; QL (0.5 ML per 84 days)
*Smoking Deterrents***		
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	Tier 1	ACA, Some restrictions may apply.
cvs nicotine mouth/throat gum 2 mg, 4 mg	Tier 1	ACA, Some restrictions may apply.
cvs nicotine mouth/throat lozenge 2 mg	Tier 1	ACA, Some restrictions may apply.
cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg	Tier 1	ACA, Some restrictions may apply.
cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Tier 1	ACA, Some restrictions may apply.
cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	Tier 1	ACA, Some restrictions may apply.
eq nicotine mouth/throat lozenge 4 mg	Tier 1	ACA, Some restrictions may apply.
eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg	Tier 1	ACA, Some restrictions may apply.
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Tier 1	ACA, Some restrictions may apply.
eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr	Tier 1	ACA, Some restrictions may apply.
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	Tier 1	ACA, Some restrictions may apply.
ft nicotine mini mouth/throat lozenge 2 mg, 4 mg	Tier 1	ACA, Some restrictions may apply.
ft nicotine mouth/throat lozenge 2 mg	Tier 1	ACA, Some restrictions may apply.
gnp nicotine mini mouth/throat lozenge 2 mg, 4 mg	Tier 1	ACA, Some restrictions may apply.
gnp nicotine mouth/throat gum 4 mg	Tier 1	ACA, Some restrictions may apply.
gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg	Tier 1	ACA, Some restrictions may apply.
gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Tier 1	ACA, Some restrictions may apply.
gnp nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	Tier 1	ACA, Some restrictions may apply.

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Drug Name	Drug Tier	Notes
<i>goodsense nicotine mouth/throat gum 2 mg, 4 mg</i>		ACA, Some restrictions may apply.
<i>goodsense nicotine mouth/throat lozenge 2 mg, 4 mg</i>	Tier 1	ACA, Some restrictions may apply.
HABITROL TRANSDERMAL PATCH 24 HOUR 21 MG/24HR		ACA, Some restrictions may apply.
KLS QUIT2 MOUTH/THROAT GUM 2 MG	Tier 1	ACA, Some restrictions may apply.
KLS QUIT2 MOUTH/THROAT LOZENGE 2 MG	Tier 1	ACA, Some restrictions may apply.
KLS QUIT4 MOUTH/THROAT GUM 4 MG	Tier 1	ACA, Some restrictions may apply.
KLS QUIT4 MOUTH/THROAT LOZENGE 4 MG	Tier 1	ACA, Some restrictions may apply.
<i>nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	Tier 1	ACA, Some restrictions may apply.
<i>nicotine polacrilex mini mouth/throat lozenge 2 mg</i>	Tier 1	ACA, Some restrictions may apply.
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	Tier 1	ACA, Some restrictions may apply.
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Tier 1	ACA, Some restrictions may apply.
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	Tier 1	ACA, Some restrictions may apply.
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>	Tier 1	ACA, Some restrictions may apply.
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	Tier 1	ACA, Some restrictions may apply.
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	Tier 1	ACA, Some restrictions may apply.
NICOTROL NS NASAL SOLUTION 10 MG/ML	Tier 2	ACA, Some restrictions may apply.
<i>qc nicotine transdermal system transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	Tier 1	ACA, Some restrictions may apply.
THRIVE MOUTH/THROAT GUM 2 MG	Tier 1	ACA, Some restrictions may apply.
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	Tier 1	ACA, Some restrictions may apply.
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	Tier 1	ACA, Some restrictions may apply.
<i>varenicline tartrate(continue) oral tablet 1 mg</i>	Tier 1	ACA, Some restrictions may apply.
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***		
<i> fingolimod hcl oral capsule 0.5 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
MAYZENT STARTER PACK TABLET THERAPY PACK 12 X 0.25 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (24 EA per 365 days)
MAYZENT STARTER PACK TABLET THERAPY PACK 7 X 0.25 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (7 EA per 30 days)
MAYZENT TABLET 0.25 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (120 EA per 30 days)
MAYZENT TABLET 1 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
MAYZENT TABLET 2 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (30 EA per 30 days)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (7 EA per 30 days)
ZEPOSIA ORAL CAPSULE 0.92 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (30 EA per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (28 EA per 28 days)

Drug Name	Drug Tier	Notes
*Thienbenzodiazepines & Opioid Antagonists***		
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	Tier 3	ST; SWITCH TO STEP ONE: generic atypical antipsychotic; QL (30 EA per 30 days)
*Thienbenzodiazepines & Ssriss***		
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	Tier 1	QL (30 EA per 30 days)
*Vasomotor Symptom Agents - Ssriss***		
paroxetine mesylate oral capsule 7.5 mg	Tier 1	
Respiratory Agents - Misc.		
*Alpha-Proteinase Inhibitor (Human)***		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML, 4 GM/200ML, 5 GM/250ML	Tier 4 (SP Non-Preferred)	PA; Specialty
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	Tier 4 (SP Non-Preferred)	PA; Specialty
*Cftr Potentiators***		
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	Tier 4 (SP Preferred)	PA; Specialty
KALYDECO ORAL TABLET 150 MG	Tier 4 (SP Preferred)	PA; Specialty
*Cystic Fibrosis Agent - Combinations***		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG	Tier 4 (SP Preferred)	PA; Specialty
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	Tier 4 (SP Preferred)	PA; Specialty
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	Tier 4 (SP Preferred)	PA; Specialty
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	Tier 4 (SP Preferred)	PA; Specialty
*Cystic Fibrosis Agents - Miscellaneous***		
BRONCHITOL INHALATION CAPSULE 40 MG	Tier 4 (SP Non-Preferred)	ST; Specialty; TRIAL OF INHALED 7% SODIUM CHLORIDE SOLUTION IN THE PAST 120 DAYS; QL (560 EA per 28 days)

Drug Name	Drug Tier	Notes
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG	Tier 4 (SP Non-Preferred)	ST; Specialty; TRIAL OF INHALED 7% SODIUM CHLORIDE SOLUTION IN THE PAST 120 DAYS; QL (10 EA per 30 days)
*Dipeptidyl Peptidase 1 (Dpp1) Inhibitors***		
BRINSUPRI ORAL TABLET 10 MG, 25 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
*Hydrolytic Enzymes***		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	Tier 4 (SP Preferred)	PA; Specialty; QL (150 ML per 30 days)
*Pulmonary Fibrosis Agents - Kinase Inhibitors***		
nintedanib esylate oral capsule 100 mg, 150 mg	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
*Pulmonary Fibrosis Agents - Phosphodiesterase 4 (Pde4) Inhibitors***		
JASCAYD ORAL TABLET 18 MG, 9 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
*Pulmonary Fibrosis Agents***		
pirfenidone oral capsule 267 mg	Tier 4 (SP Preferred)	PA; Specialty; QL (90 EA per 30 days)
pirfenidone tablet 267 mg oral	Tier 4 (SP Preferred)	PA; Specialty; QL (90 EA per 30 days)
pirfenidone tablet 534 mg oral	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (90 EA per 30 days)
pirfenidone tablet 801 mg oral	Tier 4 (SP Preferred)	PA; Specialty; QL (90 EA per 30 days)
Sulfonamides		
*Sulfonamides***		
sulfadiazine oral tablet 500 mg	Tier 1	
Tetracyclines		
*Aminomethylcyclines***		
NUZYRA ORAL TABLET 150 MG	Tier 3	PA; QL (30 EA per 14 days)
*Tetracyclines***		
avidoxy oral tablet 100 mg	Tier 1	
demeclocycline hcl oral tablet 150 mg, 300 mg	Tier 1	
doxycycline hyclate oral capsule 100 mg, 50 mg	Tier 1	
doxycycline hyclate tablet 100 mg oral	Tier 1	
doxycycline hyclate tablet 150 mg oral	Tier 1	ST; TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 75MG TABLET IN THE PAST 120 DAYS
doxycycline hyclate tablet 20 mg oral	Tier 1	
doxycycline hyclate tablet 50 mg oral	Tier 1	ST; TRIAL OF DOXYCYCLINE HYCLATE 50MG CAPSULE OR DOXYCYCLINE MONOHYDRATE 50MG CAPSULES OR TABLETS REQUIRED

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Drug Name	Drug Tier	Notes
<i>doxycycline hyclate tablet 75 mg oral</i>	Tier 1	ST; TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 75MG TABLET IN THE PAST 120 DAYS
<i>doxycycline monohydrate capsule 100 mg oral</i>	Tier 1	
<i>doxycycline monohydrate capsule 150 mg oral</i>	Tier 1	ST; TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 50, 75 OR 100MG TABLETS OR 50, 100 MG CAPSULES IN THE PAST 120 DAYS
<i>doxycycline monohydrate capsule 50 mg oral</i>	Tier 1	
<i>doxycycline monohydrate capsule 75 mg oral</i>	Tier 1	ST; TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 75MG TABLET IN THE PAST 120 DAYS
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	Tier 1	
<i>doxycycline monohydrate tablet 100 mg oral</i>	Tier 1	
<i>doxycycline monohydrate tablet 150 mg oral</i>	Tier 1	ST; TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 50, 75 OR 100MG TABLETS OR 50, 100 MG CAPSULES IN THE PAST 120 DAYS
<i>doxycycline monohydrate tablet 50 mg oral</i>	Tier 1	
<i>doxycycline monohydrate tablet 75 mg oral</i>	Tier 1	
<i>minocycline hcl er oral tablet extended release 24 hour 115 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	Tier 1	ST; MINOCYCLINE IR TABLETS/CAPSULES; QL (30 EA per 30 days)
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
MONDOXYNE NL ORAL CAPSULE 100 MG	Tier 1	
TARGADOX ORAL TABLET 50 MG	Tier 1	ST; TRIAL OF DOXYCYCLINE HYCLATE 50MG CAPSULE OR DOXYCYCLINE MONOHYDRATE 50MG CAPSULES OR TABLETS REQUIRED
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	Tier 1	
Thyroid Agents		
*Antithyroid Agents***		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	
*Thyroid Hormones***		
LEVO-T TABLET 100 MCG ORAL	Tier 1	QL (60 EA per 30 days)
LEVO-T TABLET 112 MCG ORAL	Tier 1	QL (60 EA per 30 days)
LEVO-T TABLET 125 MCG ORAL	Tier 1	QL (60 EA per 30 days)
LEVO-T TABLET 137 MCG ORAL	Tier 1	QL (60 EA per 30 days)
LEVO-T TABLET 150 MCG ORAL	Tier 1	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Notes
LEVO-T TABLET 175 MCG ORAL	Tier 1	QL (60 EA per 30 days)
LEVO-T TABLET 200 MCG ORAL	Tier 1	QL (60 EA per 30 days)
LEVO-T TABLET 25 MCG ORAL	Tier 1	QL (60 EA per 30 days)
LEVO-T TABLET 300 MCG ORAL	Tier 1	
LEVO-T TABLET 50 MCG ORAL	Tier 1	QL (60 EA per 30 days)
LEVO-T TABLET 75 MCG ORAL	Tier 1	QL (60 EA per 30 days)
LEVO-T TABLET 88 MCG ORAL	Tier 1	QL (60 EA per 30 days)
<i>levothyroxine sodium oral capsule 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 3	ST; TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS; QL (60 EA per 30 days)
<i>levothyroxine sodium tablet 100 mcg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>levothyroxine sodium tablet 112 mcg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>levothyroxine sodium tablet 125 mcg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>levothyroxine sodium tablet 137 mcg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>levothyroxine sodium tablet 150 mcg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>levothyroxine sodium tablet 175 mcg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>levothyroxine sodium tablet 200 mcg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>levothyroxine sodium tablet 25 mcg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>levothyroxine sodium tablet 300 mcg oral</i>	Tier 1	
<i>levothyroxine sodium tablet 50 mcg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>levothyroxine sodium tablet 75 mcg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>levothyroxine sodium tablet 88 mcg oral</i>	Tier 1	QL (60 EA per 30 days)
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	QL (60 EA per 30 days)
LIOMNY ORAL TABLET 25 MCG, 5 MCG, 50 MCG	Tier 1	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 1	
THYQUIDITY ORAL SOLUTION 100 MCG/5ML	Tier 3	PA; QL (600 ML per 30 days)
<i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	Tier 3	ST; TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	Tier 3	ST; TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS; QL (60 EA per 30 days)
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 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
UNITHROID TABLET 100 MCG ORAL	Tier 1	QL (60 EA per 30 days)
UNITHROID TABLET 112 MCG ORAL	Tier 1	QL (60 EA per 30 days)
UNITHROID TABLET 125 MCG ORAL	Tier 1	QL (60 EA per 30 days)
UNITHROID TABLET 137 MCG ORAL	Tier 1	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Notes
UNITHROID TABLET 150 MCG ORAL	Tier 1	QL (60 EA per 30 days)
UNITHROID TABLET 175 MCG ORAL	Tier 1	QL (60 EA per 30 days)
UNITHROID TABLET 200 MCG ORAL	Tier 1	QL (60 EA per 30 days)
UNITHROID TABLET 25 MCG ORAL	Tier 1	QL (60 EA per 30 days)
UNITHROID TABLET 300 MCG ORAL	Tier 1	
UNITHROID TABLET 50 MCG ORAL	Tier 1	QL (60 EA per 30 days)
UNITHROID TABLET 75 MCG ORAL	Tier 1	QL (60 EA per 30 days)
UNITHROID TABLET 88 MCG ORAL	Tier 1	QL (60 EA per 30 days)
Toxoids		
*Toxoid Combinations***		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	Tier 2	ACA, Some restrictions may apply.
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5	Tier 2	ACA, Some restrictions may apply.
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	Tier 2	ACA, Some restrictions may apply.
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	Tier 2	ACA, Some restrictions may apply.
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	Tier 2	ACA, Some restrictions may apply.
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2	ACA, Some restrictions may apply.
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 2	ACA, Some restrictions may apply.
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 2	ACA, Some restrictions may apply.
QUADRACEL INTRAMUSCULAR SUSPENSION	Tier 2	ACA, Some restrictions may apply.
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2	ACA, Some restrictions may apply.
TENIVAC INTRAMUSCULAR SUSPENSION 5-2 LF/0.5ML	Tier 2	ACA, Some restrictions may apply.
VAXELIS INTRAMUSCULAR SUSPENSION	Tier 2	ACA, Some restrictions may apply.
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 2	ACA, Some restrictions may apply.
*Ulcer Drugs/Antispasmodics/Anticholinergics *		
*Anticholinergic Combinations***		
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	Tier 3	
DONNATAL ORAL ELIXIR 16.2 MG/5ML	Tier 3	
DONNATAL ORAL TABLET 16.2 MG	Tier 3	
PHENOHYTRO ORAL ELIXIR 16.2 MG/5ML	Tier 1	
PHENOHYTRO ORAL TABLET 16.2 MG	Tier 1	

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Drug Name	Drug Tier	Notes
*Antispasmodics***		
<i>dicyclomine hcl oral capsule 10 mg</i>	Tier 1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	Tier 1	
<i>dicyclomine hcl oral tablet 20 mg</i>	Tier 1	
*Belladonna Alkaloids***		
DERMACINRX DIGENYX ORAL TABLET 0.125 MG	Tier 3	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	Tier 1	
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate tablet sublingual 0.125 mg sublingual</i>	Tier 1	
<i>hyoscyamine sulfate tablet sublingual 0.125 mg sublingual</i>	Tier 2	
<i>hyosyne oral elixir 0.125 mg/5ml</i>	Tier 1	
<i>hyosyne oral solution 0.125 mg/ml</i>	Tier 1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG	Tier 3	
LEVSIN ORAL TABLET 0.125 MG	Tier 3	
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	Tier 3	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG	Tier 1	
<i>oscimin oral tablet 0.125 mg</i>	Tier 1	
<i>oscimin sublingual tablet sublingual 0.125 mg</i>	Tier 1	
*H-2 Antagonists***		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	Tier 1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	Tier 1	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	Tier 1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 1	
<i>nizatidine capsule 150 mg oral</i>	Tier 1	
<i>nizatidine capsule 300 mg oral</i>	Tier 3	
*Misc. Anti-Ulcer***		
<i>sucralfate oral suspension 1 gm/10ml</i>	Tier 1	
<i>sucralfate oral tablet 1 gm</i>	Tier 1	
*Ppi - Potassium-Competitive Acid Blockers (P-Cab)***		
VOQUEZNA ORAL TABLET 10 MG, 20 MG	Tier 3	PA; QL (30 EA per 30 days)
*Proton Pump Inhibitor-Antacid Combinations***		
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg</i>	Tier 1	
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>	Tier 1	PA

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Drug Name	Drug Tier	Notes
*Proton Pump Inhibitors***		
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	Tier 1	
<i>esomeprazole magnesium packet 10 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>esomeprazole magnesium packet 2.5 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>esomeprazole magnesium packet 20 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>esomeprazole magnesium packet 40 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>esomeprazole magnesium packet 40 mg oral</i>	Tier 1	ST; TRIAL OF OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE; QL (60 EA per 30 days)
<i>esomeprazole magnesium packet 5 mg oral</i>	Tier 1	QL (60 EA per 30 days)
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML	Tier 3	
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	Tier 1	
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	Tier 1	
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>pantoprazole sodium oral packet 40 mg</i>	Tier 1	
<i>pantoprazole sodium tablet delayed release 20 mg oral</i>	Tier 1	
<i>pantoprazole sodium tablet delayed release 40 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>rabeprazole sodium oral capsule sprinkle 10 mg</i>	Tier 3	ST; TRIAL OF OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE; QL (60 EA per 30 days)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	Tier 1	
*Quaternary Anticholinergics***		
<i>glycopyrrolate oral solution 1 mg/5ml</i>	Tier 1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	Tier 1	
*Ulcer Anti-Infective W/ Bismuth Combinations***		
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	Tier 1	
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	Tier 1	
*Ulcer Anti-Infective W/ Proton Pump Inhibitors***		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i>	Tier 1	
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG	Tier 2	QL (168 EA per 14 days)

Drug Name	Drug Tier	Notes
*Ulcer Anti-Infective-Pcab Combinations***		
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG	Tier 3	PA; QL (112 EA per 14 days)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG	Tier 3	PA; QL (112 EA per 14 days)
*Ulcer Drugs - Prostaglandins***		
misoprostol oral tablet 100 mcg, 200 mcg	Tier 1	
Urinary Antispasmodics		
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***		
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	Tier 1	
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	Tier 1	
oxybutynin chloride oral solution 5 mg/5ml	Tier 1	
oxybutynin chloride tablet 2.5 mg oral	Tier 1	
oxybutynin chloride tablet 2.5 mg oral	Tier 1	ST; SWITCH TO STEP ONE : OXYBUTYNIN, OXYBUTYNIN/SR, TOLTERODINE, TROSPIMUM
oxybutynin chloride tablet 5 mg oral	Tier 1	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR	Tier 3	ST; SWITCH TO STEP ONE : OXYBUTYNIN, OXYBUTYNIN/SR, TOLTERODINE, TROSPIMUM
solifenacin succinate oral tablet 10 mg, 5 mg	Tier 1	ST; SWITCH TO STEP ONE : OXYBUTYNIN, OXYBUTYNIN/SR, TOLTERODINE, TROSPIMUM
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	Tier 1	
tolterodine tartrate oral tablet 1 mg, 2 mg	Tier 1	
trospium chloride er oral capsule extended release 24 hour 60 mg	Tier 1	
trospium chloride oral tablet 20 mg	Tier 1	
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***		
mirabegron er oral suspension reconstituted er 8 mg/ml	Tier 1	
mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg	Tier 1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	Tier 2	
*Urinary Antispasmodics - Cholinergic Agonists***		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	

Drug Name	Drug Tier	Notes
Vaccines		
*Bacterial Vaccines***		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 2	ACA, Some restrictions may apply.
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2	ACA, Some restrictions may apply.
CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	Tier 3	ACA, Some restrictions may apply.
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	Tier 2	ACA, Some restrictions may apply.
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML	Tier 2	ACA, Some restrictions may apply.
MENVEO INTRAMUSCULAR SOLUTION	Tier 2	ACA, Some restrictions may apply.
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 2	ACA, Some restrictions may apply.
PEDVAXHIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	Tier 2	ACA, Some restrictions may apply.
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 2	ACA, Some restrictions may apply.
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	Tier 2	ACA, Some restrictions may apply.
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2	ACA, Some restrictions may apply.
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2	ACA, Some restrictions may apply.
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2	ACA, Some restrictions may apply.
*Viral Vaccine Combinations***		
M-M-R II INJECTION SOLUTION RECONSTITUTED	Tier 2	ACA, Some restrictions may apply.
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 2	ACA, Some restrictions may apply.
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 2	ACA, Some restrictions may apply.
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	Tier 2	ACA, Some restrictions may apply.
*Viral Vaccines***		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	Tier 2	ACA, Some restrictions may apply.
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	Tier 2	ACA, Some restrictions may apply.
COMIRNATY 5-11 YEARS INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	Tier 2	ACA, Some restrictions may apply.
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML	Tier 2	ACA, Some restrictions may apply.
ENGRIX-B INJECTION SUSPENSION 20 MCG/ML	Tier 2	ACA, Some restrictions may apply.

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Drug Name	Drug Tier	Notes
ENGRIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	Tier 2	ACA, Some restrictions may apply.
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2	ACA, Some restrictions may apply.
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2	ACA, Some restrictions may apply.
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	Tier 2	ACA, Some restrictions may apply.
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2	ACA, Some restrictions may apply.
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2	ACA, Some restrictions may apply.
FLUMIST NASAL LIQUID	Tier 2	ACA, Some restrictions may apply.
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2	ACA, Some restrictions may apply.
FLUZONE INTRAMUSCULAR SUSPENSION	Tier 2	ACA, Some restrictions may apply.
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2	ACA, Some restrictions may apply.
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML	Tier 2	ACA, Some restrictions may apply.
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2	ACA, Some restrictions may apply.
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML, 720 EL U/0.5ML	Tier 2	ACA, Some restrictions may apply.
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	Tier 2	ACA, Some restrictions may apply.
IPOL INJECTION SUSPENSION	Tier 2	ACA, Some restrictions may apply.
MNEXSPIKE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 10 MCG/0.2ML	Tier 3	ACA, Some restrictions may apply.
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	Tier 3	ACA, Some restrictions may apply.
NUVAXOVID COVID-19 VACCINE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5 MCG/0.5ML	Tier 2	ACA, Some restrictions may apply.
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	Tier 2	ACA, Some restrictions may apply.
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	Tier 2	ACA, Some restrictions may apply.
ROTARIX ORAL SUSPENSION	Tier 2	ACA, Some restrictions may apply.
ROTATEQ ORAL SOLUTION	Tier 2	ACA, Some restrictions may apply.
SHINGRIX SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML INTRAMUSCULAR	Tier 2	ACA, Some restrictions may apply.
SHINGRIX SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML INTRAMUSCULAR	Tier 3	ACA, Some restrictions may apply.
SPIKEVAX 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 MCG/0.25ML	Tier 2	ACA, Some restrictions may apply.

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Drug Name	Drug Tier	Notes
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	Tier 2	ACA, Some restrictions may apply.
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	Tier 2	ACA, Some restrictions may apply.
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML, 50 UNIT/ML	Tier 2	ACA, Some restrictions may apply.
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML	Tier 2	ACA, Some restrictions may apply.
Vaginal And Related Products		
*Imidazole-Related Antifungals***		
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 2	
<i>miconazole 3 vaginal suppository 200 mg</i>	Tier 3	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	
*Spermicides***		
ENCARE VAGINAL SUPPOSITORY 100 MG	Tier 2	ACA
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 %	Tier 2	ACA
TODAY SPONGE VAGINAL 1000 MG	Tier 2	ACA
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 %	Tier 2	ACA
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 %	Tier 3	ACA
*Vaginal Anti-Infectives***		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Tier 3	ST; TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE, ORAL CLINDAMYCIN, VAGINAL METRONIDAZOLE GEL, VAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS; QL (3 EA per 30 days)
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 1	
CLINDESSE VAGINAL CREAM 2 %	Tier 3	ST; TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE, ORAL CLINDAMYCIN, VAGINAL METRONIDAZOLE GEL, VAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS
<i>metronidazole vaginal gel 0.75 %</i>	Tier 1	
NUVESSA VAGINAL GEL 1.3 %	Tier 3	ST; TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE, ORAL CLINDAMYCIN, VAGINAL METRONIDAZOLE GEL, VAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS
VANDAZOLE VAGINAL GEL 0.75 %	Tier 1	

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Drug Name	Drug Tier	Notes
*Vaginal Contraceptive Ph Modulator - Combinations***		
PHEXX VAGINAL GEL 1.8-1-0.4 %	Tier 3	ACA
*Vaginal Estrogens***		
estradiol vaginal cream 0.01 %	Tier 1	
estradiol vaginal tablet 10 mcg	Tier 1	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	Tier 3	ST; TRIAL OF PREMARIN CREAM AND ONE OF THE FOLLOWING: ESTRADIOL CREAM OR VAGINAL TABLET IN THE PAST 365 DAYS
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	Tier 3	ST; TRIAL OF PREMARIN CREAM AND ONE OF THE FOLLOWING: ESTRADIOL CREAM OR VAGINAL TABLET IN THE PAST 365 DAYS
PREMARIN VAGINAL CREAM 0.625 MG/GM	Tier 2	
YUVAFEM VAGINAL TABLET 10 MCG	Tier 1	
*Vaginal Progestins***		
CRINONE VAGINAL GEL 4 %, 8 %	Tier 2	
Vasopressors		
*Anaphylaxis Therapy Agents***		
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML	Tier 2	QL (4 EA per 30 days)
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	Tier 1	QL (4 EA per 30 days)
NEFFY NASAL SOLUTION 1 MG/0.1ML, 2 MG/0.1ML	Tier 2	QL (4 EA per 30 days)
*Neurogenic Orthostatic Hypotension (Noh) - Agents***		
droxidopa oral capsule 100 mg, 200 mg, 300 mg	Tier 4 (SP Preferred)	PA; Specialty
*Vasopressors***		
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	

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BREO ELLIPTA	26	<i>captopril</i>	52	<i>childrens aspirin</i>	19
BREYNA	27	<i>captopril-hydrochlorothiazide</i>	51	<i>chlordiazepoxide hcl</i>	25
BREZTRI AEROSPHERE	27	CAPVAXIVE	168	<i>chlordiazepoxide-amitriptyline</i>	154, 155
<i>brielllyn</i>	82	<i>carbamazepine</i>	32, 33	<i>chlorhexidine gluconate</i>	142
BRILINTA	118	<i>carbamazepine er</i>	32	<i>chloroquine phosphate</i>	55, 56
<i>brimonidine tartrate</i>	100, 149	CARBATROL	33	<i>chlorpromazine hcl</i>	70
<i>brimonidine tartrate-timolol</i>	145	<i>carbidopa</i>	67	<i>chlorthalidone</i>	102
BRINSUPRI	161	<i>carbidopa-levodopa</i>	67	<i>chlorzoxazone</i>	143
<i>brinzolamide</i>	148	<i>carbidopa-levodopa er</i>	67	CHOLBAM	110
<i>brivaracetam</i>	32	<i>carbidopa-levodopa-entacapone</i>	67	<i>cholestyramine</i>	49
BRIXADI	23	<i>carbinoxamine maleate</i>	48	<i>cholestyramine light</i>	49
BRIXADI (WEEKLY)	22	<i>carbinoxamine maleate er</i>	48	CHOSEN LANCETS 30G	127
<i>bromfenac sodium</i>	148	<i>carbzah</i>	48	CHOSEN SAFETY LANCETS 28G	127
<i>bromocriptine mesylate</i>	66	CARDAMYST	77	CICLODAN	92
BRONCHITOL	160	CARDIOCOM LANCING DEVICE	127	<i>ciclopirox</i>	92
BRONCHITOL TOLERANCE		CARDURA XL	114	<i>ciclopirox olamine</i>	92
TEST	161	<i>careone advanced lancing dev</i>	127	<i>cilostazol</i>	118
BRUKINSA	58	CAREONE LANCET SUPER THIN		CIMDUO	72
<i>budesonide</i>	24, 30, 88	30G	127	<i>cimetidine</i>	165
<i>budesonide er</i>	88	<i>careone lancet thin 23g</i>	127	<i>cimetidine hcl</i>	165
<i>budesonide-formoterol fumarate</i>	27	CARESENS LANCETS 30G	127	CIMZIA	113
<i>bumetanide</i>	101	CARETOUCH		CIMZIA (1 SYRINGE)	113
<i>buprenorphine hcl</i>	23	LANCING/EJECTOR	127	CIMZIA (2 SYRINGE)	113
<i>buprenorphine hcl-naloxone hcl</i>	23	CARETOUCH SAFETY LANCETS	127	CIMZIA-STARTER	113
<i>bupropion hcl</i>	38	CARETOUCH SAFETY LANCETS		<i>cinacalcet hcl</i>	103
<i>bupropion hcl er (smoking det)</i>	158	26G	127	CIPRO	110
<i>bupropion hcl er (sr)</i>	37	CARETOUCH TWIST LANCETS		<i>ciprofloxacin hcl</i>	110, 147, 150
<i>bupropion hcl er (xl)</i>	37, 38	28G	127	<i>ciprofloxacin-dexamethasone</i>	151
<i>buspirone hcl</i>	25	CARETOUCH TWIST LANCETS		<i>ciprofloxacin-fluocinolone pf</i>	151
<i>butalbital-acetaminophen</i>	19	30G	127	<i>ciprofloxacin-hydrocortisone</i>	151
<i>butalbital-apap-caff-cod</i>	20	CARETOUCH TWIST LANCETS		<i>citalopram hydrobromide</i>	38
<i>butalbital-apap-caffeine</i>	19	33G	127	<i>cladribine (10 tabs)</i>	156
<i>butalbital-asa-caff-codeine</i>	20	CARETOUCH TWIST MC		<i>cladribine (4 tabs)</i>	156
<i>butalbital-aspirin-caffeine</i>	19	LANCETS 30G	127	<i>cladribine (5 tabs)</i>	156
<i>butorphanol tartrate</i>	23	<i>carglumic acid</i>	105	<i>cladribine (6 tabs)</i>	156
BYLVAY	111	<i>carisoprodol</i>	143	<i>cladribine (7 tabs)</i>	156
BYLVAY (PELLETS)	111	<i>carteolol hcl</i>	146	<i>cladribine (8 tabs)</i>	156
BYQLOVI	149	CARTIA XT	77	<i>cladribine (9 tabs)</i>	156
CABENUVA	72	<i>carvedilol</i>	76	CLARAVIS	91
<i>cabergoline</i>	104	<i>carvedilol phosphate er</i>	76	CLARINEX-D 12 HOUR	90
CABLIVI	118	CAYA	125	<i>clarithromycin</i>	124
CABOMETYX	61	CAYSTON	55	<i>clarithromycin er</i>	124
CABTREO	91	<i>cefaclor</i>	81	CLEANLET LANCETS 28G	127
<i>caffeine citrate</i>	11	<i>cefaclor er</i>	81	<i>clemastine fumarate</i>	48
<i>calcipotriene</i>	94	<i>cefadroxil</i>	81	CLEMSZA	48
<i>calcipotriene-betameth diprop</i>	100	<i>cefdinir</i>	81	CLEOCIN	170
<i>calcitonin (salmon)</i>	103	<i>cefixime</i>	81, 82	CLEVER CHEK LANCETS	127
CALCITRENE	94	<i>cefpodoxime proxetil</i>	82	CLEVER CHOICE COMFORT EZ	127
<i>calcitriol</i>	94, 105	<i>cefprozil</i>	81	CLEVER CHOICE LANCETS 21G	127
<i>calcium acetate</i>	113	<i>cefuroxime axetil</i>	81	CLEVER CHOICE LANCETS 23G	127
<i>calcium acetate (phos binder)</i>	113	<i>celecoxib</i>	16	CLEVER CHOICE LANCETS 28G	127
CALQUENCE	58	CELLCEPT	140	CLINDACIN	90
CAMILA	87	CELONTIN	37	CLINDACIN ETZ	90

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CLINDACIN-P	90	CONCEPT OB	142	<i>darunavir</i>	73
<i>clindamycin hcl</i>	55	<i>condoms</i>	124	<i>dasatinib</i>	58
<i>clindamycin palmitate hcl</i>	55	CONJUPRI	77	DASETTA 1/35 (28)	83
<i>clindamycin phos (once-daily)</i>	90	<i>constulose</i>	124	DASETTA 7/7/7	88
<i>clindamycin phos (twice-daily)</i>	90	CONTOUR NEXT TEST	101	DAURISMO	59
<i>clindamycin phos-benzoyl perox</i>	91	CONTOUR TEST	101	DAWNZERA	119
<i>clindamycin phosphate</i>	90, 91, 170	COPAXONE	157	DAYBUE	145
<i>clindamycin-tretinoin</i>	91	COPIKTRA	65	DAYBUE STIX	145
CLINDESSE	170	CORDRAN	96	DAYSEE	86
<i>clobazam</i>	32	CORIFACT	116	DAYVIGO	123
<i>clobetasol prop emollient base</i>	96	CORLANOR	81	DEBLITANE	87
<i>clobetasol propionate</i>	96, 149	CORTIFOAM	24	<i>deferasirox</i>	46
<i>clobetasol propionate e</i>	96	<i>cortisone acetate</i>	88	<i>deferasirox granules</i>	46
<i>clobetasol propionate emulsion</i>	96	CORTISPORIN-TC	151	<i>deferiprone</i>	46
<i>clorcortolone pivalate</i>	96	CORTROPHIN	103	<i>deflazacort</i>	88, 89
CLODAN	96	CORTROPHIN GEL	103	DELSTRIGO	72
<i>clomipramine hcl</i>	40	COTELIC	60	DELYLA	83
<i>clonazepam</i>	32	CRENESSITY	103	<i>demeclocycline hcl</i>	161
<i>clonidine</i>	53	CREON	101	DEPO-ESTRADIOL	109
<i>clonidine hcl</i>	53	CRESEMBA	48	DEPO-SUBQ PROVERA 104	87
<i>clonidine hcl er</i>	9	CRINONE	171	DEPO-TESTOSTERONE	23
<i>clopidogrel bisulfate</i>	119	<i>cromolyn sodium</i>	28, 110, 147	DERMACINRX DIGENYX	165
<i>clorazepate dipotassium</i>	25	CRYSELLE	82	DESCOVY	72
<i>clotrimazole</i>	98, 142	CRYSVITA	108	<i>desipramine hcl</i>	40
<i>clotrimazole-betamethasone</i>	92	CTEXLI	110	<i>desloratadine</i>	49
<i>clozapine</i>	70	<i>cvs aspirin adult low dose</i>	19	<i>desmopressin ace spray refig</i>	108
COAGADEX	116	<i>cvs aspirin adult low strength</i>	19	<i>desmopressin acetate</i>	108
COAGUCHEK LANCETS	127	<i>cvs aspirin ec</i>	19	<i>desmopressin acetate spray</i>	108
COARTEM	55	<i>cvs aspirin low dose</i>	19	<i>desogestrel-ethinyl estradiol</i>	82
COBENFY	70	<i>cvs aspirin low strength</i>	20	<i>desonide</i>	96
COBENFY STARTER PACK	70	<i>cvs folic acid</i>	120	<i>desoximetasone</i>	96
<i>codeine sulfate</i>	21	<i>cvs lancets original</i>	127	<i>desvenlafaxine succinate er</i>	39
<i>colchicine</i>	115	<i>cvs lancets thin 26g</i>	127	<i>dexamethasone</i>	89
<i>colchicine-probenecid</i>	115	<i>cvs lancing device</i>	127	DEXAMETHASONE INTENSOL	89
<i>colesevelam hcl</i>	49	<i>cvs nicotine</i>	158	<i>dexamethasone sodium phosphate</i>	149
<i>colestipol hcl</i>	49	<i>cvs nicotine polacrilex</i>	158	DEXCOM G7 15 DAY SENSOR	127
COMBIPATCH	108	<i>cvs ultra thin lancets</i>	127	DEXCOM G7 RECEIVER	127
COMBIVENT RESPIMAT	27	<i>cyanocobalamin</i>	120	DEXCOM G7 SENSOR	127
COMETRIQ (100 MG DAILY DOSE)	61	<i>cyclobenzaprine hcl</i>	143	<i>dexlansoprazole</i>	166
COMETRIQ (140 MG DAILY DOSE)	61	CYCLOMYDRIL	146	<i>dexmethylphenidate hcl</i>	12
COMETRIQ (60 MG DAILY DOSE)	61	<i>cyclopentolate hcl</i>	146	<i>dexmethylphenidate hcl er</i>	12
<i>comfort assured lancets 28g</i>	127	<i>cyclophosphamide</i>	65	<i>dextroamphetamine sulfate</i>	10, 11
<i>comfort assured lancets 33g</i>	127	<i>cycloserine</i>	56	<i>dextroamphetamine sulfate er</i>	10
COMFORT TOUCH LANCETS 31G	127	CYCLOSET	41	<i>dextromethorphan-quinidine</i>	158
COMFORT TOUCH PLUS LANCETS 28G	127	<i>cyclosporine</i>	139	DIACOMIT	33
COMFORT TOUCH PLUS LANCETS 30G	127	<i>cyclosporine (pf)</i>	148	DIATHRIVE LANCET ULTRA THIN 30	128
COMFORT TOUCH TWIST LANCET 30G	127	<i>cyclosporine modified</i>	139	DIATHRIVE LANCETS	128
COMIRNATY	168	<i>cyproheptadine hcl</i>	49	<i>diazepam</i>	26, 32
COMIRNATY 5-11 YEARS	168	CYRED EQ	82	DIAZEPAM INTENSOL	26
<i>complete natal dha</i>	143	CYSTADROPS	150	<i>diazoxide</i>	40
<i>complenatate</i>	142	CYSTAGON	114	<i>dichlorphenamide</i>	101
COMPRO	71	CYSTARAN	150	<i>diclofenac epolamine</i>	93
CO-NATAL FA	142	<i>dabigatran etexilate mesylate</i>	32	<i>diclofenac potassium</i>	17
CONCEPT DHA	142	<i>dalfampridine er</i>	157	<i>diclofenac sodium</i>	17, 93, 148
		<i>danazol</i>	23	<i>diclofenac sodium er</i>	17
		<i>dantrolene sodium</i>	143	<i>diclofenac misoprostol</i>	17
		DANZITEN	58	<i>dicloxacillin sodium</i>	153
		<i>dapaglifloz base-metformin er</i>	45	<i>dicyclomine hcl</i>	165
		<i>dapagliflozin</i>	45	DIFICID	124
		<i>dapsone</i>	55, 91	<i>diflunisal</i>	20
		DAPTACEL	164		

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<i>difluprednate</i>	149	DROPSAFE ERGOLANCE		EASY TOUCH LANCETS	
<i>digoxin</i>	78	LANCET 30G	128	32G/TWIST	128
<i>dihydroergotamine mesylate</i>	137	DROPSAFE HAEMOLANCE		EASY TOUCH LANCETS	
DILANTIN	36, 37	LANCET 1.5	128	33G/TWIST	129
DILANTIN INFATABS	37	DROPSAFE HAEMOLANCE		EASY TOUCH LANCING DEVICE	129
DILANTIN-125	37	LANCET 18G	128	EASY TOUCH SAFETY LANCETS	
<i>diltiazem hcl</i>	77	DROPSAFE HAEMOLANCE		21G	129
<i>diltiazem hcl er</i>	77	LANCET 21G	128	EASY TOUCH SAFETY LANCETS	
<i>diltiazem hcl er beads</i>	77	DROPSAFE HAEMOLANCE		23G	129
<i>dilt-xr</i>	77	LANCET 25G	128	EASY TOUCH SAFETY LANCETS	
<i>dimethyl fumarate</i>	157	DROPSAFE HAEMOLANCE		26G	129
<i>dimethyl fumarate starter pack</i>	157	LANCET 28G	128	EASY TOUCH SAFETY LANCETS	
DIPENTUM	111	DROPSAFE MEDISAFE LANCET		28G	129
<i>diphenhydramine hcl</i>	48	23G	128	EBGLYSS	95
<i>diphenoxylate-atropine</i>	46	DROPSAFE MEDISAFE LANCET		<i>econazole nitrate</i>	98
<i>dipyridamole</i>	119	29G	128	ECONTRA ONE-STEP	86
<i>disopyramide phosphate</i>	26	DROPSAFE MEDLANCE LANCET		ECOTRIN LOW STRENGTH	20
<i>disulfiram</i>	154	0.8MM	128	<i>edaravone</i>	144
DIURIL	102	DROPSAFE MEDLANCE LANCET		EDURANT PED	74
<i>divalproex sodium</i>	37	21G	128	<i>efavirenz</i>	74
<i>divalproex sodium er</i>	37	DROPSAFE MEDLANCE LANCET		<i>efavirenz-emtricitab-tenofo df</i>	72
<i>dofetilide</i>	26	25G	128	<i>efavirenz-lamivudine-tenofovir</i>	72
DOLISHALE	86	DROPSAFE MEDLANCE LANCET		EGRIFTA SV	104
<i>donepezil hcl</i>	155	30G	128	EGRIFTA WR	104
DONNATAL	164	<i>drosipren-eth estrad-levomefol</i>	83	EKTERLY	119
DOPTelet	121	<i>drosiprenone-ethinyl estradiol</i>	83	ELESTRIN	109
DOPTelet SPRINKLE	121	DROXIA	120	<i>eletriptan hydrobromide</i>	137
<i>dorzolamide hcl</i>	148	<i>droxidopa</i>	171	ELFABRIO	104
<i>dorzolamide hcl-timolol mal</i>	145	DRUG MART ON-THE-GO		ELIGARD	64
<i>dorzolamide hcl-timolol mal pf</i>	145	LANCET 30G	128	ELINEST	83
DOTTI	109	DRUG MART UNILET LANCETS		ELIQUIS	31
DOVATO	72	28G	128	ELIQUIS (1.5 MG PACK)	31
<i>doxazosin mesylate</i>	53	DRUG MART UNILET LANCETS		ELIQUIS (2 MG PACK)	31
<i>doxepin hcl</i>	40	30G	128	ELIQUIS DVT/PE STARTER	
<i>doxycycline</i>	100	DRUG MART UNILET LANCETS		PACK	31
<i>doxycycline hyclate</i>	161, 162	33G	128	ELIXOPHYLLIN	30
<i>doxycycline monohydrate</i>	162	DRYSOL	99	ELLA	86
<i>doxylamine-pyridoxine</i>	47	DUAVEE	109	ELOCTATE	116
DRIZALMA SPRINKLE	39	DULERA	27	<i>eltrombopag olamine</i>	121, 122
<i>dronabinol</i>	47	<i>duloxetine hcl</i>	39	ELURYNG	85
DROPLET GENTEEL LANCING		DUOPA	67	ELYXYB	137
DEVICE	128	DUPIXENT	95	EMBECTA AUTOSHIELD DUO	136
DROPLET LANCETS ULTRA		DUREX EXTRA SENSITIVE THIN	124	EMBECTA INS SYR U/F 1/2 UNIT	136
THIN 30G	128	DUREX REALFEEL	124	EMBECTA INSULIN SYR	
DROPLET LANCING DEVICE	128	<i>dutasteride</i>	114	ULTRAFINE	136
DROPLET MEDLANCE LANCET		DUVYZAT	145	EMBECTA INSULIN SYRINGE	136
30G	128	<i>dyclopro</i>	99	EMBECTA INSULIN SYRINGE U-	
DROPLET PERSONAL LANCETS		DYSPORT	145	100	136
30G	128	E.E.S. 400	124	EMBECTA PEN NEEDLE NANO ...136	
DROPSAFE ACTI-LANCE 23G	128	<i>easy comfort lancets</i>	128	EMBECTA PEN NEEDLE NANO 2	
DROPSAFE ACTI-LANCE		<i>easy comfort lancets twist top</i>	128	GEN	136
LANCET 17G	128	EASY TOUCH LANCETS 21G	128	EMBECTA PEN NEEDLE	
DROPSAFE ACTI-LANCE		EASY TOUCH LANCETS 23G	128	ULTRAFINE	136
LANCET 23G	128	EASY TOUCH LANCETS 26G	128	EMBRACE LANCETS ULTRA	
DROPSAFE ACTI-LANCE		EASY TOUCH LANCETS 28G	128	THIN 30G	129
LANCET 28G	128	EASY TOUCH LANCETS		EMBRACE PRESSURE	
DROPSAFE ERGOLANCE		28G/TWIST	128	ACTIVATED 21G	129
LANCET 21G	128	EASY TOUCH LANCETS 30G	128	EMBRACE PRESSURE	
DROPSAFE ERGOLANCE		EASY TOUCH LANCETS		ACTIVATED 28G	129
LANCET 25G	128	30G/TWIST	128	EMEND	48
		EASY TOUCH LANCETS 32G	128	EMGALITY	136

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EMGALITY (300 MG DOSE)	136	<i>eszopiclone</i>	123	FERRIPROX TWICE-A-DAY	46
EMROSI	100	<i>ethacrynic acid</i>	101	<i>fesoterodine fumarate er</i>	167
EMSAM	38	<i>ethambutol hcl</i>	56	FETZIMA	39
<i>emtricitabine</i>	74	<i>ethosuximide</i>	37	FETZIMA TITRATION	40
<i>emtricitabine-tenofovir df</i>	72	<i>ethynodiol diac-eth estradiol</i>	83	FIASP	41
<i>emtricitab-rilpivir-tenofov df</i>	72	<i>etodolac</i>	17	FIASP FLEXTOUCH	41
EMTRIVA	74	<i>etodolac er</i>	17	FIASP PENFILL	41
EMVERM	24	<i>etonogestrel-ethinyl estradiol</i>	85	FIASP PUMPCART	41
EMZAHH	87	<i>etoposide</i>	65	<i>fidaxomicin</i>	124
<i>enalapril maleate</i>	52	<i>etravirine</i>	74	FIFTY50 SAFETY SEAL	
<i>enalapril-hydrochlorothiazide</i>	51	<i>eua patient assessment</i>	141	LANCETS	129
ENBREL	18, 19	EUCRISA	99	FIFTY50 UNILET LANCETS 33G ..	129
ENBREL MINI	18	EUFLEXXA	144	FILSPARI	114
ENBREL SURECLICK	19	EULEXIN	57	FILSUVEZ	100
ENCARE	170	EVAMIST	109	FINACEA	100
ENDOCET	22	<i>everolimus</i>	60, 140	<i>finasteride</i>	114
ENGERIX-B	168, 169	EVERSENSE 365		FINGERSTIX LANCETS	129
ENILLORING	85	SENSOR/HOLDER	129	<i>ingolimod hcl</i>	159
<i>enoxaparin sodium</i>	31	EVERSENSE 365 SMART		FINTEPLA	33
ENSACOVE	61	TRANSMIT	129	FINZALA	83
ENSKYCE	83	EVERSENSE SENSOR/HOLDER ...	129	FIRDAPSE	56
ENSPRYNG	140	EVERSENSE SMART		FIRMAGON	63
ENSTILAR	100	TRANSMITTER	129	FIRMAGON (240 MG DOSE)	63
<i>entacapone</i>	68	EVESSE	96	FIRST-LANSOPRAZOLE	166
<i>entecavir</i>	75	EVOTAZ	72	FIRST-MOUTHWASH BLM	141
ENTRESTO	78	EVRYSDI	145	FIRVANQ	54
ENTYVIO PEN	111	EXELDERM	98	FLAVOR SWEET DYE FREE	153
<i>enulose</i>	112	<i>exemestane</i>	62	<i>flavor sweet sf dye free</i>	153
EPCLUSA	75	<i>exenatide</i>	44	FLEBOGAMMA DIF	151
EPIDIOLEX	33	EYSUVIS	149	<i>flecainide acetate</i>	26
EPIFOAM	100	<i>ezetimibe</i>	51	FLECTOR	93
<i>epinastine hcl</i>	147	<i>ezetimibe-simvastatin</i>	51	<i>flolipid</i>	50
<i>epinephrine</i>	171	FA-8	120	FLUAD	169
<i>epiphenone</i>	54	FABRAZYME	104	FLUARIX	169
<i>eq aspirin adult low dose</i>	20	FALMINA	83	FLUBLOK	169
<i>eq aspirin low dose</i>	20	<i>famciclovir</i>	75	FLUCELVAX	169
<i>eq nicotine</i>	158	<i>famotidine</i>	165	<i>fluconazole</i>	48
<i>eq nicotine polacrilex</i>	158	FANAPT	69	<i>flucytosine</i>	48
<i>eq nicotine step 3</i>	158	FANAPT TITRATION PACK A	69	<i>fludrocortisone acetate</i>	89
<i>eq aspirin low dose</i>	20	FANAPT TITRATION PACK B	69	FLULAVAL	169
EQUETRO	68	FANAPT TITRATION PACK C	69	FLUMIST	169
<i>ergotamine-caffeine</i>	136	FANTASY LUBRICATED	124	<i>flunisolide</i>	144
ERIVEDGE	59	FANTASY		<i>fluocinolone acetonide</i>	96, 151
ERLEADA	57	LUBRICATED/SPERMICIDE	125	<i>fluocinolone acetonide body</i>	96
<i>erlotinib hcl</i>	59	FASENRA	29	<i>fluocinolone acetonide scalp</i>	96
ERRIN	87	FASENRA PEN	29	<i>fluocinonide</i>	97
<i>ery</i>	91	<i>febuxostat</i>	115	<i>fluocinonide emulsified base</i>	97
<i>erythromycin</i>	91, 124, 147	FEIBA	117	<i>fluorescein-benoxinate</i>	148
<i>erythromycin base</i>	124	FEIRZA 1.5/30	83	<i>fluorometholone</i>	149
<i>erythromycin ethylsuccinate</i>	124	FEIRZA 1/20	83	<i>fluorouracil</i>	93
ERZOFRI	68	<i>felbamate</i>	35	<i>fluoxetine hcl</i>	38, 39
<i>escitalopram oxalate</i>	38	<i>felodipine er</i>	77	<i>fluoxetine hcl (pmdd)</i>	158
<i>eslicarbazepine acetate</i>	33	FEMCAP	124	<i>fluphenazine decanoate</i>	71
<i>esomeprazole magnesium</i>	166	FEMLYV	83	<i>fluphenazine hcl</i>	71
ESPEROCT	117	<i>fenofibrate</i>	50	<i>flurandrenolide</i>	97
ESTARYLLA	83	<i>fenofibrate micronized</i>	50	<i>flurazepam hcl</i>	122, 123
<i>estazolam</i>	122	<i>fenofibric acid</i>	50	<i>flurbiprofen</i>	17
<i>estradiol</i>	109, 171	<i>fantanyl</i>	21	<i>flurbiprofen sodium</i>	148
<i>estradiol valerate</i>	109	<i>ferotrisic</i>	121	<i>fluticasone propionate</i>	97, 144
<i>estradiol-norethindrone acet</i>	108	<i>ferric citrate</i>	113	<i>fluticasone propionate diskus</i>	30
<i>estrogens conjugated</i>	109	FERRIPROX	46	<i>fluticasone propionate hfa</i>	30

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<i>fluticasone-salmeterol</i>	27	GAMMAKED	151	<i>griseofulvin ultramicrosize</i>	48
<i>fluvastatin sodium</i>	50	GAMMAPLEX	151	<i>guanfacine hcl</i>	53
<i>fluvastatin sodium er</i>	50	GAMUNEX-C	152	<i>guanfacine hcl er</i>	9
<i>fluvoxamine maleate</i>	39	GARDASIL 9	169	GUARDIAN 4 GLUCOSE SENSOR	130
<i>fluvoxamine maleate er</i>	39	<i>gatifloxacin</i>	147	GUARDIAN 4 TRANSMITTER	130
FLUZONE	169	GATTEX	110	GUARDIAN LINK 3	
FLUZONE HIGH-DOSE	169	GAVILYTE-C	123	TRANSMITTER	130
<i>folate</i>	120	GAVILYTE-G	123	GUARDIAN SENSOR (3)	130
<i>folbee</i>	120	GAVILYTE-N WITH FLAVOR		<i>guardian sensor 3</i>	130
<i>folic acid</i>	120	PACK	123	GVOKE HYPOPEN 1-PACK	41
FOLIVANE-OB	142	GAVRETO	62	GVOKE HYPOPEN 2-PACK	41
<i>folplex 2.2</i>	120	<i>gefitinib</i>	59	GVOKE KIT	41
<i>foltrin</i>	121	<i>gemfibrozil</i>	50	GVOKE PFS	41
<i>fondaparinux sodium</i>	32	GEMMILY	83	GWYN LO	85
<i>fondcircle lancing device</i>	129	<i>generlac</i>	112	GYNAZOLE-1	170
<i>fondcircle single use lancets</i>	129	GENGRAF	139	HABITROL	159
FORA LANCETS	129	GENOTROPIN	104	HAEMOLANCE PLUS	130
FORZINITY	106	GENOTROPIN MINIQUEICK	104	HAEMOLANCE PLUS HIGH	
FOSAMAX PLUS D	103	<i>gentamicin sulfate</i>	92, 147	FLOW	130
<i>fosamprenavir calcium</i>	73	GENTEEL BUTTERFLY TOUCH		HAEMOLANCE PLUS LOW	
<i>fosfomycin tromethamine</i>	55	LANCET	129	FLOW	130
<i>fosinopril sodium</i>	52	GENVOYA	72	HAEMOLANCE PLUS MAX	
<i>fosinopril sodium-hctz</i>	51	GEODON	68	FLOW	130
FOSRENOL	113	GILOTRIF	59	HAEMOLANCE PLUS	
FOTIVDA	61	GIMOTI	110	PEDIATRIC FLOW	130
FRAGMIN	31	GLASSIA	160	HAILEY 1.5/30	83
FREESTYLE LANCETS	129	<i>glatiramer acetate</i>	157	HAILEY 24 FE	83
FREESTYLE LIBRE 14 DAY		GLATOPA	157	HAILEY FE 1.5/30	83
READER	129	<i>glimepiride</i>	45	HAILEY FE 1/20	83
FREESTYLE LIBRE 14 DAY		<i>glipizide</i>	45	<i>halcinonide</i>	97
SENSOR	129	<i>glipizide er</i>	45	<i>halobetasol propionate</i>	97
FREESTYLE LIBRE 2 PLUS		<i>glipizide-metformin hcl</i>	45	HALOG	97
SENSOR	129	<i>global inject ease lancets 28g</i>	129	<i>haloperidol</i>	70
FREESTYLE LIBRE 2 READER	129	<i>global inject ease lancets 30g</i>	130	<i>haloperidol decanoate</i>	70
FREESTYLE LIBRE 2 SENSOR	129	<i>glucagon emergency</i>	41	<i>haloperidol lactate</i>	70
FREESTYLE LIBRE 3 PLUS		GLUCOCOM LANCETS 28G	130	HARLIKU	102
SENSOR	129	GLUCOCOM LANCETS 30G	130	HARVONI	75
FREESTYLE LIBRE 3 READER	129	GLUCOCOM LANCETS 33G	130	HAVRIX	169
FREESTYLE LIBRE 3 SENSOR	129	<i>glyburide</i>	46	HEATHER	87
FREESTYLE UNISTICK II		<i>glyburide-metformin</i>	45	<i>h-e-b aspirin</i>	20
LANCETS	129	<i>glycerol phenylbutyrate</i>	108	<i>h-e-b incontrol adv lancing</i>	130
<i>frovatriptan succinate</i>	137	<i>glycopyrrolate</i>	166	<i>h-e-b incontrol lancets 28g</i>	130
FRUZAQLA	66	GLYXAMBI	45	<i>h-e-b incontrol lancets 30g</i>	130
<i>ft aspirin low dose</i>	20	<i>gnp adult aspirin low strength</i>	20	<i>h-e-b incontrol lancets 33g</i>	130
<i>ft nicotine</i>	158	<i>gnp aspirin low dose</i>	20	HEMANGEOL	76
<i>ft nicotine mini</i>	158	<i>gnp folic acid</i>	120	<i>hematinic plus vit/minerals</i>	121
FULPHILA	121	<i>gnp nicotine</i>	158	<i>hematinic/folic acid</i>	121
FUROSCIX	101	<i>gnp nicotine mini</i>	158	HEMICLOR	102
<i>furosemide</i>	101	<i>gnp nicotine polacrilex</i>	158	HEMLIBRA	116
FYAVOLV	108	<i>gnp sterile lancets 28g</i>	130	HEMMOREX-HC	24
<i>gabapentin</i>	33	<i>gnp sterile lancets 30g</i>	130	HEMOFIL M	117
GALAFOLD	104	<i>gnp sterile lancets 33g</i>	130	<i>heparin (porcine) in nacl</i>	31
<i>galantamine hydrobromide</i>	155	GOJJI STERILE LANCETS	130	<i>heparin sod (pork) lock flush</i>	31
<i>galantamine hydrobromide er</i>	155	GOLYTELY	123	<i>heparin sodium (porcine)</i>	31
GALBRIELA	83	GOMEKLI	60	<i>heparin sodium (porcine) +rfid</i>	31
GALLIFREY	153	<i>goodsense aspirin</i>	20	<i>heparin sodium (porcine) pf</i>	31
GALZIN	139	<i>goodsense aspirin low dose</i>	20	HEPLISAV-B	169
GAMASTAN	151	<i>goodsense nicotine</i>	159	HER STYLE	86
GAMMAGARD	151	<i>granisetron hcl</i>	47	HERNEXEOS	58
GAMMAGARD ERC	151	GRASTEK	14	HETLIOZ LQ	123
GAMMAGARD S/D LESS IGA	151	<i>griseofulvin microsize</i>	48	HIBERIX	168

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HIZENTRA	152	ILARIS	16	<i>itraconazole</i>	48
HUMALOG	42	ILEVRO	148	<i>ivabradine hcl</i>	81
HUMALOG KWIKPEN	42	ILUMYA	93	<i>ivermectin</i>	24, 100
HUMALOG MIX 50/50 KWIKPEN	42	<i>imatinib mesylate</i>	58	IWILFIN	65
HUMALOG MIX 75/25	42	IMBRUVICA	58	IXINITY	117
HUMATE-P	117	IMCIVREE	106	JAIMIESS	86
HUMATIN	15	<i>imipramine hcl</i>	40	JAKAFI	64
HUMULIN 70/30	42	<i>imipramine pamoate</i>	40	JAKAFI XR	64
HUMULIN 70/30 KWIKPEN	42	<i>imiquimod</i>	99	JALYN	115
HUMULIN N	42	<i>imkeldi</i>	58	JANTOVEN	30
HUMULIN N KWIKPEN	42	IMPAVIDO	54	JARDIANCE	45
HUMULIN R	42	IMURAN	141	JASCAYD	161
HUMULIN R U-500 KWIKPEN	42	IMVEXXY MAINTENANCE PACK	171	JASMIEL	83
HYCAMTIN	66		171	JATENZO	23
<i>hydralazine hcl</i>	54	IMVEXXY STARTER PACK	171	JAVADIN	53
<i>hydrochlorothiazide</i>	102	IN TOUCH STERILE LANCETS		JAVYGTOR	106, 107
<i>hydrocod poli-chlorphe poli er</i>	90	30G	130	JAYPIRCA	58
<i>hydrocodone bitartrate er</i>	21	INATAL GT	142	<i>jaythari</i>	89
<i>hydrocodone bit-homatrop mbr</i>	89	INBRIJA	66	JENCYCLA	87
<i>hydrocodone-acetaminophen</i>	20, 21	INCASSIA	87	JINTELI	108
<i>hydrocodone-ibuprofen</i>	21	INCRELEX	105	JIVI	117
<i>hydrocortisone</i>	24, 89, 97, 98	INCRUSE ELLIPTA	28	JOENJA	139
<i>hydrocortisone (perianal)</i>	24	<i>indapamide</i>	102	JOLESSA	86
<i>hydrocortisone ace-pramoxine</i>	24	<i>indomethacin</i>	17	JORNAY PM	12
<i>hydrocortisone acetate</i>	24, 97	<i>indomethacin er</i>	17	JOURNAVX	19
<i>hydrocortisone butyrate</i>	97	INFANRIX	164	JOYEAX	83
<i>hydrocortisone valerate</i>	98	<i>infliximab</i>	113	JULEBER	83
<i>hydrocortisone-acetic acid</i>	151	INGREZZA	156	JULUCA	72
<i>hydromet</i>	90	INLURIYO	63	JUNEL 1.5/30	83
<i>hydromorphone hcl</i>	21	INLYTA	66	JUNEL 1/20	83
<i>hydromorphone hcl er</i>	21	INQOVI	62	JUNEL FE 1.5/30	83
<i>hydroxocobalamin acetate</i>	120	INREBIC	64	JUNEL FE 1/20	83
<i>hydroxychloroquine sulfate</i>	56	<i>insulin glargine-yfgn</i>	42	JUNEL FE 24	83
<i>hydroxyurea</i>	62	<i>insulin lispro</i>	42	JUXTAPID	51
<i>hydroxyzine hcl</i>	25	<i>insulin lispro (1 unit dial)</i>	42	JYLAMVO	57
<i>hydroxyzine pamoate</i>	25	<i>insulin lispro junior kwikpen</i>	42	KAITLIB FE	83
HYFTOR	99	<i>insulin lispro prot & lispro</i>	42	KALBITOR	119
HYMPAVZI	116	INTELENCE	74	KALLIGA	83
<i>hyoscyamine sulfate</i>	165	INTROVALE	86	KALYDECO	160
<i>hyoscyamine sulfate er</i>	165	INVEGA HAFYERA	69	KAMELEON LUBRICATED	125
<i>hyosyne</i>	165	INVEGA SUSTENNA	69	KAPSPARGO SPRINKLE	76
HYPERRHO MINI-DOSE	152	INVEGA TRINZA	69	KARBINAL ER	49
HYPERSAL	90	INZIRQO	102	KARIVA	82
HYPOLANCE AST LANCING	130	IPOL	169	KELNOR 1/35	83
HYQVIA	152	<i>ipratropium bromide</i>	29, 144	KENALOG-80	89
HYRNUO	61	<i>ipratropium bromide hfa</i>	29	KERENDIA	106
HY-VEE LANCETS	130	<i>ipratropium-albuterol</i>	27	KESIMPTA	157
<i>hy-vee thin lancets</i>	130	IQIRVO	112	<i>ketoconazole</i>	48, 98
<i>ibandronate sodium</i>	103	<i>irbesartan</i>	53	<i>ketoprofen</i>	17
IBRANCE	63	<i>irbesartan-hydrochlorothiazide</i>	52	<i>ketoprofen er</i>	17
IBTROZI	62	ISENTRESS	73	<i>ketorolac tromethamine</i>	17, 18, 148
IBU	17	ISENTRESS HD	73	<i>ketorolac tromethamine +rfid</i>	17
<i>ibuprofen</i>	17	ISIBLOOM	83	KEVZARA	17
<i>icatibant acetate</i>	118	<i>isoniazid</i>	56	<i>kimono</i>	125
ICLEVIA	86	<i>isosorb dinitrate-hydralazine</i>	79	KIMONO COLORS	125
ICLUSIG	58	<i>isosorbide dinitrate</i>	25	KIMONO MAXX-LARGE FLARE	125
<i>icosapent ethyl</i>	49	<i>isosorbide mononitrate</i>	25	<i>kimono micro thin</i>	125
ICOTYDE	93	<i>isosorbide mononitrate er</i>	25	<i>kimono micro thin plus</i>	125
IDELVION	117	<i>isotretinoin</i>	91	<i>kimono plus</i>	125
IDHIFA	64	ISTURISA	103	<i>kimono ps</i>	125
IDVYNZO	72	ITOVEBI	65	<i>kimono ps plus</i>	125

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kimono sensation	125	lamotrigine starter kit-orange	33	levonorgestrel	86
kimono sensation plus	125	LAMPIT	54	levonorgestrel-ethinyl estrad	84, 86
KIMONO SPECIAL	125	lancet device with ejector	130	levonorg-eth estrad triphasic	88
KINERET	16	lancets	130	levorphanol tartrate	21
kinney lancets	130	lancets 28g thin	130	LEVO-T	162, 163
kinney thin lancets	130	lancets 30g	130	levothyroxine sodium	163
KINRIX	164	lancets 33g	130	LEVOXYL	163
KIONEX	141	lancets micro thin 33g	130	LEVSIN	165
KISQALI (200 MG DOSE)	63	LANCETS SUPER THIN	130	LEVSIN/SL	165
KISQALI (400 MG DOSE)	63	lancets super thin 28g	130	l-glutamine	120
KISQALI (600 MG DOSE)	63	LANCETS ULTRA THIN	130	LIBERTY MEDICAL LANCETS ...	131
KLAYESTA	92	lancets ultra thin 30g	131	LICART	93
KLISYRI (250 MG)	99	lancing device	131	lidocaine	99
KLISYRI (350 MG)	99	LANOXIN	78	lidocaine hcl	99
KLOR-CON	138	lanreotide acetate	107	lidocaine viscous hcl	141
KLOR-CON 10	138	lansoprazole	166	lidocaine-prilocaine	100
KLOR-CON M10	138	lanthanum carbonate	113	LIDOCAN	99
KLOR-CON M15	138	LANZO	131	LIFYORLI (125 MG DOSE)	63
KLOR-CON M20	138	lapatinib ditosylate	61	LIFYORLI (150 MG DOSE)	63
KLOXXADO	46	LARIN 1.5/30	83	LIKMEZ	54
kl's aspirin low dose	20	LARIN 1/20	83	LILETTA (52 MG)	87
KLS QUIT2	159	LARIN 24 FE	83	linezolid	55
KLS QUIT4	159	LARIN FE 1.5/30	83	LINZESS	111
KOATE	117	LARIN FE 1/20	83	LIOMNY	163
KOATE-DVI	117	LASIX ONYU	102	liothyronine sodium	163
KOMZIFTI	60	latanoprost	150	LIPOFEN	50
KOSELUGO	60	LAZCLUZE	59	liraglutide	44
KOURZEQ	142	leader advanced lancing device	131	lisdexamfetamine dimesylate	11
KOVALTRY	117	LEDERLE LEUCOVORIN	63	lisinopril	52
kp aspirin	20	leflunomide	18	lisinopril-hydrochlorothiazide	52
kp folic acid	120	lenalidomide	140	lite touch lancets	131
K-PHOS NO 2	114	LENVIMA (10 MG DAILY DOSE) ...	66	LITETOUCH LANCETS	131
KRAZATI	60	LENVIMA (12 MG DAILY DOSE) ...	66	LITFULO	92
KRINTAFEL	56	LENVIMA (14 MG DAILY DOSE) ...	66	lithium	68
KROGER AUTOLET LANCING		LENVIMA (18 MG DAILY DOSE) ...	66	lithium carbonate	68
DEVICE	130	LENVIMA (20 MG DAILY DOSE) ...	66	lithium carbonate er	68
KROGER HEALTHPRO LANCET		LENVIMA (24 MG DAILY DOSE) ...	66	LITHOBID	68
26G	130	LENVIMA (4 MG DAILY DOSE)	66	LITHOSTAT	115
kroger lancets	130	LENVIMA (8 MG DAILY DOSE)	66	LIVDELZI	113
kroger lancets super thin	130	LEQEMBI IQLIK	154	live better lancet super thin	131
kroger lancets thin	130	LEQEMBI IQLIK (500 MG DOSE) 154		LIVMARLI	111
K-TAN PLUS	121	LESSINA	83	LIVTENCITY	75
KURVELO	83	letrozole	63	LO LOESTRIN FE	82
KUVAN	107	leucovorin calcium	63	LOARGYS	102
KYGEVVI	106	LEUKERAN	65	LOESTRIN 1.5/30 (21)	84
KYLEENA	87	LEUKINE	121	LOESTRIN 1/20 (21)	84
KYMBEE	89	leuprolide acetate	64	LOESTRIN FE 1.5/30	84
KYZATREX	23	levalbuterol hcl	28	LOESTRIN FE 1/20	84
labetalol hcl	76	levamlodipine maleate	77	LOFENA	18
lacosamide	33	LEVBID	165	lofexidine hcl	154
lactulose	124	levetiracetam	33	LOJAIMIESS	86
lactulose encephalopathy	112	levetiracetam er	33	LOKELMA	141
LAGEVRIO	75	levobunolol hcl	146	lomustine	65
LAMICTAL XR	33	levocarnitine	103	LONSURF	62
lamivudine	74, 75	levocarnitine sf	103	loperamide hcl	46
lamivudine-zidovudine	72	levocetirizine dihydrochloride	49	lopinavir-ritonavir	72
lamotrigine	33	levofloxacin	110, 147	LOPRESSOR	76
lamotrigine er	33	LEVONEST	88	lorazepam	26
lamotrigine odt	33	levonorgest-eth est & eth est	86	LORAZEPAM INTENSOL	26
lamotrigine starter kit-blue	33	levonorgest-eth estrad 91-day	86	LORBRENA	57
lamotrigine starter kit-green	33	levonorgest-eth estradiol-iron	84	LORYNA	84

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losartan potassium.....	53	medichoice safety lancet extra.....	131	methylphenidate hcl er (cd).....	12
losartan potassium-hctz.....	52	medichoice safety lancet norm.....	131	methylphenidate hcl er (la).....	12, 13
LOTEMAX	149	MEDLANCE PLUS EXTRA 21G	131	methylphenidate hcl er (osm).....	13
LOTEMAX SM	149	MEDLANCE PLUS LITE 25G	131	methylprednisolone.....	89
loteprednol etabonate.....	149, 150	MEDLANCE PLUS SPECIAL		methyltestosterone.....	23
loteprednol-tobramycin.....	149	0.8MM	131	metoclopramide hcl.....	110
lovastatin.....	50	MEDLANCE PLUS SUPERLITE		metolazone.....	102
LOW-OGESTREL	84	30G	131	metoprolol succinate er.....	76
loxapine succinate.....	70	MEDLANCE PLUS UNIVERSAL		metoprolol tartrate.....	76
LO-ZUMANDIMINE	84	21G	131	metoprolol-hydrochlorothiazide.....	53
lubiprostone.....	110	MEDROL	89	metronidazole.....	54, 100, 170
LUIZZA 1.5/30	84	medroxyprogesterone acetate.....	87, 153	metyrosine.....	52
LUIZZA 1/20	84	mefenamic acid.....	18	mexiletine hcl.....	26
luliconazole.....	98	mefloquine hcl.....	56	MIBELAS 24 FE	84
LUMAKRAS	60	megestrol acetate.....	65	miconazole 3.....	170
LUMIGAN	150	MEIJER LANCETS	131	MICROGESTIN 1.5/30	84
LUMRYZ	154	MEIJER LANCETS UNIVERSAL		MICROGESTIN 1/20	84
LUMRYZ STARTER PACK	154	21G	131	MICROGESTIN FE 1.5/30	84
LUPKYNIS	139	MEIJER LANCETS UNIVERSAL		MICROGESTIN FE 1/20	84
LUPRON DEPOT (1-MONTH)	64	30G	131	MICROLET LANCETS	131
LUPRON DEPOT (3-MONTH)	64	MEIJER LANCETS UNIVERSAL		MICROLET NEXT LANCING	
LUPRON DEPOT (4-MONTH)	64	33G	131	DEVICE	131
LUPRON DEPOT (6-MONTH)	64	MEKINIST	60	midazolam.....	32
LUPRON DEPOT-PED (1-MONTH)		MEKTOVI	60	midodrine hcl.....	171
.....	106	MELEYA	87	MIEBO	150
LUPRON DEPOT-PED (3-MONTH)		meloxicam.....	18	mifepristone.....	44
.....	106	memantine hcl.....	157	miglitol.....	40
LUPRON DEPOT-PED (6-MONTH)		memantine hcl er.....	157	miglustat.....	119
.....	106	memantine hcl-donepezil hcl er.....	154	MILI	84
lurasidone hcl.....	68	MENOSTAR	109	milnacipran hcl.....	155
LURBIRO	18	MENQUADFI	168	MIMVEY	108
LUTERA	84	MENVEO	168	mini lancing device.....	131
LUTRATE DEPOT	64	mercaptopurine.....	57	minocycline hcl.....	162
LUZU	98	mesalamine.....	111	minocycline hcl er.....	162
LYBALVI	160	mesalamine er.....	111	minoxidil.....	54
LYLEQ	87	mesalamine-cleanser.....	111	MINZOYA	84
LYLLANA	109	mesna.....	66	MIPLYFFA	158
LYNPARZA	65	metaxalone.....	143	mirabegron er.....	167
LYSODREN	56	metformin hcl.....	40	MIRENA (52 MG)	87
LYTGOBI (12 MG DAILY DOSE)	59	metformin hcl er.....	40	mirtazapine.....	37
LYTGOBI (16 MG DAILY DOSE)	59	metformin hcl er (mod).....	40	misoprostol.....	167
LYTGOBI (20 MG DAILY DOSE)	59	methadone hcl.....	21	MIUDELLA	86
LYUMJEV	42	METHADONE HCL INTENSOL	21	MIUDELLA INTRAUTERINE	
LYUMJEV KWIKPEN	42	METHADOSE	21	COPPER	86
LYZA	87	methamphetamine hcl.....	11	mm aspirin.....	20
macitentan.....	80	methazolamide.....	101	MM TWIST LANCETS	131
malathion.....	100	methenamine hippurate.....	55	M-M-R II	168
maraviroc.....	73	METHERGINE	151	MNEXSPIKE	169
marlissa.....	84	methimazole.....	162	MOBI CONNECT TWIST	
MARPLAN	38	methitest.....	23	LANCETS	131
matronex.....	142	methocarbamol.....	143	mobile lancets 30g.....	131
MATULANE	62	methotrexate sodium.....	57	modafinil.....	13
MAVYRET	75	methotrexate sodium (pf).....	57	MODEYSO	61
MAXIDEX	150	methoxsalen rapid.....	93	moexipril hcl.....	52
maxx.....	125	methscopolamine bromide.....	166	molindone hcl.....	70
maxx plus.....	125	methsuximide.....	37	mometasone furoate.....	98, 144
MAYZENT	159	methyldopa.....	53	MONDOXYNE NL	162
MAYZENT STARTER PACK	159	methylergonovine maleate.....	151	MONOLET LANCETS	131
meclizine hcl.....	47	methylphenidate.....	13	MONOLET OPD LANCETS	131
meclofenamate sodium.....	18	methylphenidate hcl.....	13	MONOLETTOR SAFETY	
medichoice safety lancet.....	131	methylphenidate hcl er.....	13	LANCETS	131

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MONO-LINYAH	84	NEORAL	139	NORPACE CR	26
<i>montelukast sodium</i>	29	NERLYNX	61	NORTREL 0.5/35 (28)	84
<i>morphine sulfate</i>	21	NEUAC	91	NORTREL 1/35 (21)	84
<i>morphine sulfate (concentrate)</i>	21	NEUPRO	67	NORTREL 1/35 (28)	84
<i>morphine sulfate er</i>	21	<i>nevirapine</i>	74	NORTREL 7/7/7	88
<i>morphine sulfate er beads</i>	21	<i>nevirapine er</i>	74	<i>nortriptyline hcl</i>	40
MOUNJARO	43	NEW DAY	86	NORVIR	73
MOVANTIK	112	NEXLETOL	49	NOURIANZ	66
<i>moxifloxacin hcl</i>	110, 147	NEXLIZET	49	NOVA SAFETY LANCETS 23G	131
MRESVIA	169	NEXPLANON	87	NOVA SAFETY LANCETS 28G	131
MULPLETA	122	NEXTSTELLIS	84	NOVA SUREFLEX LANCETS	131
MULTAQ	26	<i>niacin (antihyperlipidemic)</i>	51	NOVA SUREFLEX LANCING	
<i>multi-lancet device</i>	131	<i>niacin er (antihyperlipidemic)</i>	51	DEVICE	131
MULTI-LANCET DEVICE 2	131	NIACOR	51	NOVOEIGHT	117
<i>mupirocin</i>	92	<i>nicardipine hcl</i>	77	NOVOLIN 70/30	42
<i>mupirocin calcium</i>	92	<i>nicotine</i>	159	NOVOLIN 70/30 FLEXPEN	42
MY CHOICE	86	<i>nicotine mini</i>	159	NOVOLIN 70/30 FLEXPEN	
MY WAY	86	<i>nicotine polacrilex</i>	159	RELION	42
MYALEPT	105	<i>nicotine polacrilex mini</i>	159	NOVOLIN 70/30 RELION	42
MYCAPSSA	107	<i>nicotine step 1</i>	159	NOVOLIN N	43
<i>mycophenolate mofetil</i>	140	<i>nicotine step 2</i>	159	NOVOLIN N FLEXPEN	42
<i>mycophenolate sodium</i>	140	<i>nicotine step 3</i>	159	NOVOLIN N FLEXPEN RELION	42
<i>mycophenolic acid</i>	140	NICOTROL NS	159	NOVOLIN N RELION	43
MYFEMBREE	109	<i>nifedipine</i>	77	NOVOLIN R	43
MYFORTIC	140	<i>nifedipine er</i>	77	NOVOLIN R FLEXPEN	43
MYGLUCOHEALTH LANCETS		<i>nifedipine er osmotic release</i>	77	NOVOLIN R FLEXPEN RELION	43
30G	131	NIKKI	84	NOVOLIN R RELION	43
MYHIBBIN	140	<i>nilotinib hcl</i>	58	NOVOLOG	43
MYLERAN	56	<i>nilutamide</i>	57	NOVOLOG 70/30 FLEXPEN	
MYOBLOC	145	<i>nimodipine</i>	77	RELION	43
MYRBETRIQ	167	NINLARO	61	NOVOLOG FLEXPEN	43
MYSOLINE	33	<i>nintedanib esylate</i>	161	NOVOLOG FLEXPEN RELION	43
MYTESI	46	<i>nisoldipine er</i>	78	NOVOLOG MIX 70/30	43
<i>na sulfate-k sulfate-mg sulf</i>	123	<i>nitazoxanide</i>	54	NOVOLOG MIX 70/30 FLEXPEN	43
<i>nabumetone</i>	18	<i>nitisinone</i>	105	NOVOLOG MIX 70/30 RELION	43
<i>nadolol</i>	77	NITRO-BID	25	NOVOLOG PENFILL	43
<i>naftifine hcl</i>	92	NITRO-DUR	25	NOVOLOG RELION	43
<i>naloxone hcl</i>	46, 47	<i>nitrofurantoin</i>	55	NOVOSEVEN RT	117
<i>naltrexone hcl</i>	47	<i>nitrofurantoin macrocrystal</i>	55	NOXAFIL	48
NAMZARIC	154	<i>nitrofurantoin monohyd macro</i>	55	NPLATE	122
<i>naproxen</i>	18	<i>nitroglycerin</i>	24, 25	NUBEQA	57
<i>naproxen dr</i>	18	NITROLINGUAL	25	NUCALA	29
<i>naproxen sodium</i>	18	NITRO-TIME	25	NUCYNTA ER	21
<i>naratriptan hcl</i>	137	NITYR	105	NUFOL	120
NARDIL	38	NIVA-PLUS	142	NULEV	165
NATACYN	147	NIVESTYM	121	NUPLAZID	68
NATALCORE	142	<i>nizatidine</i>	165	NURTEC	136
NATAZIA	87	NORA-BE	87	NUVAXOVID COVID-19	
<i>nateglinide</i>	44	NORDITROPIN FLEXPEN	104	VACCINE	169
NATESTO	23	<i>norelgestromin-eth estradiol</i>	85	NUVESSA	170
NATROBA	100	<i>norethin ace-eth estrad-fe</i>	84	NUWIQ	117
NAYZILAM	32	<i>norethindrone</i>	87	NUZYRA	161
<i>nebivolol hcl</i>	76	<i>norethindrone acetate</i>	153	NYAMYC	92
NEBUSAL	90	<i>norethindrone acet-ethinyl est</i>	84	NYLIA 1/35	84
NECON 0.5/35 (28)	84	<i>norethindrone-eth estradiol</i>	108	NYLIA 7/7/7	88
NEFFY	171	<i>norethin-eth estradiol-fe</i>	84	NYMALIZE	78
<i>neomycin sulfate</i>	15	<i>norgestimate-eth estradiol</i>	84	<i>nystatin</i>	48, 92, 142
<i>neomycin-bacitracin zn-polymyx</i>	147	<i>norgestim-eth estrad triphasic</i>	88	<i>nystatin-triamcinolone</i>	92
<i>neomycin-polymyxin-dexameth</i>	149	NORLIQVA	78	NYSTOP	92
<i>neomycin-polymyxin-gramicidin</i>	147	NORLYROC	87	<i>obizur</i>	117
<i>neomycin-polymyxin-hc</i>	151	NORPACE	26	OBSTETRIX DHA	143

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OCREVUS.....	157	opium.....	46	PALFORZIA (120 MG DAILY DOSE).....	14
OCTAGAM.....	152	OPSYNVI.....	79	PALFORZIA (160 MG DAILY DOSE).....	14
octreotide acetate.....	107	OPTION 2.....	86	PALFORZIA (20 MG DAILY DOSE).....	14
ODACTRA.....	15	OPTIONS GYNOL II CONTRACEPTIVE.....	170	PALFORZIA (200 MG DAILY DOSE).....	14
ODEFSEY.....	72	OPVEE.....	47	PALFORZIA (240 MG DAILY DOSE).....	14
ODOMZO.....	59	OPZELURA.....	95	PALFORZIA (3 MG DAILY DOSE).....	14
ofloxacin.....	110, 147, 150	ORALAIR.....	15	PALFORZIA (300 MG MAINTENANCE).....	14
OGSIVEO.....	59	ORALONE.....	142	PALFORZIA (300 MG TITRATION).....	14
OHTUVAYRE.....	29	ORAPRED ODT.....	89	PALFORZIA (40 MG DAILY DOSE).....	14
OJEMDA.....	58	ORAVIG.....	142	PALFORZIA (6 MG DAILY DOSE).....	14
OJJAARA.....	64	ORENCIA.....	18	PALFORZIA (80 MG DAILY DOSE).....	14
olanzapine.....	71	ORENCIA CLICKJECT.....	18	PALFORZIA INITIAL DOSE 1-3YRS.....	14
olanzapine-fluoxetine hcl.....	160	ORENITRAM.....	79	PALFORZIA INITIAL DOSE 4-17YRS.....	14
olmesartan medoxomil.....	53	ORENITRAM MONTH 1.....	79	PALFORZIA INITIAL ESCALATION.....	15
olmesartan medoxomil-hctz.....	52	ORENITRAM MONTH 2.....	79	paliperidone er.....	69
olmesartan-amlodipine-hctz.....	53	ORENITRAM MONTH 3.....	79	PALSONIFY.....	107
olopatadine hcl.....	144, 147	ORFADIN.....	105	PALYNZIQ.....	107
OLPRUVA (2 GM DOSE).....	108	ORGOVYX.....	63	PANRETIN.....	93
OLPRUVA (3 GM DOSE).....	108	ORIAHNN.....	109	pantoprazole sodium.....	166
OLPRUVA (4 GM DOSE).....	108	ORILISSA.....	104	PANZYGA.....	152
OLPRUVA (5 GM DOSE).....	108	ORKAMBI.....	160	PARAGARD INTRAUTERINE COPPER.....	86
OLPRUVA (6 GM DOSE).....	108	ORLADEYO.....	119	paroxetine hcl.....	39
OLPRUVA (6.67 GM DOSE).....	108	ORLYNVAH.....	55	paroxetine hcl er.....	39
OLUMIANT.....	15	ORMALVI.....	101	paroxetine mesylate.....	160
omeprazole.....	166	orphenadrine citrate er.....	143	PAXLOVID (150/100).....	74
omeprazole-sodium bicarbonate.....	165	ORQUIDEA.....	87	PAXLOVID (300/100 & 150/100).....	74
OMLYCLO.....	27	ORSERDU.....	65	PAXLOVID (300/100).....	74
OMNARIS.....	144	oscimin.....	165	pazopanib hcl.....	61
OMNIFLEX DIAPHRAGM.....	125	oseltamivir phosphate.....	76	PEDIARIX.....	164
OMNIPOD 5 DEXG7G6 INTRO GEN 5.....	135	OSENVELT.....	107	PEDVAXHIB.....	168
OMNIPOD 5 DEXG7G6 PODS GEN 5.....	135	OSPHENA.....	107	peg 3350-kcl-na bicarb-nacl.....	124
OMNIPOD 5 LIBRE INTRO.....	135	OTEZLA.....	18	peg-3350/electrolytes.....	124
OMNIPOD 5 LIBRE PODS.....	135	OTEZLA XR.....	18	PEGASYS.....	75
OMNIPOD DASH INTRO (GEN 4).....	135	OTEZLA/OTEZLA XR INITIATION PK.....	18	PEG-PREP.....	124
OMNIPOD DASH PODS (GEN 4).....	135	OTOVEL.....	151	PELLIX.....	94
OMNITROPE.....	104	oval tape.....	132	PEMAZYRE.....	59
OMVOH.....	112	oxaprozin.....	18	PENBRAYA.....	168
OMVOH (300 MG DOSE).....	111, 112	oxazepam.....	26	penicillamine.....	139
ONAPGO.....	67	oxcarbazepine.....	34	penicillin v potassium.....	153
ondansetron.....	47	oxcarbazepine er.....	34	PENTACEL.....	164
ondansetron hcl.....	47	OXERVATE.....	148	PENTASA.....	111
one vite womens plus.....	142	oxiconazole nitrate.....	98	pentoxifylline er.....	118
ONETOUCH DELICA PLUS LANCET30G.....	131	OXISTAT.....	99	perampanel.....	32
ONETOUCH DELICA PLUS LANCET33G.....	131	oxybutynin chloride.....	167	PERFECT LANCETS 28G.....	132
ONETOUCH DELICA PLUS LANCING.....	131	oxybutynin chloride er.....	167	PERFECT LANCETS 30G.....	132
ONETOUCH DELICA SAFETY LANCING.....	131	oxycodone hcl.....	21, 22	PERFECT POINT SAFETY LANCETS.....	132
ONETOUCH ULTRA CONTROL.....	131	oxycodone-acetaminophen.....	22	perindopril erbumine.....	52
ONETOUCH ULTRASOFT 2 LANCETS.....	131	oxymorphone hcl.....	22		
ONETOUCH VERIO.....	132	oxymorphone hcl er.....	22		
ONGENTYS.....	68	OXYTROL.....	167		
ONUREG.....	57	OZEMPIC.....	44		
ONYDA XR.....	9	OZEMPIC (0.25 OR 0.5 MG/DOSE).....	44		
OPCICON ONE-STEP.....	86	OZEMPIC (1 MG/DOSE).....	44		
OPIPZA.....	71	OZEMPIC (2 MG/DOSE).....	44		
		OZOBAX DS.....	143		
		PACERONE.....	26		
		PALFORZIA (1 MG DAILY DOSE).....	14		
		PALFORZIA (12 MG DAILY DOSE).....	14		

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PERIOGARD	142	<i>pramipexole dihydrochloride er</i>	68	<i>propranolol hcl er</i>	77
<i>permethrin</i>	100	PRAMOSONE	100	<i>propylthiouracil</i>	162
<i>perphenazine</i>	71	<i>prasugrel hcl</i>	119	PROQUAD	168
<i>perphenazine-amitriptyline</i>	157, 158	<i>pravastatin sodium</i>	50	<i>protriptyline hcl</i>	40
PERSERIS	69	<i>praziquantel</i>	25	PROVIDA OB	142
<i>ph strips</i>	101	<i>prazosin hcl</i>	53	PROVOCHOLINE	101
PHARMACIST CHOICE		<i>prednisolone</i>	89	<i>prucalopride succinate</i>	110
LANCETS	132	<i>prednisolone acetate</i>	150	<i>pseudoeph-bromphen-dm</i>	90
PHEBURANE	108	<i>prednisolone sodium phosphate</i>	89, 150	PULMOSAL	90
<i>phenazopyridine hcl</i>	115	<i>prednisone</i>	89	PULMOZYME	161
<i>phenelzine sulfate</i>	38	<i>pregabalin</i>	34	<i>pure comfort lancets 30g</i>	132
<i>phenobarbital</i>	122	PREMARIN	171	<i>pure comfort safety lancet 30g</i>	132
PHENOHYTRO	164	PREMPHASE	109	<i>px advanced lancing device</i>	132
<i>phenoxybenzamine hcl</i>	52	PREMPRO	109	<i>px lancets microthin 33g</i>	132
<i>phenylephrine hcl</i>	146	PRENATABS RX	142	<i>px lancets ultra thin 28g</i>	132
PHENYTEK	37	<i>prenatal</i>	142	PYQUVI	89
<i>phenytoin</i>	37	<i>prenatal 19</i>	142	<i>pyrazinamide</i>	56
PHENYTOIN INFATABS	37	<i>prenatal plus</i>	142	PYRIDIUM	115
<i>phenytoin sodium extended</i>	37	<i>prenatal plus vitamin/mineral</i>	142	<i>pyridostigmine bromide</i>	56
PHEXX	171	PRENATAL-U	142	<i>pyridostigmine bromide er</i>	46, 56
PHILITH	85	<i>pretomanid</i>	56	<i>pyrimethamine</i>	56
PHOSPHA 250 NEUTRAL	138	PREVALITE	49	PYRUKYND	119
<i>phosphorous</i>	138	PREVNAR 20	168	PYRUKYND TAPER PACK	119
PHOSPHO-TRIN 250 NEUTRAL	138	PREVYMIS	75	QBRELIS	52
PHOSPHO-TRIN K500	138	PREZCOBIX	72	QBREXZA	99
PIFELTRO	74	PREZISTA	73	<i>qc advanced lancing device</i>	132
<i>pilocarpine hcl</i>	142, 146, 147	<i>primaquine phosphate</i>	56	<i>qc aspirin low dose</i>	20
<i>pimecrolimus</i>	99	<i>primidone</i>	34	<i>qc folic acid</i>	120
<i>pimozide</i>	158	PRIORIX	168	<i>qc lancets super thin 30g</i>	132
PIMTREA	82	PRIVIGEN	152	<i>qc lancets ultra thin</i>	132
<i>pindolol</i>	77	<i>pro comfort lancets 30g</i>	132	<i>qc lancets ultra thin</i>	132
<i>pioglitazone hcl</i>	46	<i>pro comfort lancets 31g</i>	132	<i>qc nicotine transdermal system</i>	159
<i>pioglitazone hcl-glimepiride</i>	46	<i>pro comfort safety lancets 30g</i>	132	<i>qc unilet lancets 28g</i>	132
<i>pioglitazone hcl-metformin hcl</i>	46	<i>probenecid</i>	115	<i>qc unilet lancets micro thin</i>	132
<i>pip lancets 28g</i>	132	PROCENTRA	11	QELBREE	9
<i>pip lancets 30g</i>	132	<i>prochlorperazine</i>	71	QFITLIA	116
PIQRAY (200 MG DAILY DOSE)	65	<i>prochlorperazine edisylate</i>	71	QINLOCK	61
PIQRAY (250 MG DAILY DOSE)	65	<i>prochlorperazine maleate</i>	71	<i>qivigy</i>	152
PIQRAY (300 MG DAILY DOSE)	65	PROCTOFOAM HC	24	QLOSI	147
<i>pirfenidone</i>	161	PROCTO-MED HC	24	QNASL	144
<i>piroxicam</i>	18	PROCTOSOL HC	24	QNASL CHILDRENS	144
<i>pitavastatin calcium</i>	50	PROCTOZONE-HC	24	QUADRACEL	164
PIVYA	152	PROCYSBI	114	<i>quazepam</i>	123
PLEGRIDY	156	PRODIGY LANCETS 28G	132	<i>quetiapine fumarate</i>	70
PLEGRIDY STARTER PACK	156	PRODIGY LANCING DEVICE	132	<i>quetiapine fumarate er</i>	70
PNEUMOVAX 23	168	PRODIGY SAFETY LANCETS 26G		QUILLICHEW ER	13
<i>pnv 27-ca/fe/fa</i>	142		132	QUILLIVANT XR	13, 14
<i>pnv-dha+docusate</i>	143	PRODIGY TWIST TOP LANCETS		<i>quinapril hcl</i>	52
<i>pnv-select</i>	142	28G	132	<i>quinapril-hydrochlorothiazide</i>	52
<i>podofilox</i>	99	PROFILNINE	117	<i>quinidine gluconate er</i>	26
<i>poly-iron 150 forte</i>	121	<i>progesterone</i>	153, 154	<i>quinidine sulfate</i>	26
<i>polymyxin b-trimethoprim</i>	147	PROGRAF	140	<i>quinine sulfate</i>	56
<i>polysaccharide iron forte</i>	121	PROLASTIN-C	160	QULIPTA	136
<i>pomalidomide</i>	60	<i>promethazine hcl</i>	49	QUVIVIQ	123
PORTIA-28	85	<i>promethazine-codeine</i>	90	QVAR REDIHALER	30
<i>posaconazole</i>	48	<i>promethazine-dm</i>	90	<i>rabeprazole sodium</i>	166
<i>potassium chloride</i>	138	<i>promethazine-phenylephrine</i>	90	RADICAVA ORS	144
<i>potassium chloride crys er</i>	138	PROMETHEGAN	49	RADICAVA ORS STARTER KIT	145
<i>potassium chloride er</i>	138	<i>propafenone hcl</i>	26	RAGWITEK	15
<i>potassium citrate er</i>	114	<i>propafenone hcl er</i>	26	RALDESY	39
<i>pramipexole dihydrochloride</i>	68	<i>propranolol hcl</i>	77	<i>raloxifene hcl</i>	107
				<i>ramelteon</i>	123

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<i>ramipril</i>	52	RIGHTEST ALTERNATE SITE		SCSEMBLIX	58
<i>ranolazine er</i>	25	ADAPT	132	<i>scopolamine</i>	47
<i>rasagiline mesylate</i>	67	RIGHTEST GD500 LANCING		SECUADO	70
RASONQUE	61	DEVICE	132	SELARSDI	112
RASUVO	15, 16	RIGHTEST GL300 LANCETS	132	<i>selegiline hcl</i>	67
RAVICTI	108	<i>rilpivirine hcl</i>	74	<i>selenium sulfide</i>	94
RAYALDEE	105	<i>riluzole</i>	145	SELZENTRY	73
READYLANCE SAFETY		<i>ringers irrigation</i>	140	<i>se-natal 19</i>	142
LANCETS	132	RINVOQ	15	SEPHIENCE	107
<i>reality lancets</i>	132	RINVOQ LQ	15	SEREVENT DISKUS	28
REALITY LATEX CONDOMS	125	<i>risedronate sodium</i>	103	SERNIVO	98
REALITY LATEX/ULTRA		<i>risperidone</i>	69	<i>sertraline hcl</i>	39
TEXTURED	125	<i>risperidone microspheres er</i>	69	<i>se-tan plus</i>	121
REALITY LATEX/ULTRA THIN	125	<i>ritonavir</i>	73	SETLAKIN	86
<i>reality trigger lancets</i>	132	<i>rivaroxaban</i>	31	<i>sevelamer carbonate</i>	113
REBIF	156	<i>rivastigmine</i>	155	<i>sevelamer hcl</i>	113
REBIF REBIDOSE	156	<i>rivastigmine tartrate</i>	155	SEVENFACT	118
REBIF REBIDOSE TITRATION		RIVELSA	86	<i>sevoflurane</i>	114
PACK	156	RIVFLOZA	115	SHAROBEL	87
REBIF TITRATION PACK	157	<i>rixubis</i>	117	SHINGRIX	169
REBINYN	117	<i>rizatriptan benzoate</i>	137	SIGNIFOR	108
RECLIPSEN	85	ROCKLATAN	148	SIGNIFOR LAR	107
RECOMBINATE	117	<i>roflumilast</i>	29	SIKLOS	120
RECOMBIVAX HB	169	ROMVIMZA	59	<i>sildenafil citrate</i>	80
REDEMPLO	104	<i>ropinirole hcl</i>	68	<i>silodosin</i>	114
RELENZA DISKHALER	76	<i>ropinirole hcl er</i>	68	<i>silver sulfadiazine</i>	95
RELGAABI	34	<i>rosuvastatin calcium</i>	50	SIMBRINZA	145
RELION LANCETS	132	ROSYRAH	86	SIMLIYA	82
RELION LANCETS MICRO-THIN		ROTARIX	169	SIMPESSE	86
33G	132	ROTATEQ	169	SIMPLERA SENSOR	133
RELION LANCETS THIN 26G	132	ROWASA	111	SIMPLERA SYNC SENSOR	133
RELION LANCETS ULTRA-THIN		ROWEEPRA	34	SIMPLERA SYSTEM	133
30G	132	ROZLYTREK	62	SIMPONI	16
RELION ULTRA THIN LANCETS		RUBRACA	65	SIMPONI ARIA	16
30G	132	<i>rufinamide</i>	34	<i>simvastatin</i>	50, 51
RELISTOR	112	RUKOBIA	73	SINGLE-LET	133
REMODULIN	79	RYBELSUS	44	<i>sirolimus</i>	140
RENFLEXIS	114	RYDAPT	61	SIRTURO	56
<i>repaglinide</i>	44	RYKINDO	69	<i>sitagliptin phos-metformin hcl er</i>	41
REPATHA	51	RYTARY	67	<i>sitagliptin phos-metformin hcl</i>	41
REPATHA SURECLICK	51	<i>sacubitril-valsartan</i>	79	<i>sitagliptin phosphate</i>	41
RESTASIS	148	<i>safety lancet 30g/pressure act</i>	132	SIVEXTRO	55
RETACRIT	120	SAFETY LANCETS	132	SKYCLARYS	145
RETEVMO	62	SAFETY LANCETS 21G	132	SKYLA	87
REVCOVI	102	SAFETY LANCETS 23G	132	SKYRIZI	93, 112
REVUFORJ	60	<i>safety lancets 28g</i>	132	SKYRIZI PEN	93
REXTOVY	47	SAJAZIR	118	SKYTROFA	104
REXULTI	71	SANCUSO	47	SLYND	87
REYATAZ	73	SANDIMMUNE	139	SMART DIABETES VANTAGE	
REZDIFFRA	110	SANTYL	98	LANCING	133
REZENOPY	47	SAPHNELO	141	SMARTEST LANCETS 28G	133
REZLIDHIA	63	SAPHNELO PEN	141	<i>sod citrate-citric acid</i>	114
REZUROCK	141	<i>sapropterin dihydrochloride</i>	107	<i>sodium chloride</i>	90, 138
REZVOGLAR KWIKPEN	43	<i>saps health plus lancets</i>	132	<i>sodium chloride (pf)</i>	138
RHOPHYLAC	152	<i>saps health twist top lancets</i>	133	<i>sodium citrate-citric acid</i>	114
RHOPRESSA	148	<i>saps twist top lancets</i>	133	<i>sodium fluoride</i>	138
<i>ribavirin</i>	75	<i>saps care twist top lancets</i>	133	<i>sodium oxybate</i>	154
RIDAURA	16	<i>sb childrens aspirin</i>	20	<i>sodium phenylbutyrate</i>	108
<i>rifabutin</i>	56	<i>sb lancets thin</i>	133	<i>sodium polystyrene sulfonate</i>	141
<i>rifampin</i>	56	<i>sb lancets ultra thin</i>	133	<i>sodium sulfacetamide wash</i>	94
<i>rifapentine</i>	56	<i>sb low dose asa ec</i>	20	SOFDRA	99

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SOGROYA	105	<i>sulfasalazine</i>	111	<i>telmisartan-amlodipine</i>	52
SOHONOS	143	SULFATRIM PEDIATRIC	54	<i>temazepam</i>	123
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<i>sorafenib tosylate</i>	61	<i>sure comfort lancets 18g</i>	133	<i>terbutaline sulfate</i>	28
<i>sotalol hcl</i>	77	<i>sure comfort lancets 21g</i>	133	<i>terconazole</i>	170
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Right to Confidential Communication

You have the right to receive confidential communication of your PHI by alternate means or at alternative locations. For example, you may request to receive communication from us at an alternate address or telephone number. Your request must be in writing and identify how or where you wish to be contacted. We reserve the right to refuse to honor your request if it is unreasonable or not possible to comply with.

Right to Accounting of Disclosures

You have the right to request an accounting of certain disclosures of your PHI to third parties, except those disclosures made for treatment, payment, or health care or health plan operations and disclosures made to you, authorized by you, or pursuant to this Notice. To receive an accounting, you must submit your request in writing and provide the specific time period requested. You may request an accounting for up to six (6) years prior to the date of your request (three years if PHI is an electronic health record). If you request more than one (1) accounting in a 12-month period, we may charge you for the costs of providing the list. We will notify you of the cost and you may withdraw your request before any costs are incurred.

Right to Request Restrictions on Uses or Disclosures

You have the right to request restrictions or limitations on certain uses and disclosures of your PHI to third parties unless the disclosure is required or permitted by law. Your request must be made in writing and specify (1) what information you want to limit; (2) whether you want to limit use, disclosure, or both; and (3) to whom you want the limits to apply. We are not required to honor your request. If we agree, we will make all reasonable efforts to comply with your request unless the information is needed to provide emergency treatment to you or the disclosure has already occurred or the disclosure is required by law. Any agreement to restrictions must be signed by a person authorized to make such an agreement on our behalf.

Right to Request Amendment of PHI

You have the right to request an amendment of your PHI if you believe the record is incorrect or incomplete. You must submit your request in writing and state the reason(s) for the amendment. We will deny your request if: (1) it is not in writing or does not include a reason to support the request; (2) the information was not created by us or is not part of the medical record that we maintain; (3) the information is not a part of the record that you would be permitted to inspect and copy, or (4) the information in the record is accurate and complete. If we deny your amendment request, you have a right to file a statement of disagreement with our Privacy Officer.

Right to Be Notified of a Breach

You have the right to receive notification of any breaches of your unsecured PHI.

Right to Revoke Authorization

You may revoke an authorization at any time, in writing, but only as to future uses or disclosures and not disclosures that we have made already, acting on reliance on the authorization you have given us or where authorization was not required.

Right to Receive a Copy of this Notice

You have the right to receive a paper copy of this Notice upon request.

Changes to this Notice

GlobalHealth is required to comply with the requirements of this Notice currently in effect. We reserve the right to change this Notice and make the new provisions effective for all PHI that we maintain. The revised Notice will be made available to you on our website at www.GlobalHealth.com.

To Report a Privacy Violation

If you have a question concerning your privacy rights or believe your rights have been violated, you may contact our Privacy Officer at:

ATTN: Privacy Officer
210 Park Avenue
Suite 2900
Oklahoma City, OK 73102
Toll-free 1-877-627-0004
Email privacy@globalhealth.com

GlobalHealth, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. GlobalHealth does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We will not penalize nor retaliate against you for filing a complaint with the Secretary of DHHS, or with GlobalHealth.

GlobalHealth provides free aids and services to people with disabilities to communicate effectively with us, such as (a) qualified sign language interpreters; (b) written information in other formats (large print, audio, accessible electronic formats, other formats), (c) qualified interpreters; (d) information written in other languages. If you need these services, contact GlobalHealth's Customer Care at 1 (844) 280-5555 (toll-free) (TTY:711).

If you believe that GlobalHealth has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

ATTN: Medicare Compliance Officer
210 Park Ave Suite 2900
Oklahoma City, OK 73102-5621
Email: compliance@globalhealth.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Customer Care is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and

Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

Please be advised that most Third-Party App's will not be covered by HIPAA. Most apps will instead fall under the jurisdiction of the Federal Trade Commission (FTC) and the protections provided by the FTC Act. The FTC Act, among other things, protects against deceptive acts (e.g., if an app shares personal data without permission, despite having a privacy policy that says it will not do so). If you have any concerns regarding the use of Third-Party App's and your information you may contact the Federal Trade Commission (FTC) and file a complaint at <https://reportfraud.ftc.gov/#/>.

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04/01/2013

08/01/2021

10/01/2023

07/2025

Language	Translation
Spanish	Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También se encuentran disponibles de forma gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-877-280-5600 (TTY: 711).
Chinese	如果您會說中文，我們可以為您提供免費語言幫助服務。也免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請撥打 1-877-280-5600 (TTY 711)。
Tagalog	Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyo sa tulong sa wika. Ang naaangkop na mga pantulong na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay makukuha rin nang walang bayad. Tumawag sa 1-877-280-5600 (TTY: 711).
French	Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires

	appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-280-5600 (TTY: 711).
Vietnamese	Nếu bạn nói tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Các hỗ trợ và dịch vụ phù trợ phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận cũng được cung cấp miễn phí. Gọi 1-877-280-5600 (TTY: 711).
German	Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Auch entsprechende Hilfsmittel und Services zur Bereitstellung von Informationen in barrierefreien Formaten stehen kostenlos zur Verfügung. Rufen Sie: 1-877-280-5600 (TTY: 711) an.
Korean	한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공하는 적절한 보조 지원 및 서비스도 무료로 제공됩니다. 1-877-280-5600 (TTY 711) 로 전화하세요.
Russian	Если вы говорите по-русски, вам доступны бесплатные услуги языковой помощи. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по номеру 1-877-280-5600 (TTY 711).
Arabic	تتوفر المساعدات والخدمات. إذا كنت تتحدث العربية ، فإن خدمات المساعدة اللغوية المجانية متاحة لك 1-877-280-5600 اتصل بالرقم. المساعدات المناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا 5600 (TTY 711).
Italian	Se parli italiano, sono a tua disposizione servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi adeguati per fornire informazioni in formati accessibili. Chiama il numero 1-877-280-5600 (TTY 711).
Portuguese	Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Também estão disponíveis gratuitamente ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para 1-877-280-5600 (TTY 711).
French Creole	Si w pale kreyòl franse, sèvis asistans lang gratis disponib pou ou. Èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib tou gratis. Rele 1-877-280-5600 (TTY 711).
Polish	Jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Odpowiednie pomoce pomocnicze i usługi umożliwiające dostarczanie informacji w przystępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-877-280-5600 (TTY 711).
Hindi	यदि आप हिंदी बोलते हैं, तो मुफ्त भाषा सहायता सेवाएं आपके दलए उपलब्ध हैं। सुलभ रूपों में जानकारी प्रदान करने के दलए उपयुक्त सहायक एड्स और सेवाएं भी दनः शुल्क उपलब्ध हैं। कॉल 1-877-280-5600 (TTY 711).

Japanese

日本語を話せる場合は、無料の言語支援サービスをご利用いただけます。アクセシブルな形式で情報を提供するための適切な補助援助やサービスも無料で利用できます。1-877-280-5600 (TTY 711) に電話します。



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